

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview Private Nursing & Retirement Residence
Centre ID:	0141
Centre address:	Rathfeigh, Tara
	Co Meath
Telephone number:	041-9825698
Email address:	jjcahill@hillviewcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Hillview Private Nursing & Retirement Residence Partnership
Person authorised to act on behalf of the provider:	John James Cahill
Person in charge:	Rebecca Jane Carolan
Date of inspection:	23 April 2013
Time inspection took place:	Start: 10:25 hrs Completion: 16:15 hrs
Lead inspector:	Siobhan Kennedy
Support inspector:	Damien Woods
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	4

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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*.

This inspection report sets out the findings of a monitoring inspection, in which 11 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

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

Matters arising (three actions) from the previous inspection 24 May 2012 were examined and were found to be satisfactorily implemented. These issues related to medication management, care planning process and the environment. Since the last inspection the person in charge and the assistant director of nursing had reviewed the care planning process and in the main, inspectors found this to be satisfactory,

but identified further aspects for improvement. Inspectors examined the medication management procedures and systems and found that appropriate measures had been put in place regarding the transcription of medicines. However, measures are still needed to further improve the administration of medicines to residents. The mechanical ventilation in the sluice room had been repaired.

Residents were positive about their day to day life experiences. They expressed satisfaction with the centres' routines and activities, meals provided and were complimentary of the staff team. No issues or concerns were identified to the inspectors.

The person in charge is an experienced nurse and had good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* in relation to the residential care setting. She and the staff team facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions. Staff members confirmed that good relationships exist with the management team.

Although the statement of purpose was comprehensive it did not meet all the requirements of the Regulations. Each resident had an agreed written contract but the specific fees to be charged were not identified. The documents to be held in respect of persons working at the centre were satisfactory with the exception of confirmation of the physically and mentally fitness of staff for the purposes of the work to be carried out.

Measures were put in place to protect residents from abuse. However, some staff members were not fully familiar with the policy and procedure.

Risk management policies, procedures and systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. However, inspectors noted some risks related primarily to fire prevention and safety and moving and handling residents.

Residents' well-being and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care. Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences.

The environment was clean bright and warm. Residents were encouraged to personalise their bedroom space.

Staffing levels and skill mix were found to be adequate to meet the needs of residents at the time of inspection. Staff were due to participate in mandatory training opportunities.

The Action Plan at the end of this report outline improvements required in order meet the legislative requirements of the Regulations.

Section 41(1)(c) of the Health Act 2007

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

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Although the statement of purpose was comprehensive it did not meet all the requirements of Schedule 1 of the Regulations. The conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 had not been outlined.

Outcome 2

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Although each resident had an agreed written contract which included details of the services to be provided for that resident it did not identify the specific fees to be charged.

Outcome 3

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider is Hillview Private Nursing and Retirement Residence, a partnership consisting of Tara, Karl and Desmond Seepersad and John James Cahill who is the nominated representative on behalf of the partnership and is involved in the day-to-day management of the centre. The person in charge is Rebecca Carolan who is a registered general nurse and works full-time in the centre. She has qualifications in gerontology and dementia and was knowledgeable regarding the legislation governing the residential care centre. She is supported in her role by an assistant director of nursing and a clinical nurse manager. All staff report directly to the person in charge. The management of human resources is shared between the person in charge and the provider.

Outcome 4

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:

Regulations 21-25: The records to be kept in a designated centre

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:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Staffing RecordsSubstantial compliance Improvements required *

The documents to be held in respect of three staff members working at the centre were randomly selected and examined by the inspectors. These contained all of the information as per Schedule 2 of the Regulations with the exception of not having evidence that one of the staff members was physically and mentally fit for the purposes of their work at the centre.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy in place which addressed the actions necessary in responding to reports of elder abuse. This policy defined the various types of abuse and provided guidance to staff on the assessment, reporting and investigation of allegations of abuse.

There was evidence of staff participation in ongoing training in the protection of residents from elder abuse. However, some staff who attended training in February 2013 had not signed the attendance sheet.

During discussion with the inspectors some staff demonstrated their knowledge about types of abuse, reporting mechanisms and what to do in the event of a disclosure about actual, alleged or suspected abuse while others were less familiar with the policy, procedure, systems and practices in place to keep residents safe. Residents who shared their views with the inspectors confirmed that they felt safe in the centre.

