

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Hillcrest House Nursing Home
Centre ID:	ORG-0000346
Centre address:	Long Lane, Letterkenny, Donegal.
Telephone number:	074 91 22342
Email address:	ann_p_gall@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hillcrest Nursing Home Limited
Provider Nominee:	Anne Gallagher
Person in charge:	Anne Gallagher
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 February 2014 11:00	25 February 2014 18:30
26 February 2014 08:30	26 February 2014 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The centre provided a welcoming and home like environment for residents. There were several sitting rooms where residents could sit together or where they could choose to spend time in quieter rooms. The building was comfortably warm. The inspector found that the person in charge and staff team conveyed a very positive attitude to the care of older people. They were knowledgeable about the care needs of all residents and conveyed a commitment to supporting residents to maintain their independence. The inspectors saw that this objective was achieved. Many residents told the inspectors that they went out with family, some regularly went in to town and others said that they were encouraged to become active after periods of illness which had improved their quality of life. There was social activities available and

residents said they could participate or not depending on their interests.

The provider who is also the person in charge had applied to the Health Information and Quality Authority (the Authority) Regulation Directorate for registration renewal under Section 48 of the Health Act 2007. This report sets out the findings of the announced inspection which forms part of the assessment for registration.

There were 34 residents living in the centre. Their care needs assessments indicated that 24 were in the low dependent category, 7 had medium range care needs and 3 residents had high care needs. Residents and relatives told inspectors that they had been given information on the services provided prior to admission and in some cases had been able to visit and look around to help them make an informed choice. The healthcare needs of residents were met to a high standard. Residents had regular access to general practitioner (GP) services and to a range of allied health services. Residents told the inspectors that the standard of catering was "very good" and also said "there was plenty of variety". The dining experience was generally satisfactory with residents able to choose where they had their meals and relatives welcomed to assist at meal times if they wished. Residents were addressed respectfully by staff and all staff greeted residents when they entered sitting and dining areas.

Residents were actively involved in the day-to-day running of the centre. There was a system for regular consultation with residents through meetings which were facilitated by a volunteer. These meetings were used to elicit residents' views and to share information on developments in the centre. Systems were in place to audit and review care and the inspector found that information gathered was used to develop the quality and safety of the service. There was a high return of feedback questionnaires to the Authority from residents and relatives and their collective views described a high level of satisfaction with the service and care provided.

Staffing levels adequately met the assessed needs of residents. There was a commitment to developing staff to ensure that they were competent to meet the changing needs of the residents.

At this inspection, the inspectors reviewed the response to the action plan outlined in the monitoring inspection report of 4 March 2013. The actions outlined included improvements to medication management, activities for residents who could not participate in large group activities, risk management and assessment of dependency. There were also premises issues such as a lack of storage space and an inappropriate smoking facility. The inspectors found that the provider and the staff team had been proactive in responding to the action plan and all actions were completed.

Overall the centre meets with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There were some areas identified for attention during this inspection and these included:

- ☐ Alteration to policies and procedures for end of life care, nutrition and adult protection to ensure that these documents adequately guide staff.
- ☐ Risk management issues such as radiators that presented a burns risk and call bells not accessible in bathrooms and showers and
- ☐ Changes to work practice at mealtimes so that excessive noise from cutlery and plate clearing does not detract from the dining experience for residents.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the statement of purpose contained the required information and reflected the way the service was organised and operated.

A copy was available in the centre and had been provided to residents.

Judgement:

Compliant

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider showed the inspector the contracts of care which were completed for all residents within one month of admission.

The inspector found that the written contract included details of the services to be provided for residents and the fees to be charged however while additional services for example chiropody and hairdressing were described as incurring an extra charge the actual charge was not outlined.

Judgement:

Non Compliant - Minor

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider Anne Gallagher is also the person in charge of the centre. She is a registered nurse. She was on duty Monday to Friday but was regularly available outside of these hours as required. She had numerous years experience at senior nursing management level. She is supported by a nurse who takes charge in her absence. Following the last inspection when it was identified that the person in charge did not have dedicated administration time to attend to the functions associated with her role an administrator had been employed. She worked 10 hours each week and this enabled the person in charge to carry out her role effectively.

