

**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:	OSV-0000346
Centre address:	Long Lane, Letterkenny, Donegal.
Telephone number:	074 912 2342
Email address:	anne@hillcrestnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hillcrest Nursing Home Limited
Provider Nominee:	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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal 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:
19 January 2017 10:00	19 January 2017 16:00
31 January 2017 09:30	31 January 2017 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This inspection was announced and took place over two days. The purpose of the inspection was to inform a decision regarding the renewal of registration following an application made by the provider. The provider who also has the role of person in charge stated that she was committed to ensuring the centre was in compliance with current legislation, that residents were satisfied with their care and enjoyed life in the centre. The inspector observed the delivery of care, the service of meals and the

activities provided during the two days of inspection. A range of documentation that included care plans, accident/incident reports and policies and procedures were reviewed. The inspector talked with residents, visitors, staff, the person in charge and nurses. The premises layout, standard of decoration and maintenance together with health and safety matters were also inspected.

Hillcrest House Nursing Home is located in a residential area a short drive from the centre of Letterkenny. It can accommodate 34 residents. It is organised over two floors. Over the years it has been refurbished and reorganised to ensure the facilities meet the needs of residents. There is lift access to the upper floor. The centre provides a home like environment and was noted to have a relaxed and comfortable atmosphere. There are several communal sitting areas located throughout the centre. These were noted to be well used by residents during the day. Two rooms had open fires that added to residents' comfort and which they said reminded them of being at home. There was a separate dining room that enabled residents to sit together and to share mealtimes. There were assisted toilets adjacent to the communal rooms. Accommodation for residents is provided in 16 single and 18 double rooms. Residents told the inspector that they liked their rooms, the home like quality of the building, the varied places they could sit and the company of staff. Some residents had brought their own personal effects into the centre and had them on display. They said they enjoyed having photographs and ornaments that meant something to them in their rooms. One resident said " I have a lot of my own belongings and I enjoy the comfort they bring me". Another said that " I look at my photographs and remember events which is lovely". The centre was adequately furnished and had a range of specialist equipment that included hoists, wheelchairs and specialist beds. It was generally well maintained although there were some areas where woodwork and paintwork showed signs of wear and tear. The standard of cleanliness and hygiene was good and staff were observed to adhere to safe hygiene practices when providing care or handling laundry.

The inspector spoke with five residents about their experience of living in the centre during the course of the two days. Other residents and relatives provided written feedback about the service. All residents described the service as very satisfactory. They were positive about the care delivered and said they found the staff "caring", interested in their welfare" and reassuring and kind in their approach. Residents said that they felt safe and their comments on safety included, "the staff ensure we are safe", "it is well laid out and well maintained" and "we never feel we are alone, staff are always on hand when we need them". The food was described as "good and there is plenty of variety" and residents said that "there is always a choice" and one said that " the baking and scones are lovely", Residents also said they were free to spend time as they wished and also said there were activities they could join in with every day. They enjoyed the activities which were varied and included chair exercises, quiz games and music sessions. Activity is also organised to reflect personal interests, particular occasions and the seasons. On the second day of inspection residents were busy making St. Bridget's crosses for the feast day of St. Bridget, which was the next day.

Care, nursing staff and ancillary staff were able to describe their roles and responsibilities and conveyed a good understanding of residents' needs, wishes and

preferences. There was good emphasis on providing support to residents to maintain their independence and the inspectors saw examples of how this was achieved in care plans and in day to day practice. For example, residents were actively encouraged to walk around and staff were observed to prompt residents to walk to and from the dining room and up and down the hallways. Some residents also had personal exercise programmes and equipment to support them to undertake their planned activity. Residents were also prompted to do as much as possible for themselves and were encouraged to undertake aspects of their personal care and dressing in accordance with their care plans. Residents had good access to primary care services that included doctors and allied health professionals. Care plans outlined health care needs and were based on a range of evidence based assessments. The inspector found that the actions in relation to health care outlined in the last inspection had been addressed. Residents who had dementia were noted to be supported by staff who knew them well and who encouraged them to take part in activities and to recall past memories to preserve their sense of identity.

The person in charge and nurses who participated in management were familiar with residents' needs, how staff were deployed and demonstrated good knowledge of the legislation and standards throughout the inspection. All were familiar with the legislative responsibilities of the person in charge and provider. The inspector found that all staff were committed to supporting residents to have a good quality of life and to ensure relatives were involved as much as they wished in the relative's care.