Outcome 7

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

In the main, the health and safety of residents, visitors and staff was promoted and protected. However, on inspection some risks were identified and are outlined below.

Policies, procedures, systems and practises regarding managing risks were in place and there was evidence that potential/actual risks had been identified, assessed, analysed and monitored with a view to eradicating or minimising them. Such risks included those pertaining to individual residents such as accidents and general risks associated with the premises for example food safety. However, the inspectors noted the following risks:

- daily checks of fire exit doors were not recorded on the days when the maintenance staff member was not rostered for work
- the intumescent strip on some fire doors had been painted when redecoration had been carried out
- some double doors did not close fully on release, for example on the main bedroom corridor
- although the key to the fire exit in the conservatory was available at a high level this was not immediately recognisable as there was no signage/indication to its location
- two residents' alarm call bells were inaccessible as they were on the floor.

There were a range of measures in place to prevent accidents and facilitate residents' mobility, including, exercise programmes, alarm equipment and liaison with occupational and physiotherapy.

Training on moving and handling was ongoing to ensure that staff involved in the care of residents were up to date in their knowledge. However, inspectors observed staff assisting residents to mobilise without the use of appropriate moving and handling equipment.

Inspectors were informed that an emergency plan was in place.

The environment was clean and well maintained and in the main, measures were in place to control and prevent infection. These included the arrangements for the segregation and disposal of waste, including clinical waste. However, some staff had not yet participated in infection prevention and control training.

Outcome 8

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

References:

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

Action(s) required from previous inspection:

Put in place appropriate checks and documented measures which adhere to best practice and policy relating to the transcription of medicines.

The action required from the previous inspection was satisfactorily implemented. The medication administration policy had been amended to ensure best practice in relation to transcription of medications, in line with ABA guidelines. It was agreed that all medicines transcribed would be signed by the transcribing nurse and countersigned by the checking nurse. The medication audit tool had been amended to monitor the process.

Inspection findings

The inspector was informed that there was a policy and procedures to guide staff in the management of residents' medication. This included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medications. The inspector observed staff in charge of medicines administer these to residents. The system in operation was a preprepared blister packs provided by the pharmacist and stored in a trolley. Prescription and administration sheets were available. Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents. There was evidence of GPs reviewing residents' medicines. The inspector was informed that an audit of the system had

been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

Controlled drugs were stored safely using double locked facilities in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

Outcome 9

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The Authority had received quarterly returns in accordance with the Regulations. Nil returns were reported for the period October to December 2012.

The inspector examined the care plan of a resident with a pressure ulcer. The records indicated that resident had been assessed as having a Grade 4 pressure ulcer on 28 June, 2012, which had not been notified to the Authority. Additional recordings (27 October, 2012) identified that the resident had a Grade 3 pressure sore which had not been notified to the Authority. While there was evidence of treatments and interventions, no significant improvements were noted. Staff considered that the varied and number of additional medical conditions that the resident had mitigated against sustained healing. Latterly specialist guidance from a tissue viability nurse had been sought and the treatment plan included a change of dressing. The inspector was informed that the tissue viability nurse would monitor the situation regularly.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

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

Action(s) required from previous inspection:

Put in place adequate care plans which are updated to meet the changing needs of residents, and inform practice at the designated centre.

The action required from the previous inspection was satisfactorily implemented. Care plans had been reviewed and staff informed of the necessity to record on residents' changing needs. Those examined by the inspectors were satisfactory.

Inspection findings

The centre is registered to accommodate 26 residents providing general nursing care and care for residents with a disability.

Overall from an examination of a sample of residents' care plans, discussions with residents and staff the inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' personal profiles, choices with regard to daily routines, interests and hobbies, moving and handling assessments' risk assessments such as dependency, falls, nutrition, continence and the risk of pressure sores. However, some of the records were not complete for example:

- the date that a resident's blood pressure was monitored was omitted
- a resident's care plan had been reviewed and dated but there was no information regarding the consultation with the resident, outcome of the

review, action to be taken and it had not been signed by the staff member undertaking the review

- residents' monthly weight record had not been completed
- the size of a pressure wound had not routinely been noted in accordance with the format of the record.