The provider demonstrated a good understanding of her responsibilities as outlined in the Health Act, 2007, Regulations and the Standards. She demonstrated her commitment to providing a high quality service during the various discussions that took place during the inspection and by ensuring that care practice was safe and met residents' needs. Throughout the inspection process the provider demonstrated competence, insight and a commitment to delivering good quality care to older people and people with cognitive impairments.

The person in charge knew all residents well and could provide an informed account of their care needs and how these were being addressed.

Judgement:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The required records were maintained and records requested by inspectors were available and provided for inspection. Overall the standard of record keeping was satisfactory. Records were stored securely and information was easy to retrieve. Care plans were noted to provide a good overview of residents' needs with the exception of care plans to guide staff on end of life care which were noted to need improvement to indicate residents' end of life wishes. This is discussed further under outcome 14- End of Life Care.

The inspector noted in the review of contracts for the provision of services that residents were required to have their own insurance arrangements in place. This is not in accordance with regulation 26 (2) Insurance Cover which describes that the "registered provider shall ensure that insurance cover is put in place against loss or damage to the property of residents." It is a requirement of this report that confirmation that appropriate insurance cover is in place is provided to the Authority.

The required schedule 5 policies and procedures were in place. They were accessible to staff who were aware of the guidance provided. There were some policies that required review to ensure that they provided appropriate guidance that reflected evidence based practice. These included the policy on nutrition which did not provide guidance on when to intervene in the event of weight loss and the end of life care policy which did not outline the full range of topics relevant at end of life.

The directory of residents which was the subject of an action plan in the last report as it was not up to date was found to be fully compliant.

Some staff files reviewed did not have evidence of mental and physical fitness and an action plan in relation to this is outlined in outcome 18.

Judgement:

Non Compliant - Moderate

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider/person in charge was aware of the requirements regarding absence and the notification that had to be supplied to the Chief Inspector advising of such absence. She had not been absent from the centre for any period that required notification.

Judgement:

Compliant

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider had taken appropriate measures to protect residents from being harmed and from suffering abuse. The inspectors found that all staff spoken to during the inspection were aware of the types of elder abuse and their responsibilities to report any suspected allegation of elder abuse to the provider or nurse in charge.

The Inspector reviewed the centre's policy on the prevention, detection and response to elder abuse. This policy gave guidance to staff on varied types of abuse and included the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. The guidance was noted to need review as it did not adequately inform staff of the actions to take in situations such as unexplained bruising, sexual or financial abuse.

Training records confirmed that all staff had been provided with training and information on the protection of older people.

Judgement:

Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

The inspector found that there were systems in place to promote the health and safety of residents, staff and visitors but there were some improvements required. There was a health and safety statement in place and this had been reviewed in June 2013.

The fire safety arrangements were well organised and managed with the safety of persons a priority. An action plan in the last report outlined concerns about evacuation from the first floor. This action had been addressed and the risk reduced. Other risks in relation to fire safety such as clutter in rooms had been identified by staff and a plan was in place to reduce this hazard. This included staff turning off electrical equipment at night. Staff had received in house training on fire safety and this was noted to have been completed on eight occasions in 2013 and on four occasions in 2014. This included one session conducted at 11 pm on 27 February 2014. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations. The inspector viewed the fire records which showed that fire equipment had been regularly serviced. This was last completed on 13 August 2013. The Authority had been provided with a fire compliant certificate prior to inspection. The inspectors saw there were fire action signs to guide persons in the building to the nearest fire exits and to the assembly point in the grounds. The inspector found that there were no checks of the fire alarm apart from the regular checks conducted during the service and maintenance visit. The inspector was told that any malfunction is identified by a bleeping noise and that additional checks were not required. The provider is asked to confirm in the action plan of this report that the fire safety checks in place are adequate to ensure the system is working effectively.