The responses to the action plans from the last inspection which was conducted in July 2016 were reviewed. The actions related mainly to deficits in health and social care documentation and to other records including training records. The majority of actions were comprehensively addressed and the remedial actions taken are discussed under the relevant outcomes.

Inspection findings including non-compliances are discussed in the body of the report and the areas that require attention are outlined in the action plan at the end of the report. The areas that were noted to require attention include: the staff rota as it did not specify the hours worked by all staff employed, the risk management policy which did not include information on all the required risk areas and the training record which did not convey that staff had attended scheduled training. Some premises issues were also identified for attention.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose available that described the service provided in the centre and the arrangements in place reflected the aims and objectives as described.

A copy of the statement of purpose was available in the centre and an up to date copy had been forwarded to the Chief Inspector.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The governance arrangements in place reflected the information supplied in the Statement of Purpose. The provider who is also the person in charge has an established structure for the management of the centre. She is supported by two nurses who have

many years experience in the care of older people. The lines of accountability and authority for the organisation of the centre were evident and staff were aware of who had responsibility for various aspects of the service. The inspector found that there was a good communication network between the person in charge and all members of the staff team.

The inspector found adequate resources were in place to ensure that the delivery of care and the operation of the centre met appropriate standards of quality and safety. Systems were in place to ensure that the service provided met residents' needs, was safe and effectively managed. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, care practice was focused on ensuring residents had a good quality of life and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and when managing laundry.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents. The centre was in generally good decorative condition but in some areas paintwork required renewal.

The quality of care and experience of residents was reviewed regularly. There were two ways that residents could convey their views on the service either through residents' meetings or directly to the person charge. Residents told the inspector that said they conveyed their views regularly to staff and said that changes were made as a result of their comments and requests. For example the activity schedule and the menu were changed following comments from residents. Residents said that they were "encouraged to tell staff how they feel about their care" and also said that staff were keen to ensure "we are happy here". Many residents had problems related to confusion and dementia and were unable to express their views. Staff said they relied on family members and information provided on residents' interests and backgrounds at the time of admission to inform how they consulted with residents and to advise them in relation to choices and activities. A report in accordance with regulation 23-Governance and Management was available.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

There was a residents' guide available and this contained the information required by the regulations. The arrangements for visits, the terms and conditions of occupancy, the services provided and the complaints procedure were outlined. Residents told the inspector that they had received a copy of the guide or that family members were given this at the time of admission.

Residents accommodated had an agreed written contract. The contracts issued included details of the services to be provided and the fees payable by the residents. The services not covered by the overall fee that may be incurred by residents for example, chiropody and hairdressing were identified. Contracts examined were signed by residents, their representatives and the provider/person in charge.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge who is also the provider was on duty throughout the two days of this inspection. She has a full time role that includes time spent in direct clinical and personal care. She is a suitably qualified and experienced nurse who has managed the business since she opened the centre. The inspector interviewed her about her role and the organisation of the centre. She knew all residents well and had good knowledge of their care needs. She also had a good working knowledge of the regulations and HIQA standards that apply to designated centres for older people.

There was information available that confirmed that she had participated in continued professional development by keeping up to date with changes in the sector and by developing skills in training so that she could deliver some of the training on the mandatory topics in house. Her training on moving and handling, adult protection and her registration with An Bord Altranais agus Cnáimhseachais na hÉireann or the Nursing and Midwifery Board of Ireland (NMBI) were up to date.

Residents were observed to be very familiar with the person in charge and said that they talked to her most days and would always be able to see her if they had problems or queries.

The person in charge is supported by two nurses who take charge in her absence. They were both interviewed and noted to have substantial experience in the care of older people both in direct care and in management. During interview they conveyed that they knew residents well, were familiar with the admission procedures and with clinical care matters and the personal routines relevant to residents' care.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a well-organised administration system in place to support the business of the centre including the maintenance of the required records, policies and procedures. Records were maintained in a secure manner and were easily accessible.

The directory of residents was up to date and included the information required by schedule three of the regulations. There was a record of visitors to the centre and this was up to date and visitors were observed to sign in when they arrived.

