

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007



Centre name:	Hazel Hall Nursing Home
Centre ID:	0049
Centre address:	Prosperous Road
	Clane,
	Co. Kildare
Telephone number:	045-868662
Fax number	045-68662
Email address:	info@hazelhallnursinghome.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Esker Property Holdings Limited
Person authorised to act on behalf of the provider:	Samantha Boylan
Person in charge:	Pauline Connolly
Date of inspection:	17 April 2012
Time inspection took place:	Start: 09:25 hrs Completion: 14:10 hrs
Lead inspector:	Aileen Keane
Support inspector:	Carol Grogan
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Date of last inspection:	20 and 21 July 2011

About inspection

The purpose of inspection is to gather evidence on which to make judgements about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 <i>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.</i>
Outcome 2 <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
Outcome 3 <i>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</i>
Outcome 4 <i>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.</i>
Outcome 5 <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
Outcome 6 <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
Outcome 7 <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.</i>
Outcome 8 <i>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.</i>
Outcome 9 <i>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 discreet and sensitive manner.</i>
Outcome 10 <i>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.</i>

Outcome 11

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.

Outcome 12

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.

Outcome 13

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

Outcome 14

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.

Outcome 15

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.

Outcome 16

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).

Outcome 17

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

Outcome 18

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.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Hazel Hall is located on the main Clane to Prosperous road, a quarter of a kilometre from Clane village beside, Clane Hospital.

Hazel Hall is a single-storey purpose-built centre, which opened in 1976. It has 44 places and offers convalescent, respite, day care and residential care. Services are provided to older and younger people, including some with a dementia related illness.

The front door opens into a spacious bright reception area with a staffed desk and offices to the right. Accommodation for residents is provided in three corridors A, B and C which collectively have 40 single bedrooms, 24 of which have an en suite toilet and wash-hand basin and 16 single rooms which have no en suite facilities. There are two twin bedrooms, each with toilet and wash-hand basin en suite facilities. Corridor A has 15 places for residents in 11 single bedrooms and two twin bedrooms. There are 16 single rooms in corridor B and 13 single rooms on corridor C.

The High Dependency Unit (HDU) has accommodation for 14 people, 11 rooms from corridor A and 3 rooms from corridor B. This unit has a key pad locking system to provide a secure environment for residents. There was one small sitting room in this area which did not provide adequate day space for the residents. Currently one bedroom is being used as an additional day space for recreation and dining. This is a temporary measure as the provider intends to build additional day space for this area.

Other facilities in the HDU include two bathrooms one of which is assisted, and an additional separate toilet. There is a linen room, store room, a sluice room and the staff rest room and shower is situated in the HDU. There is a landscaped, secure, multi-sensory garden adjacent to the HDU.

Corridor B and C are interconnected. Facilities on these corridors include a bathroom with an assisted shower and bath, a second assisted shower and toilet, staff toilet and a linen store. There is also a locked store room for cleaning equipment and chemicals and a sluicing sink.

Communal facilities for residents in HDU and corridors on A, B and C include a large sitting room to the rear, with views and access to a landscaped courtyard garden. Both gardens have paved pathways and garden furniture. There is a dining room, hairdressing room with an assisted toilet, a smoking room and a spacious chapel adjacent to the main lobby.

Other facilities include a laundry and main kitchen, a meeting room, a staff room with a dining table and lockers for staff.

There are ample car parking spaces to the front of the building and closed-circuit television (CCTV) in public areas.

Date centre was first established:	1976
Date of registration:	07 December 2014
Number of registered places:	44
Number of residents on the date of inspection:	42

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	18	11	6	7
Gender of residents	Male (✓)		Female (✓)	
	✓		✓	

Management structure

Samantha Boylan, a Director of the Company, is the Director of Operations and the person nominated to represent the Provider, Esker Property Holdings Limited. The Person in Charge, Pauline Connolly reports directly to her. The registered nurses, care staff and activities staff report to the Clinical Nurse Manager (CNM), who in turn reports to the Person in Charge. The catering, housekeeping, laundry and maintenance staff all report directly to the Person in Charge. Two administration staff report to the Provider and to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	0	2*	6	3	3	2	**

* The CNM

** Person nominated on behalf of the provider
 Physiotherapist
 Two maintenance staff
 One work experience carer

Summary of 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 report set out the findings of an unannounced inspection. This inspection took place over one day. As part of the inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall inspectors found there was a high quality of care, the residents' health care needs were monitored and there was good access to allied healthcare services. Residents' health was promoted through education and information giving to residents and staff.