The inspector reviewed the risk management policies which had been developed in line with the Regulations and generally guided practice. These had been improved since the previous inspection when an active risk register that documented all relevant risks had not been in place. Risk areas that were identified included, wet floors, falls, residents smoking, fire safety, behaviour problems, missing residents, the management of infection, the disposal of waste including hazardous waste and choking risks. Particular risks associated with the way some residents stored personal items in their rooms had been identified with associated risk reduction measures.

The inspector found that most of the risks identified at the previous inspection were addressed. A lift had been installed to improve access to the upper floor, all staff were up to date with moving and handling training and cleaning procedures which were outlined by cleaning staff reflected good practice guidance.

Moving and handling assessments were in place for all residents who required assistance from staff. There was a range of equipment available including hoists and sliding sheets to ensure staff could carry out manoeuvres safely. Specialist equipment such as hoists, specialist beds, air mattresses and wheelchairs were serviced on a contract basis. The inspectors noted that while moving and handling assessments indicated the number of staff required to assist a resident and if a hoist was required however the type of hoist to be used was not outlined which was information that would guide staff more effectively.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. Arrangements for the safe placement of residents should the centre need to be evacuated were in place.

The following health and safety issues were identified during the inspection:

- ☐ Some radiators were hot to touch and were a burns risk
- ☐ There was a change in the floor level on the upper floor which was identified by hazard tape which was worn
- ☐ The call bell in the bathroom on the upper floor needed to be extended to ensure that residents could reach it.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the inspector found evidence of good medication management practices. There was one area identified for improvement. The nurses transcribe medication and while the medication charts were signed by doctors they had not been signed by the transcribing nurse. The person in charge said that she would address this as she did most of the transcribing when medication charts were updated.

The inspector found that each resident's medication was reviewed every three months by doctors and the pharmacist in conjunction with the person in charge and nurses. Documentary evidence of these reviews was available.

Medications that required special control measures were managed appropriately and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

An inspector observed the administration of medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais agus

Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.
Judgement: Non Compliant - Minor

Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Care and Support
Outstanding requirement(s) from previous inspection: No actions were required from the previous inspection.
Findings: Practice in relation to notifications of incidents was satisfactory. The provider was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant notifications had been submitted to the Chief Inspector as required. Detailed records were maintained of all accidents and incidents. There was regular monitoring of incidents and these were reviewed by nursing staff and the person in charge to prevent further episodes particularly in relation to falls.
Judgement: Compliant

Outcome 10: Reviewing and improving the quality and safety of care <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
Theme: Effective Care and Support
Outstanding requirement(s) from previous inspection: No actions were required from the previous inspection.
Findings: The inspector was satisfied that the quality of care and experience of the residents was being monitored and developed on an ongoing basis. The provider had a system in place to gather and audit information on a range of matters that included falls, accidents and incidents, restraint use, medication

management and pressure area problems. Residents could convey their views at regular meetings or could convey them to staff and the person in charge. There was evidence that changes were made in response to residents needs and views however there was little information to indicate that audit findings were discussed with appropriate staff to ensure that learning and improvements to practice from the audit findings took place.

Judgement:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that care practice was targeted at supporting residents to remain as independent as possible and engaged with their families and local community. Residents who need long term care or periods of respite, rehabilitation, convalescence or palliative care are admitted to the centre. It was observed that staff were very attentive to residents and talked to them when they entered areas where residents were sitting and greeted them when they met.

A sample of care records were reviewed to assess compliance with the regulations that underpin health care and to determine if action plans outlined at the last inspection were addressed.

The inspector found that there was good access to medical practitioners in the local area and there was evidence that residents were regularly reviewed by their GP. Residents also had access to dietetics, physiotherapy and chiropody services including access to these services at the nearby general hospital if needed. The inspector reviewed care plans and found they contained details of referrals and appointments with the varied health professionals.