There were some records that required improvement and these included , the health and safety procedures required review to include all the risks outlined in regulation 26- Risk Management. The risks associated with abuse and self harm had not been included in the overall risk management guidance. The policy on infection control required amendment to describe the procedures for reports to the local public health office and the process to be adopted if an outbreak of infection has to be managed and controlled. The daily records provided a good overview of general health however there were few comments on the social well being of residents or the activities that they regularly took part in.

Judgment:
Non Compliant - Moderate

Outcome 06: 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:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider / person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days and also the notification that applied if the absence was the result of an emergency.

Judgment:
Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Measures to protect residents from harm or suffering abuse were in place. The inspector was satisfied that there were procedures in place that ensured residents were safe and had appropriate care. Residents' and relatives' feedback forms indicated that they felt the centre provided them with a safe and secure home. One resident told the inspector that "staff are kind and gentle" and had helped her adapt to the change from home when she moved in and also said that "there are plenty of staff around to see to our needs". During conversations residents said that they felt safe and said this was due to the care provided by the staff team and the daily presence of the person in charge.

Access to the centre was controlled and there was an entrance area where the visitors' record was located. This was noted to be signed by visitors and it enabled staff to

monitor the movement of persons in and out of the building to ensure the safety and security of residents.

Staff had received training in adult protection and elder abuse to ensure they could safeguard residents appropriately and protect them from harm and abuse. Staff could describe the types of abuse that can occur and could describe how they would report an abuse allegation or event. They knew that support to a resident in an abuse situation was significant for their well being. Relatives confirmed in feedback questionnaires that staff informed them promptly of falls, injuries or any changes in health needs that were relevant to residents' care.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm and not restricted inappropriately. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was regularly reviewed. The inspector noted that restraint use was not outlined in the quarterly notifications and this information is required even when used as an enabler or at residents' requests. This is outlined for attention in Outcome 10-Notification of Incidents.

There were no residents assessed as having responsive behaviour patterns consequent to dementia or mental health problems.

Judgment:
Compliant

Outcome 08: 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(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector reviewed practice in relation to the implementation of health and safety procedures. The way infection control, moving and handling manoeuvres and cleaning procedures were conducted were observed and discussed with staff to determine how health and safety was addressed in practice.

The health and safety of residents, visitors and staff was generally promoted well in this centre. There was a risk management policy and a short health and safety statement that was updated annually. The policy outlined a range of environmental, clinical and associated business risks however it required revision to include the specific risks outlined in regulation 26-Risk management. The policy needs to include risks associated with abuse, self harm and the arrangements for the identification, recording,

investigation and learning from serious incidents or adverse events involving residents to be fully compliant.

Clinical risk assessments were undertaken for various risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change. For example when a fall occurred neurological observations were completed to monitor neurological function and to detect signs of deterioration expediently.

The inspector noted good practice in relation to infection control. Staff were observed to handle laundry safely and to transport laundry from rooms to the laundry area in a safe manner. This had been subject to an action plan in the last report. Hand gels were regularly used as staff moved around the centre. All staff the inspector spoke to had appropriate knowledge on hand hygiene and the infection control measures they were expected to follow. Training on this topic had been provided according to training records viewed. The majority of staff had received the influenza vaccine and were knowledgeable about the role this played in the prevention of the spread of influenza.

There was good emphasis on promoting independence and on maintaining the capacity of residents. Staff were observed to encourage residents to walk for varied distances and some had personal exercise programmes to follow which staff encouraged and facilitated. There was equipment to support exercise including an exercise bicycle and all residents had their own walking aids which had been assessed appropriate for their needs. There were moving and handling assessments available for residents with mobility problems. The majority of staff had up to date training in moving and handling and in the use of hoists and wheelchairs however the training record indicated that for three staff this training was outstanding.

The inspector viewed the fire training records and found that staff had up-to-date fire safety training and this was confirmed by staff. Staff spoken to knew what to do in the event of a fire. There were fire safety action signs on display with route maps to indicate the nearest fire exit. There were evacuation measures in place and this included an external fire escape from the upper floor. Fire escape routes were clearly visible from hallways. Fire drills and fire training exercises were completed regularly and recorded. An action plan in the last report that required that fire training exercises included guidance on what to do should clothing catch fire had been addressed. This topic had been added to the information relayed during fire training sessions and staff knew what to do in such a situation.

Fire records showed that most fire safety and fire fighting equipment had been regularly serviced. Documentation confirmed that the fire alarm was serviced quarterly and the fire extinguishers serviced annually on a contract basis. Confirmation that the emergency lights had been checked and serviced during 2016 was available. The inspector saw that all fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record the safety checks of fire extinguishers, the fire panel and the fire escape routes. Personal information to guide staff in an emergency was available.