Residents' quality of life was enhanced by the provision of a variety of activities and an ethos of respect and dignity by staff for residents.

Staff had received training and there were knowledgeable about residents needs. The provider was committed to providing training to staff to enable them to provide care in accordance with evidence based practice.

The safety and protection of residents was prioritised. Risk was well managed and the provider had suitable measures in place for fire safety. There was a culture of continuous quality improvement where audits were undertaken to monitor quality, determine trends and identify areas for improvement.

The three actions from the previous inspection of July 2011 were reviewed as part of this inspection. Inspectors found that all three actions had been completed.

- the use of bedrails was being monitored and appropriate risk assessments and documents were in place. There was a reduction in the number of bedrails in place since the last inspection
- all staff had evidence they were physically and mental fit to work in the centre
- the provider had converted one bedroom in the HDU for recreation and dining purposes until the proposed plans to build new day space was completed.

There were some areas for improvement identified. These are detailed in the outcome statements in this report and related actions are set out in the Action Plan at the end of this report. They include the following areas:

- obtaining all documents specified in schedule 2 before a person is employed in the centre
- improving the contract of care to clearly identify the fees to be charged
- ensuring each resident's needs are set out in their care plan.

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*.

1. Statement of purpose and quality management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

An updated Statement of Purpose, which included the conditions of registration, was submitted to the Authority in January 2012. Since that date there were some slight changes to the numbers of staff employed and the provider updated the Statement of Purpose and submitted this to the Authority following the inspection.

Inspectors observed that the designated centre was operating in accordance with their Statement of Purpose and conditions of registration.

The certificate of registration was displayed on the wall opposite the main sitting room.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Inspectors found that there was a system in place to review and monitor the quality and safety of care and the residents' quality of life.

The provider had systems in place to gather data for service improvement purposes. This included the person in charge, the CNM, health and safety representative and other staff gathering information about a wide range of activities in the centre.

These included areas such as health and safety, clinical care and feedback from residents.

Inspectors read the results of the audits and found that data was analysed and reviewed monthly by the Director of Operations and an action plan for improvements developed and implemented.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

The complaints policy was reviewed and found to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The complaint process was displayed in a prominent place and it was also summarised in the Residents' Guide and the statement of purpose. Inspectors reviewed the complaints register and found complaints were investigated, recorded and action taken, when required, in accordance with the local policy. Residents and relatives told inspectors they felt comfortable raising any concern and said it would be resolved promptly.

Complaints were reviewed by the Director of Operations as part of her monthly audit reviews.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Inspectors were satisfied that sufficient measures were in place to protect residents from being harmed or abused.

There was a policy in place and all staff had received training on identifying and responding to elder abuse. Staff were able to confidently tell inspectors how they would respond should they suspect that any resident was being abused.

The resident survey carried out in January 2012 recorded that all residents who responded said they felt safe living in the designated centre. Residents told inspectors they felt safe and well cared for. They attributed this to the “kind, caring” staff.

Inspectors reviewed documents and practices for the management of residents’ finances. Inspectors found records and practices were in place to safeguard residents’ finances which had been audited and reconciled by the accountant.

Outcome 5

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The health and safety policy and risk management policies were in place and found to meet the requirements of the Regulations at the previous inspection. Inspectors focused on health and safety and risk practices at this inspection.

Inspectors found that practice in relation to health and safety and risk management promoted the safety of residents, staff and visitors.