Overall the standard of care plans had improved since the previous inspection. All actions had been addressed. Staff said that residents and/or relatives were involved in the development of their care plans and in reviews. There was evidence of this involvement which had been noted as a deficit at the last inspection. Three care plans reviewed conveyed that relatives and residents had discussed progress and their wishes

for the future. Specific issues such as the use of bed rails for safety or as enablers were also discussed. Relatives who wished to have involvement in aspects of the care plan such as providing assistance at meal times were encouraged to do so and the inspectors saw that visits were encouraged at varied times during the day to facilitate this.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk in areas such as vulnerability to falls, nutritional care, potential to develop pressure area problems and moving and handling. There was good linkage between completed assessments, care plans and the regular evaluations completed by nurses. There was a record of each resident's health, condition and treatment given completed twice daily however the inspectors noted that some of these records did not reflect the high level of input from staff and the good outcomes for residents as a result of care interventions. The inspectors also found that while a dependency rating scale was in use the recorded dependency did not appear to reflect the actual care needs of residents. The assessment tool reflected physical care needs but did not indicate the dependency caused by mental frailty or confusion.

An action plan in the last report required that residents were provided with activities appropriate to their needs particularly where residents were unable to participate in group activities. This had been addressed by the introduction of activity sessions such as sonas which is an activity model that is focused on small groups and is particularly relevant for residents with dementia or who have sensory impairments. Residents were able to participate in a range of meaningful activities, appropriate to their interests and preferences. A programme of activities was widely displayed and residents and relatives spoken to commented on the various activities available to them. Activities included exercise and music sessions as well as the sonas activity mentioned earlier.

Care plans for residents with dementia were noted to contain information such as who they recognised, what activities or levels of independence they had and how they engaged at different times of the day. Staff told inspectors that they used these details when planning activities and when undertaking one to one work with residents to ensure their maximum participation. Care plans for residents with other complex conditions such as mental health problems and respiratory conditions were noted to guide staff responses effectively and to have resulted in improvements in health for residents.

Behaviours that Challenged

There were no residents with behaviours that presented obvious challenges. There were some lifestyle patterns that staff had to consider to ensure that residents were safe and did not present a hazard to themselves or others. The inspector observed that the person in charge and staff team had measures in place that included risk assessments and care plans to address these issues. A policy to guide staff on managing challenging behaviour was available.

Falls prevention and management

Records showed that falls were well managed. Strategies were put in place for those residents who were at risk of falling. While residents were assessed post fall by the physiotherapist, nursing staff and GP. There was no evidence that post fall assessments and care plans were being updated to reflect the care that residents had received following a fall. One of the staff team was a moving and handling instructor. The

Inspector noted that risk assessments and associated manual handling charts had been completed for residents and were retained in residents' files. The inspector found that during the inspection staff used safe moving and handling practices when assisting residents to mobilise.

Judgement:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

For the most part the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre had a home like quality and there was a variety of places where residents could sit and spend time during the day. The inspector saw that residents liked the areas with open fires and many said it was "just like being at home". Relatives that the inspector talked to said that they enjoyed visiting the centre, were always made welcome and also valued the home like relaxed setting. There was adequate communal space for the number of residents accommodated and furnishings throughout were varied, pleasant and comfortable. Residents had access to space to see visitors in private and to an oratory area where they could spend time quietly.

Accommodation comprises of 13 single rooms and nine twin rooms on the ground floor and four single bedrooms and one assisted toilet on the first floor. All but two of the single rooms have en suite toilet and wash hand basin facilities. There are two assisted bathrooms, (one with a bath and the other with a shower) and three toilets.

Four bedrooms were located on the first floor. The ceiling and one of the bedroom doors was slanted at an angle due to the dormer design which restricted the headroom available. A lift had been installed since the last inspection and this was serviced according to records provided to the inspector. The Inspector noted that the residents that occupied the upper floor had all been assessed for their accommodation in this area.

There was garden space surrounding the centre to the front and side part of which could be secured. The centre had access to wifi and skype which residents used regularly according to staff.

During this inspection the premises were noted to be clean, well maintained and there were measures in place to control and prevent infection which staff described for the

inspector. Staff were noted to take appropriate infection control precautions that included the use of personal protective clothing while attending to residents' care needs and adhering to hand hygiene precautions displayed in the centre. Hand-washing/sanitising facilities were strategically placed throughout the centre and readily accessible for staff and visitors.