Accidents and incidents were recorded and the details recorded included factual details

of the accident/incident, date the event occurred, details of witnesses and if medical care had been required. Information was recorded on contacts with next of kin following falls or other events. The person in charge reviewed falls to detect patterns and to ensure that prevention measures were put in place. The inspector found that the reviews included details of changes made including the changes made to care plans where needed and interventions by physiotherapists or the exercise facilitator to prevent further falls saw that mobile residents were advised about how they could improve their safety when walking around.

There were contracts in place for the service of equipment and the inspector viewed records that confirmed that equipment was regularly serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

There were a sufficient number of cleaning staff available daily to ensure all areas were maintained in a clean condition. Separate sluice and cleaning areas were provided. Staff were knowledgeable about the use of hazardous substances and these were not left unattended when work was in progress the inspector noted.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that safe procedures were in place in relation to medicines management. The nurses on duty were well informed about the procedures and the way they described how medicines were prescribed, stored, administered and reviewed reflected appropriate safe standards were in place. The medication administration records were clear and the required information including a photographs of residents were available. Medicines that were discontinued or no longer required were signed off with the date to indicate the regime was complete. The inspector found that resident's medicines were reviewed regularly by doctors. Some residents had complex medication regimes and many others were on very few medications. Safe storage arrangements were in place and medication trolleys were locked and stored securely. Each resident's supply of medication was stored in an individual container which had their name clearly outlined.

Medicines that required special control measures were appropriately managed 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. There was an audit system in place to ensure medicines were managed in accordance with good practice standards and some audits were undertaken by the pharmacist in addition to the reviews undertaken by nurses.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed the record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. As outlined previously, the quarterly notifications should include all restraint use including when equipment is used in an enabling function.

Judgment:
Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were 34 residents accommodated when the inspection was completed.

Approximately half of the resident group had problems associated with confusion or dementia. There were some residents under the age of 65 who had problems related to intellectual disability, mental health or social care problems. The inspector found that residents were appropriately assessed, monitored and that their health and social care needs were appropriately met. Residents and relatives confirmed this finding and described in feedback forms that good access to doctors and other professionals was available and that there was a varied social programme with activities that all residents could take part in available regularly.

The inspector was told that prospective residents were assessed prior to admission and where possible at home so that staff had knowledge on their backgrounds, how they organised their personal belongings and any equipment that they needed. The inspector saw that residents received prompt attention when they requested help or activated call bells and staff were observed to undertake care activities in a manner that promoted dignity and protected privacy.

There were comprehensive assessments completed when residents were admitted to establish their health and social care needs and to determine areas of risk. A range of evidence based assessment tools were used to assess skin condition, risk of falls, vulnerability to developing pressure area problems and nutrition needs. An assessment of memory and cognitive ability was also completed. These assessments were found to provide good detail that informed the actions of staff in a meaningful way and informed the development of care plans.

The assessments completed were used to develop care plans that were person-centred and described the care to be delivered. Care plans were found to provide good guidance for staff and outlined targets for care that for some residents included working towards independence and discharge to other facilities. They were updated at the required four monthly intervals or when there was a change in a resident's health or well being. There was evidence of consultation with residents or their representative when review were completed. Residents' and relatives' feedback conveyed that they were consulted and were given the opportunity to contribute their views when care plans were compiled or reviewed. An action plan in the last report outlined a requirement to in relation to care plan reviews as they were found to provide inadequate details on the effectiveness of the care plans in addressing residents' needs. This action was addressed. The inspector found the details recorded provided an overview of residents' health and well being and reflected changes since the last review. Dementia care needs and communication problems were identified and the information recorded indicated that staff were aware of the activities that residents could undertake independently and their level of orientation. The inspector saw that efforts were made to enhance cognitive ability. This was demonstrated by some residents having food served on plates in contrasting colours or patterns so that they were easy to distinguish on dining tables. This enhanced residents' ability to recognize food and to eat independently.

Four resident's care plans were reviewed. The inspector noted that there was appropriate detail recorded about mobility needs and requirements in relation to assistance with movement and transfers. The care of one wound that related to a venous ulcer was reviewed. There was a care plan in place that outlined the care to be delivered. The record included measurements, evaluations and comments on the

condition of the ulcer and the response to treatment.

Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. Residents told the inspector that they were able to "exercise their own will and said staff facilitated them when they changed their minds". The inspector saw the ethos of person centred care was promoted. Residents were observed to get up at times of their choice during the morning and had breakfast whenever they came to the dining room. They were free to remain in bedroom areas or go to the communal rooms. The sitting areas and dining room were well supervised and the inspector saw that staff were available to talk to residents and help them get comfortable when they came into communal rooms.

Residents had access to GP services and records showed that GP's visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists was available.

There were processes in place to ensure that when residents were admitted, transferred or discharged from the centre, relevant and appropriate information about their care and treatment was compiled and shared with other services. There was evidence that specialists were contacted for advice and guidance and the inspector saw that recommendations for future care were being coordinated between the centre and community professionals. The inspector found that where residents were admitted because of complex social problems that good efforts were made to ensure residents maintained contact with the community through attendance at day care facilities, going out to do shopping and meeting relatives. Residents who had communication or sensory problems were facilitated to communicate to their maximum capacity. Hearing aids were appropriately fitted and staff were aware of times when they needed to communicate by touch in order to ensure residents were included and consulted.

Residents had opportunities to participate in varied activities that suited their needs, interests and capacities. There was a social programme which was supplemented by external facilitators such as an exercise facilitator and a volunteer. Residents said that they enjoyed the opportunities they had to have discussions, play bingo, tell stories or make decoration. They said the activity programme changed according to the seasons. On the second day of the inspection many residents were involved in making crosses for St. Bridget's Day which was the following day. Many told the inspector of the varied ways they had to make these crosses which they recalled making at school.

Judgment:
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. The premises, having regard to the needs of the residents,

conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The location and layout of the centre was suitable for its stated purpose and the facilities met residents' individual and collective needs in a comfortable and home like manner. The centre was comfortable and had many home like features that included open fires in sitting areas where the majority of residents spent time during the day. The inspector saw that residents liked these areas which they said make the home feel "just like their own sitting room and kitchen". Visitors told the inspector that they were always made to feel welcome and offered hospitality at tea times. There was adequate communal space for the number of residents accommodated and furnishings throughout were varied, comfortable and person specific in some cases. Residents had access to a small area where they could meet visitors in private and there was oratory where they could spend time quietly.

Accommodation comprises of 16 single rooms and nine twin rooms. The majority of bedrooms have ensuite facilities of toilet and wash hand basin. There are two assisted bathrooms, (one with a bath and the other with a shower) on the ground floor and there is an additional floor level shower and toilet for residents accommodated on the upper floor. There are three bedrooms on this floor. The ceiling and one of the bedroom doors was slanted at an angle due to the dormer design which restricted the head room space available. A lift was available and this was used well by residents. Some were able to use the stairs and did so instead of taking the lift. There was an external fire escape from this floor for use in an emergency and this was noted to be in good condition and free from obstructions. There is one bedroom on the ground floor that is an internal room ventilated by a skylight. This room also has a window onto the hall way and had an adequate level of light.

There was outdoor space surrounding the centre to the front and side and there was some garden space that was secure. The centre had access to wifi and skype which residents could use freely according to staff.

During this inspection the premises were noted to be clean and generally well maintained. Staff were noted to clean rooms thoroughly and had a cleaning schedule to ensure bedrooms and all other areas were attended to in rotation. They were observed to carry out their activities in a safe manner using caution signs to advise of wet floors. 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 and some toilets had raised toilet

seats to improve accessibility however many were not fixed and were not suitable for some residents to use unsupervised. Paintwork was damaged or chipped in some areas and needed to be renewed and the floor in the dining room had some damage near the kitchen entrance.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

There was a complaints process in place and a complaints record that met the requirements of regulation 34-Complaints procedures was available. A summary sheet provided information on the number of complaints recorded each year. There were two complaints each year during 2014 and 2015 and one complaint for 2016.

The complaint, the actions taken to resolve the issue and the outcome of complaint made including if the complainant was satisfied was described in the record.

The person in charge and her deputies said that they addressed issues of concern within short time frames and records confirmed this. The inspector found that the procedures as outlined had been followed, that the responses had been timely and that the outcomes had satisfactorily addressed the complainants concerns.