Inspectors found there were good infection control measures in place. While there was an infectious outbreak in the centre in February 2012, this was managed well and appropriate notifications made. Staff explained to inspectors what happened during the outbreak and the measures they took to ensure appropriate actions were taken at that time. Staff had training and were knowledgeable about infection control procedures such as hand washing and environmental cleaning. Inspectors saw the building was clean and well maintained.

A senior carer was nominated as the health and safety officer. She had attended training and carried out risk assessments and audits. These were documented and audit results were reviewed by the Director of Operations each month.

There were appropriate measures in place to prioritise the safety of residents in the event of a fire. Fire safety equipment was serviced annually and weekly checks of evacuation equipment and emergency lighting were recorded. Inspectors saw records of the daily checks that ensured fire exits were unobstructed and this was verified by inspectors. Staff spoken to were clear about the procedures to follow in the event of a fire including the evacuation of the centre should this be required. Alternative accommodation for residents was available if necessary and details of this

were read in the emergency plan. Staff attended regular training and fire drills were carried out on a monthly basis.

Outcome 6

Each resident is protected by the designated centre's policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

Inspectors reviewed the medication policy, prescriptions, medication administration records and observed a nurse administering medication. Inspectors found safe medication procedures and practices were in place. There was evidence that medications were reviewed on a regular basis by the general practitioner (GP). A medication management audit was carried out by the CNM on a monthly basis.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors reviewed assessments, care plans, spoke with nursing and care staff, residents and relatives. Overall inspectors found residents' welfare and wellbeing was

promoted and care was delivered to a high standard. Inspectors found there was appropriate medical and allied healthcare intervention.

Wounds were assessed and adequate records maintained which recorded the care required and status of the wound. One resident had commenced on a specialised wound care regime and training on the use of this treatment was arranged for the day following the inspection.

A health promotion committee was established which included staff from all disciplines working in the centre. Committee members held information sessions for residents and staff about a wide range of health promotion strategies, such as maintaining a healthy heart, vision and hearing and nutrition and hydration. There were easy to read health promotion pamphlets available at the reception. Topics included health and safety, falls prevention, pressure sore prevention and mental health. The Director of Operations explained this strategy was in the early stages of development and she would be monitoring it to assess its effectiveness. She had linked with the national health promotion unit for information.

There was a two physiotherapists employed in the centre. They promoted residents' health by facilitating exercise and mobility classes and carried out moving and handling assessments.

Staff were actively promoting the reduction in the use of bed rails. Inspectors reviewed the results of the bedrail audit. Inspectors saw there was a reduction in the use of bedrails since the last inspection. There was an improvement in the risk assessment and documentation for the use of bedrails since the last inspection. Residents had comprehensive risk assessments and had appropriate records in place. Inspectors saw evidence that, prior to any resident having a restraint such as bedrails commenced, alternatives were considered.

Each resident had up-to-date assessments and care plans in place. Overall, inspectors found these were person centred and relevant. Relatives confirmed they were informed about the changing needs of the resident. While the nursing assessments and documentation was of a good standard there were some areas of improvement identified.

The number of falls was low and there was a falls prevention policy in place. However, this was not consistently implemented by staff. Inspectors found that in some instances residents did not have a post falls assessment completed or care plan updated following each fall as required by the policy and therefore care plans did not always accurately reflect the current needs of the resident. Following the inspection the Director of Operations submitted an audit form which had been updated to include a review to ensure the post falls assessment was completed.

Residents who smoked had care plans in place which reflected the medical interventions related to smoking but did not assess the risk of accidental injury.

Residents had a missing person profile completed but this was not dated and therefore it was not possible to determine if it was updated to reflect the residents' current condition.

Two activity coordinators were employed in the centre and residents were provided with an extensive range of things to do during the day. Information about residents' interests and hobbies and preferred activities was gathered. This was used to develop a programme of activities in the centre for residents. Residents' feedback about activities and the running of the centre was sought through a range of methods such as the advocacy meeting, residents committee meeting and quality assurance questionnaires. Inspectors saw this feedback was considered and improvements being developed. For example, the provider intended to purchase a computer for use by residents and staff following feedback from the resident advocacy group.