There were some areas where improvements were noted to ensure that the environment met residents' needs effectively and these included:

- ☐ Hallways had handrails on one side only
- ☐ Some toilets needed secure handrails on both sides
- ☐ The provision of call bells needed review to ensure that residents could summon assistance from all bathrooms and toilets and
- ☐ a commode needed replacement as the cover was damaged.

There were records to show that assistive equipment such as hoists, baths and pressure relieving mattresses had been serviced regularly through a contract arrangement.

Judgement:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found evidence of good complaints management. The provider had a positive attitude to receiving complaints and considered them a means of learning and improving the service. The complaints policy was reviewed and was found to be comprehensive and displayed in a prominent position in the centre. It complied with the requirements of the Regulations.

The inspector reviewed the complaints record and saw that there had been four issues dealt with during 2013 and two so far in 2014. There was evidence that complaints were appropriately responded to by the provider, to the satisfaction of the complainant. There are arrangements in place for independent overview of the complaints procedures which was an action plan in the last report. Residents were aware of the complaints procedure and could describe how they would make a complaint.

Judgement:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. There were a number of positive comments provided to the centre by relatives that described how well this aspect of care had been addressed and expressing gratitude to staff for their care and support. There were no residents in receipt of end of life care during the inspection.

The centre had an end of life care policy to guide staff and this was reviewed by inspectors. It included requirements outlined in the regulation such as offering residents the option of a single room or returning home. There were some aspects of the document that required review to appropriately guide staff. For example there was a lack of information on factors that would trigger referral to the palliative care service, procedures to guide nurses in the verification of death and indicators for when end of life care became care of the dying were not outlined.

Judgement:

Non Compliant - Minor

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that residents received a nutritious and varied diet that offered choice and overall mealtimes were social occasions that provided opportunities for residents to interact with each other, staff and visitors that were present.

The inspectors discussed the special dietary requirements of individual residents with the chef and found that catering staff had comprehensive information on residents' dietary needs and preferences. The menus reflected an emphasis on home cooking and residents described being very satisfied with the food choices.

The dining room was used by residents at all meal times. Many residents told the inspectors that they like to get up and come to the dining room for breakfast which they could have from early until midmorning. The inspectors observed that meals were well presented in appetising individual portions. The atmosphere at mealtimes was enhanced by relaxing music and by attractive table layouts. Staff were seen to assist residents discreetly and respectfully when required. Residents told inspectors that they could have tea or coffee and snacks at any time.

Catering staff had specific instructions for residents who had specific dietary needs or required special diets. There was a system for the fortification of food to support residents at risk of weight loss which was reviewed for impact before supplements were considered.

There was some work practices that detracted from the meal time experience. The clearing of plates and the constant movement in and around the dining room caused an excessive level of noise which could be distracting for residents who have hearing problems or who are confused.

There were care plans and policies and procedures to guide staff when addressing problems related to nutrition, unintentional weight loss or weight reduction. Care plans reflected target for care and how residents were responding to treatment plans. However the inspector noted that where residents were at risk of weight loss that the procedure did not guide staff effectively or prompt them on when to intervene when a resident experienced weight loss.

Judgement:

Non Compliant - Minor

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that residents' privacy and dignity was respected by staff. Bedroom doors and other areas were made private when personal care was being delivered. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred names. There were several examples of positive interactions between staff and residents who chatted together in a comfortable way. Residents who had communication problems or confusion were noted to have regular input from staff, were supervised and received good emotional support when required.

There was an open visiting policy and contact with family members was facilitated and supported. A lap top computer had been made available to help residents keep in touch and use skype. Residents religious and civil rights were supported. Mass was celebrated daily and other services and celebrations took place regularly.

There were meetings for residents and relatives that were facilitated by a volunteer. The proceedings were recorded and showed that issues identified were responded to by the provider. The meetings were noted to be well attended with up to 20 residents and relatives recorded as being present at some meetings. Residents also said they had opportunities to discuss issues as they arose with the provider and members of staff. The meetings were used to communicate changes and to elicit residents' views.