The inspectors were informed that bedrails were used for a number of residents' safety and protection. However, there was no documentation completed for using them as an enabler as opposed to a restraint measure. For example, in accordance with good practice guidance there was no assessment for their use, no evidence that other options/measures had been adopted prior to the provision of bedrails, consultation with the residents, relatives or significant professionals, nor information regarding monitoring and review.

There was evidence that some residents had opportunities to participate in meaningful activities appropriate to their interests and preferences. There was a structured programme of activities in place which was facilitated by all staff at the centre. Activities forming part of the weekly programme included bingo, exercises, music, art, and quizzes and games. Inspectors spoke with residents who confirmed that a good variety of activities took place at the centre. Residents were encouraged to move around the centre and grounds freely and attended activities in the local community. A wheelchair-accessible minibus is available to transport residents on outings and trips.

Outcome 12

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

Action required from previous inspection:

Put in place/repair the ventilation system in the sluice room.

The electric ventilator was operating when examined by the inspectors.

Inspection findings

The centre is a single-storey bungalow-style design. Bedroom accommodation comprises of 14 single bedrooms, four have en suite shower and toilet facility, and six two-bedded rooms, three with en suite shower and toilet. The inspectors noted that residents' personal space in a two-bedded room was limited (bedroom 19A). Ten bedrooms have a wash-hand basin only. There are two assisted shower and bathrooms and four accessible toilets available. Other facilities include two sitting

rooms, a large dining area overlooking a patio garden, a library/quiet room, visitors' sitting room and small oratory. A recent extension provided a laundry room, two offices, a staff changing area, treatment room and an additional storage room. Externally, there is a landscaped garden surrounding the premises and car parking facilities. A basement day care facility called "Teach Brid" has external ramp access, to the rear of the main building. This area is used primarily for day-time activities for residents with disabilities and consists of a kitchen/day room, activities room, storage and assisted toilet facility.

There was appropriate assistive equipment available such as hydraulic beds, mobile hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Hand rails were available to promote residents' independence.

The centre was clean and well maintained. Residents reported that the centre offered a homely comfortable environment. The leather seat covering of a sitting chair in bedroom number 15 required repair.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 15

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents received a nutritious and varied diet that offered choice. The inspectors observed the breakfast and lunchtime meals, which were relaxed and unhurried, periods of time that provided opportunities for residents to interact with each other and staff. The inspectors observed staff sitting with residents and assisting them to have their meals in a respectful manner. The inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Catering staff were knowledgeable about the dietary needs of residents and were aware of residents who required a special diet. Residents were complimentary of the food provided.

Outcome 17

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The layout and design of the centre provides a safe patio garden, which is accessible from a large dining area, however, insufficient measures had been taken to protect the privacy of the resident in bedroom number 15 as residents/visitors had a direct view into this room.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspectors found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. The staff rota was examined and found to be well maintained with all staff who work in the centre rostered and identified. The designated laundry staff member was not on duty and the position was covered by a care staff member. There were sufficient care staff members on duty to provide care to residents.

From discussions with staff, the inspectors found them to be knowledgeable of their roles, responsibilities and the standards regarding residential care. They confirmed that they were supported to carry out their work by the person in charge and the management team.

There was evidence that staff had access to education and training as there was an audit of staff training and a rolling programme of training organised. However, the records showed that some staff had not yet participated in mandatory training in relation to infection control, medication management, dementia care/challenging behaviour, protection of residents from abuse and moving and handling.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, provider and staff during the inspection.

Report compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

14 May 2013

Provider's response to inspection report *

Centre Name:	Hillview Private Nursing & Retirement Residence
Centre ID:	0141
Date of inspection:	23 April 2013
Date of response:	27/05/13

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not meet all the requirements of Schedule 1 of the Regulations as the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 had not been outlined.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) including the conditions of registration.