Residents that inspector talked to said they were aware of the process and identified the person in charge as the person they would go to if they had a serious concern but they would go to any member of staff with a minor problem and said they were confident it would be addressed.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected their values, preferences and spiritual beliefs. Care plans were in place that described the views and wishes of residents in relation to their end-of-life care, where it had been possible to discuss this with them.

At the time of the inspection no residents were receiving end-of-life care. Staff told the inspector that palliative care services were available and that advice could be obtained in a timely way when required.

Residents' cultural and religious needs were identified and addressed. There was space where residents could say prayers or spend time quietly. Mass was relayed daily to one sitting room from a local church and residents who wished to hear Mass sat in this area during the morning. Clergy from other denominations visited the centre in response to residents' requests and the inspector found that there was no impediment to residents following their faith and beliefs. .

Judgment:

Compliant

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(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the menu and food choices available to residents daily. The inspector spoke to the chef who conveyed appropriate knowledge of residents' preferences and specialist dietary requirements. He confirmed that choices of main meals were provided daily and that cooked options were available at all meal times. There were nutritious snack options available between meals to ensure adequate calorie intake for residents on fortified diets and low calorie options for residents on reducing diets.

The inspector saw that meal times were flexible and plenty of time was allowed for residents to enjoy each meal time. The dining room was adequately spacious and residents could move around and use their mobility aids and wheelchairs in comfort. While many residents could eat independently and went to the dining room for main meals others who required assistance had meals in the sitting rooms. All residents were noted to have appropriate staff support that was enabling and where they were encouraged to eat independently. Residents said they were happy with the food served and said the standard of catering was very satisfactory. All residents knew the chef well and said that no matter when they arrived for meals there was "always something nice offered". One resident said " I get small portions as i have not been eating well, it's always lovely food" and another said "the chef is very willing to make whatever we want at any time" and " gives us breakfast whatever time we get up".

Nutrition assessments were completed to inform staff of nutrition status and to highlight areas of concern. The results were used to inform care plans and to guide and advise staff on dietary intake. There was access to allied health professionals for residents who were at risk of poor nutrition or where respiratory or choking problems were evident. There was regular monitoring of residents' nutrition intake and weights were recorded and reviewed each month. Residents who showed weight fluctuations upwards or downwards were referred for specialist advice. Residents who were on reducing diets said that they were managing well and coping with the restrictions with support from staff.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were respected, that their views were listened to and they were treated in a respectful and dignified way by the staff team. There was evidence of good communication between residents, the staff team, relatives and visitors.
Residents said they had a choice about how they spent their day and could choose

whether to join in the scheduled activity during the morning or afternoon or spend time away from the activity or in their bedrooms. There was a range of communal areas to facilitate these choices.

The centre had a varied range of activities available throughout the week. These were undertaken by care and nursing staff with the support of staff employed on a sessional basis for specific activities. Exercises and yoga were facilitated twice a week and there were quiz games, crafts and discussion groups scheduled on varied days. Staff were observed to help and support residents to take part in the social opportunities available. The inspector found that staff were well informed about activity options that were of most interest to residents, and also the options most suited to residents with dementia, mental health problems or learning difficulties. There were individual programmes organised for some residents to suit their particular circumstances. The inspector saw that transport was organised to make social opportunities in the community accessible to residents and some residents attended regular external day care facilities.

There were meetings organized quarterly where residents could express their views about the service provided. This was coordinated by one of the residents and a volunteer. A range of matters that included choices, consultation, activities had been discussed according to the record of the proceedings. The volunteer visited the centre daily and took her dog with her. Residents said they enjoyed talking with the volunteer and seeing the dog. Residents were also supported to attend family events. Religious services were broadcast each morning and many residents said that they really enjoyed being able to hear Mass.

Residents were able to organise their rooms as they wished and many rooms had personal items that included photographs and ornaments on display.

Judgment:

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(s):

Findings:

Residents had adequate space to store their belongings and each room had a wardrobe, chest of drawers and/or bedside cabinets. The centre provided a laundry service for residents' clothes or family members could choose to take home clothes to wash if they

wished.

A staff member was assigned to the laundry each day. The standard of clean clothing and laundry was noted to be good with items pressed and folded before they were returned to residents. A property list was completed with an inventory of all residents' possessions on admission. There was a system in place to label clothing to prevent loss. Residents said that the system worked well and there were few problems with mislaid or lost items.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that staff numbers and skill mix available during the day and at night could meet the needs of residents appropriately. The staff complement included two nurses who shared the responsibility for managing the centre in the absence of the person in charge. All nurses had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann or the Nursing and Midwifery Board of Ireland (NMBI). The required vetting procedures had been completed for all staff and the e vetting process had been introduced.