Residents' independence was promoted by staff. The inspector saw staff assisting residents to walk around at a leisurely pace. Many residents went out with their families and friends. A wheel chair accessible car has been provided to enable residents to go out more frequently and this was well used and popular with residents.

The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to bed, the time they got up and where they wished to spend their day. Interesting activities were scheduled that residents said that they enjoyed.

Judgement:

Compliant

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the provider had measures in place to protect residents' personal property and possessions there was one area that required improvement. The inspector found that while there was a property record for residents' possessions some records were not updated or signed by the resident or their representative as required by the Regulations.

The inspector observed and residents confirmed, that they were encouraged to personalise their rooms. Many of the bedrooms were decorated with pictures, photographs and ornaments from residents' own homes. Residents had access to private lockable space to store personal valuables.

Clothing items were clearly marked with the name of the resident. The inspector spoke to the staff in the laundry and found that they were knowledgeable about the systems in place to segregate laundry and prevent the spread of infection. The inspector asked

some residents if they were satisfied with the way in which their clothes were cared for and all responded that they were happy with the service.

Judgement:

Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that staffing levels and the skill mix in place was appropriate to meet the needs of residents. There were recruitment procedures that ensured that staff were appropriately selected and vetted however there was an absence of confirmation that staff were mentally and physically fit to undertake the roles for which they were employed as required. The inspector examined the files of four staff members as part of the assessment of this outcome.

The inspector found that there were good induction arrangements for newly employed staff members and there was an ongoing appraisal system in place. Staff were supported by supervision from the person in charge, staff meetings and regular feedback. Staff said they could highlight issues without difficulty and said that the person in charge was receptive to ideas for change.

The inspector reviewed staffing levels with the person in charge who said she based these on the dependencies and needs of residents however as discussed in outcome 11- Healthcare the inspector formed the view that the assessment tool in use did not provide a good overview of some residents needs particularly where cognitive impairment was a factor .

The inspector spoke with staff members and found that they were knowledgeable about the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse. The inspector saw them responding to residents' needs in a respectful manner. Staff told the inspector that they were well supported by the provider/person in charge.

There was a record of the training courses that staff had attended during 2012, 2013 and 2014. These included:

- ☐health and safety
- ☐nutrition
- ☐first aid
- ☐moving and handling
- ☐restraint free environments
- ☐elder abuse
- ☐infection control and
- ☐continence management
- ☐medication management

Training in topics such as medication management and restraint that had been outstanding at the last inspection was noted to have been addressed and training records and reports from staff confirmed this.

Judgement:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Action Plan



Provider's response to inspection report¹

Centre name:	Hillcrest House Nursing Home
Centre ID:	ORG-0000346
Date of inspection:	25/02/2014
Date of response:	08/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme:

Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contracts for the provision of services did not specify the charges that applied for additional services.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:

The charges for extra services shall be detailed in the residents contract.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 02/06/2014

Outcome 04: Records and documentation to be kept at a designated centre
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Theme:

Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contracts for the provision of services indicated that residents were required to make their own arrangements for the insurance of their belongings which is not in accordance with regulation 26(2).

Action Required:

Under Regulation 26 (2) you are required to: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Please state the actions you have taken or are planning to take:

Insurance cover is in place This is not currently reflected in the Residents contract Residents contract document will be altered to reflect Insurance Arrangements

Proposed Timescale: 02/06/2014

Theme:

Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some of the required policies did not provide guidance for staff that reflected evidence based practice and required review. These included the end of life care and nutrition policies.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

Please state the actions you have taken or are planning to take:

The Policies have been reviewed as required

Proposed Timescale: 02/07/2014

Outcome 06: Safeguarding and Safety
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Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy on elder abuse needed review to provide appropriate guidance for staff and to protect residents in a range of situations where abuse is alleged or has taken place.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:

The Policy has been reviewed to include the requirement to address possible unexplained bruising financial or sexual abuse