Inspectors saw staff engaging in discussions with residents as they did their work and generally promoting a friendly, sociable atmosphere. Residents told staff they had plenty to do and they were assisted and facilitated to go on outings. Residents also showed inspectors the new thatched roof cottage that was built in the garden. The Director of Operations showed inspectors photographs of the residents assisting with the painting of the cottage. She explained that it would be furnished and decorated with old memorabilia and used as part of reminiscence therapy.

Outcome 8

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Caring for residents at end of life was regarded as an integral part of the service provided. Inspectors saw evidence of residents and relatives wishes about the end of life care. One resident was receiving palliative care and inspectors found appropriate care interventions were in place.

Outcome 9

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 discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Inspectors found there was a plentiful supply of food and drinks available for residents throughout the day. The dining experience and assistance to residents was maintained to the high standard seen at previous inspections. Inspectors saw staff offering residents choices and presenting food in an appetising way. The menu was displayed and regularly reviewed based on feedback from residents.

Residents' weights were monitored and records showed nutritional assessments were carried out. Inspectors saw that referral to dietetic service or GP's occurred if necessary. Subcutaneous fluids were used on occasions for some residents at risk of dehydration.

4. Respecting and involving residents

Outcome 10

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The director of operations had reviewed the written contract for the provision of services since the last inspection. Inspectors reviewed the contract and found that while it included the details of the service to be provided and identified other services that incurred an additional fee it was not clear as to what services individual residents availed of and what fee would be incurred.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Inspectors found residents were given an opportunity to participate in the running of the centre and that privacy and dignity was respected.

Inspectors observed good interactions between staff and residents. Residents knew staff members and appeared comfortable asking for assistance. Inspectors saw records of residents' feedback and found suggestions were sought through a variety of mediums such as the residents committee, advocacy meetings and the quality assurance questionnaire. As discussed in outcome 7 inspectors saw that this feedback was considered and used to drive forward improvements.

Staff were observed knocking on bedroom, bathroom and toilet doors and waiting for permission to enter. Residents were well dressed according to their personal choice. Residents said they could choose where to dine and how to spend their day. One relative said she visited the centre almost daily. She said she came to the centre at various times of the day and evening and found a high standard of care at all times.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

The previous inspection found the provider had measures in place to protect residents' personal property and possessions. Inspectors did not review this outcome at this inspection as no issues were observed or highlighted to the inspectors during the course of the inspection.

5. Suitable staffing

Outcome 13

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

There was no change of person in charge since the last inspection, when inspectors found that she met the requirements of the Regulations and was a fit person in

charge. She was on annual leave at the time of inspection and the CNM was managing the service in her absence. Inspectors found that the CNM was organised and knowledgeable about the welfare and wellbeing of the residents and the organisation and management of the centre. She had access to all relevant documentation requested by the inspectors and provided these promptly.

Outcome 14

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There were appropriate staff numbers and skill-mix to meet the assessed needs of the residents. However, the provider had not obtained all records specified in schedule 2 for some staff employed.

Inspectors reviewed the planned and actual staff roster and found there was adequate numbers of staff on duty each day. While two part time staff had resigned recently, inspectors noted the dependency level of residents had reduced since the last inspection and this reduction in staff did not have an impact on services provided. Residents and relatives reported there was adequate staff on duty.

There was a comprehensive education programme in place which included mandatory training on fire and manual handling. Other training was also facilitated including prevention and detection of elder abuse, wound care, medication management, SONAS, infection control, kitchen hygiene, environmental cleaning and gerontology. A staff training tracker was in place which was used to monitor staff training and ensure all staff attended appropriate training.

Inspectors also reviewed a staff files tracking document. This highlighted and identified any outstanding documents for staff files. Inspectors saw that evidence of physically and mental fitness to carry out their work had been obtained for all staff as required by the Action Plan in the previous report. However, it was noted that all staff did not have three references and one staff member did not have any references. This was discussed with the Director of Operations and she explained these were requested. Following the inspection, the provider informed the inspector

that these references were now in place. However, inspectors highlighted the importance of adhering to the centres recruitment policy and ensuring all documents required in schedule 2 of the Regulations were in place before employing a new member of staff.