The rota indicated that there was at least one nurse on duty with the person in charge each day. There were some days when one nurse was on duty and an on call arrangement was in place if advice or guidance was required. At night there is a nurse and a carer on duty from 22.00 hours to 07.00 hours. At all other times there are at least two carers on duty with the nurse. The care and nursing staff allocation is supplemented by staff who are employed for specific purposes for example to undertake activity sessions. The rota is produced a month in advance and changes due to staff absences were recorded however the outline of the rota required improvement to meet legislative requirements. The hours worked by the person in charge and some staff were

not described fully as the record did not indicate what hours were scheduled or actually worked.

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge. Workloads and staffing requirements were determined by the needs of residents and if staff requested additional support when dependency levels or support needs increased this was provided. The person in charge said she assessed all residents prior to admission to ensure that the centre could provide appropriate care for them and also to ensure the services and facilities were suitable to their needs.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff were well informed about the actions they should take in a range of situations. They conveyed positive attitudes towards the care of older people and were enthusiastic about the role they played in ensuring their comfort and well being. They said that they were well supported and that a good team spirit had been developed between all staff.

New staff had a formal period of induction to help them become familiar with residents, the overall routine of the centre and the layout of the premises. Staff were issued with an employee handbook that outlined information on the terms and conditions of their employment and their roles and responsibilities.

The inspector was provided with a record of the training that had been provided to staff since 2013. Training was provided to ensure that staff could competently meet the needs of residents and to take into account changing circumstances. The person in charge provided the training including refresher training in elder abuse and adult protection. The inspector found that the majority of staff had completed training on the following topics, Nutrition, elderly care and dementia, Health and Safety, Whistle blowing, End of life care, Restraint and Stroke management.

The inspector found that all staff were up to date with training and information on fire safety and elder abuse but there were three staff who required moving and handling training as their training on this topic had taken place over three years ago. An action plan in the last report required that the format for recording the training courses completed required review as it was difficult to determine that all staff had completed training or refresher training within the required time lines on the topics of moving and handling, fire safety and adult protection that are described in legislation. This action was partially complete but the record required further improvement so that it specified all staff employed and the dates when training was undertaken and if not present for any reason on the scheduled date of training when the training was actually completed.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Hillcrest House Nursing Home
Centre ID:	OSV-0000346
Date of inspection:	19/01/2017
Date of response:	03/03/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

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

A risk management procedure and associated policies were available however a review was required to ensure that the policy complies fully with regulation 26(1)(c) as it did not include the measures and actions taken to control risks in relation to abuse, self harm and aggression and violence.

1. Action Required:

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

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Policy updated to include Self harm and Abuse

Proposed Timescale: 28/02/2017

Theme:

Governance, Leadership and Management

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

The policy on infection control required amendment to describe the procedures for reports to the local public health office and the process to be adopted if an outbreak of infection has to be managed and controlled.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policies have been reviewed and updated in accordance with Legislative requirements

Proposed Timescale: 28/02/2017

Theme:

Governance, Leadership and Management

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

There was a staff rota however this did not convey the hours worked by the person in charge or by all staff employed.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Roster amended to reflect hours worked by Person in charge

Proposed Timescale: 28/02/2017

Theme:

Governance, Leadership and Management

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

The daily records provided a good overview of general health however there were few comments on the social well being of residents or the activities that they regularly took part in which contributed to their health and well being.

4. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Daily records are to be amended to reflect activities attended

Proposed Timescale: 28/02/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

The use of all restraint measures were not included in the quarterly notifications of events.

5. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Restraint measures included in quarterly notifications

Proposed Timescale: 22/02/2017

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:

Some hallways had handrails on one side only.

Some toilets had raised toilet seats that were not fixed and were not suitable for some residents to use unsupervised.

Paintwork was damaged or chipped in some areas and needed to be renewed.

The floor in the dining room had some damage near the kitchen entrance.

6. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Maintenance dept will redress as above

Proposed Timescale: 28/02/2017

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

The record of training required improvement as it did not convey clearly the dates when staff had completed training in all the subjects on the training schedule.

7. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training matrix will be updated

Proposed Timescale: 30/04/2017