Proposed Timescale: 02/07/2014

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were some risks that had not been identified for remedial action. These included:

- ☐ a radiator that was excessively hot
- ☐ variation in the floor level on the upper floor
- ☐ access to the call bell in the bathroom on the upper floor.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

Radiator cover to be put in place

Floor to be recovered

Call bell to be moved to location as advised by Inspector

Proposed Timescale: 02/07/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The moving and handling assessments completed for residents did not describe the type of hoist to be used where such equipment was required.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:

Type of hoist to be used will be identified in Care Plan subject to clarification by inspector

Proposed Timescale: 07/07/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The only fire alarm tests undertaken were those completed when the fire alarm was serviced. The provider is requested to confirm that this arrangement fully meets the regulatory requirement.

Action Required:

Under Regulation 32 (2) (b) you are required to: Maintain, in a safe and accessible place, a record of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy defects.

Please state the actions you have taken or are planning to take:

Fire alarm tests are conducted weekly to ensure the system is working effectively

Proposed Timescale: 02/07/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Medication is transcribed by nurses however the transcribing nurse did not sign the medication chart as required by An Bord Altranais guidelines.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such

policies and procedures.

Please state the actions you have taken or are planning to take:

Transcribing nurse shall sign all transcription with immediate effect.

Proposed Timescale: 02/07/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there was evidence of audit activity and practice reflected views expressed by residents there was no report that indicated that there was learning from the audits conducted or that a report in accordance with regulation 35 had been compiled.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Please state the actions you have taken or are planning to take:

Report in accordance with Regulation 35 will be prepared quarterly and discussed at residents forum and staff meetings

Proposed Timescale: 30/06/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspectors also found that while a dependency rating scale was in use the recorded dependency did not appear to reflect the actual care needs of residents particularly care needs consequent to dementia or confusion.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

Please state the actions you have taken or are planning to take:

Dependency ratings shall be reviewed to reflect dependency with particular focus on persons suffering dementia and or confusion

Proposed Timescale: 30/06/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were some areas where improvements were noted to ensure that the environment met residents' needs effectively and these included:

- ☐ Hallways had handrails on one side only
- ☐ Some toilets needed secure handrails on both sides
- ☐ The provision of call bells needed review to ensure that residents could summon assistance from all bathrooms and toilets and
- ☐ a commode needed replacement as the cover was damaged.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:

Handrails to be affixed to both sides of hallways in areas where handrails are absent
Handrails to be affixed where absent in toilets
Provision of call bells to be reviewed and call bells affixed as required
Cover for commode on order and we await delivery

Proposed Timescale: 30/06/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were some aspects of the policy on end of life care that required review to appropriately guide staff. For example there was a lack of information on factors that would trigger referral to the palliative care service, procedures to guide nurses in the verification of death and indicators for when end of life care became care of the dying were not outlined.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

Please state the actions you have taken or are planning to take:

End of life care policy is under review to include information as outlined

Proposed Timescale: 30/06/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was some work practices that detracted from the meal time experience such as the clearing of plates and the constant movement in and around the dining room which caused an excessive level of noise that could be distracting for residents who have hearing problems or who are confused.

The inspectors noted that the procedure for the management of nutrition did not guide staff effectively or prompt them on when to intervene when a resident experienced weight loss.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

Please state the actions you have taken or are planning to take:

Issues regarding noise levels in dining room are being addressed

The policy regarding Nutrition is under review

Proposed Timescale: 30/06/2014

Outcome 17: Residents clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was a property record for residents' possessions but some records were not updated or signed by the resident as required by the Regulations.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

Please state the actions you have taken or are planning to take:

Residents are now required to sign property lists in line with Regulations.

Proposed Timescale: 30/06/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some staff records did not have confirmation that staff were mentally and physically fit to undertake the roles for which they were employed.

Action Required:

Under Regulation 18 (3) (c) you are required to: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

Please state the actions you have taken or are planning to take:

This action is currently being addressed for any proposed new employees.

Proposed Timescale: 02/07/2014