Summary of current staffing levels

	Nurses	Care Assistants
8.00 am - 2.00 pm	2	6
2.00 pm - 4.00 pm	2	5
4.00 pm - 8.00 pm	2	6
8.00 pm - 10.00 pm	2	3
10.00 pm- 8.00 am	2	2

Note: The person in charge is normally on duty from 08:00 hrs - 4.00 hrs
 Activity staff work 59 hours per week
 Two physiotherapists, each work 18 hours per week – total of 36 physiotherapy hours per week.

6. Safe and suitable premises

Outcome 15
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.

References:
 Regulation 19: Premises
 Standard 25: Physical Environment

Inspection findings

The centre was well maintained, bright, warm and pleasantly decorated. Inspectors found the layout and design of the premises suited the needs of the residents and provided an adequate standard of private and communal space and facilities. The building reflected the facilities as described in the statement of purpose.

The previous inspection report highlighted the limitations of the small communal/sitting room in the HDU. This centre has been registered for 44 places but the current capacity is now 43 places as one bedroom was decommissioned and its function changed to serve as additional recreation and dining space for the residents of the HDU. The provider explained this was an interim measure as they had plans to extend to the rear of the centre to develop a larger sitting room to improve the communal space and to overlook and improve access to the garden area.

7. Records and documentation to kept at a designated centre

Outcome 16

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).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

All documents and records to be maintained in the centre were reviewed at the previous inspection. Inspectors reviewed a sample of records at this inspection.

Inspectors saw the insurance certificate and found this was up-to-date. The directory of residents was also reviewed and found to be accurate and updated with all information as required by the Regulations.

Staffing records were also reviewed and the findings were discussed under outcome 14.

Outcome 17

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

References:

Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings

While the person in charge had submitted information pertaining to events which require notification, this was not done in accordance with the Regulations. The

person in charge was over reporting events that required notification by submitting quarterly notifications on a monthly basis. This was discussed and clarified during the inspection.

Outcome 18

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.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

The person in charge was not absent from the centre for a continuous period of 28 days and therefore no notification was required.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the Director of Operations and the CNM to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Aileen Keane

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

18 April 2012

Provider's response to inspection report*

Centre:	Hazel Hall
Centre ID:	0049
Date of inspection:	17 April 2012
Date of response:	01 May 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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 7: Health and social care needs

1. The person in charge is failing to comply with a regulatory requirement in the following respect:

While the nursing assessments and documentation was of a good standard there were some areas of improvement identified. For example, completing post fall assessments and updating the care plan, assessing the risk of accidental injury for those who smoke and dating the missing person profile.

Action required:

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Post fall assessments and updating the care plan - documentation revised and submitted to the Authority. Accidental injury risk assessment for residents who smoke - documentation now in place. Date mark now imposed on relevant documentation.	Completed 17 April 2012 Completed 01 May 2012 Completed 17 April 2012

Outcome 10: Contract for the provision of services

2. The provider is failing to comply with a regulatory requirement in the following respect: It was not clear as to what services individual residents availed of and what fee would be incurred in the contract for services.	
Action required: Ensure each resident's 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.	
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Contract of Care amended with improved clarity.	Completed 19 April 2012

Outcome 14: Suitable staffing

3. The provider is failing to comply with a regulatory requirement in the following respect:	
The provider had not obtained all records specified in schedule 2 for some staff employed.	
Action required:	
Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.	
Reference:	
Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff has complete relevant information pertaining to their profile.	Completed 01 May 2012

Any comments the provider may wish to make:

Provider's response:

The staff, residents and management thank the inspectors for their understanding in allowing us to organise the relevant information for this inspection. The inspection did not interfere with the smooth running of the house.

The welfare and safety of our residents is central to everything we do, constantly reviewing and upgrading our best practise and systems.

Provider's name: Samantha Boylan, Esker Property Holdings Limited

Date: 01 May 2012