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

References: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our Statement of Purpose now contains the conditions attached to our registration.	completed

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: Each resident's written contract did not identify the specific fees to be charged.	
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 1: Information 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: Each residents contract identifies the specific fees to be charged.	complete

Outcome 4: Records and documentation to be kept at a designated centre

The provider is failing to comply with a regulatory requirement in the following respect: The documents to be held in respect of a staff member working at the centre did not contain all of the information as per schedule 2 of the Regulations for example having evidence that the staff member was physically and mentally fit for the purposes of their work at the centre.	
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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 of the Regulations 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: The documents of this particular staff member now contain evidence that the staff member is physically & mentally fit for the purposes of her work in Hillview.	completed

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect:	
Some staff were not familiar with the policy, procedure, systems and practices in place aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Action required:	
Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response:	
10 staff have yet to receive elder abuse training updates this year, training days are scheduled for 6th & 11th of June.	11th June 2013

Outcome 7: Health and safety and risk management

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

The risk management policy/procedure had not been implemented throughout the centre as inspectors noted the following risks:

- daily checks of fire exit doors were not recorded on the days when the maintenance staff member was not rostered for work
- the fire safety strip on some fire doors had been painted when redecoration had been carried out
- some double doors did not close fully on release for example main bedroom corridor
- although the key to the fire exit in the conservatory was available at a high level this was not immediately recognisable as there was no signage/indication
- two residents' alarm call bells were inaccessible as they were on the floor
- staff were assisting residents to mobilise without the use of appropriate moving and handling equipment.

Action required:

Implement the written risk management policy throughout the designated centre by addressing the above risks.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

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

Timescale:

Provider's response:	
A system is now in place whereby the nurse in charge completes daily checks of fire doors in the absence of the maintenance man.	complete
Fire safety strips are in the process of being replaced where necessary.	07/06/13
Double door at main bedroom corridor now closes fully	complete

Key to conservatory door now labelled as such.	complete
All staff informed to be aware of call bells that may have fallen to the floor and to place within reach of resident.	complete
A variety of moving & handling equipment is available for use and all staff are aware to use when applicable.	complete

Outcome 9: Notification of incidents

The person in charge is failing to comply with a regulatory requirement in the following respect:	
The Authority had not been notified of a resident with a Grade 4 pressure ulcer.	
Action required:	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident, including any pressure ulcer above Grade 2 and retrospectively provide an updated report in respect of the resident identified during the inspection.	
Reference:	
Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The person in charge will give notice of any serious injury to a resident in the appropriate timeframe and using the appropriate form. Update on particular resident provided.	completed

Theme: Effective care and support

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect:	
Some of the care plan records were incomplete. For example: <ul style="list-style-type: none"> ▪ the date that a resident's blood pressure was monitored was omitted ▪ a resident's care plan had been reviewed and dated but there was no information regarding the consultation with the resident, outcome of the 	

<p>review, action to be taken and it had not been signed by the staff member undertaking the review</p> <ul style="list-style-type: none"> ▪ residents monthly weight record had not been completed ▪ the size of a pressure wound had not routinely been noted in accordance with the format of the record. <p>There was no documentation completed for using bedrails as an enabler as opposed to a restraint measure. For example, there was no assessment for their use, no evidence that other options/measures had been adopted prior to the provision of bedrails, consultation with residents, relatives or, significant professionals and information regarding monitoring and review.</p>	
<p>Action required:</p> <p>Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals including the above matters and ensuring that information is accurate and complete.</p>	
<p>Action required:</p> <p>Revise each resident's care plan, after consultation with him/her.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All care plans are reviewed no less than 3 monthly and nursing staff have been informed of need to ensure accurate and complete documentation. Our documentation has been amended to fully reflect the consultation with the resident upon review, action taken and signature of nurse.</p> <p>While the monthly weight of the resident had been taken, it had not been transferred in to nursing notes, this has now been done. Nursing staff aware to ensure this happens in a timely manner.</p>	

All bedrails in use in the centre are at the request of the resident for use as an enabler, or in cases where the resident is an active sleeper, all of which is clearly documented in the residents care plan.	Completed/on going
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Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:	
Residents' personal space in a two bedded room was limiting (bedroom 19A). The leather seat covering of a sitting chair in bedroom number 15 required repair.	
Action required:	
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
Action required:	
Maintain the equipment for use by residents at the designated centre in good working order.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All room sizes are in compliance with regulations, and allow for the needs of the resident to be met. Chair in rm.15 has been replaced.	Completed

Theme: Person-centred care and support

Outcome 17: Residents' clothing and personal property and possessions

The provider is failing to comply with a regulatory requirement in the following respect:
Insufficient measures had been taken to protect the privacy of the resident in bedroom number 15 as residents/visitors had a direct view into this room.

Action required:	
Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The resident in rm. 15 has specified that he does not wish to have a blind/ net curtain etc.. on his window, he has expressed that he always draws the curtains if he requires privacy in his room. This will be monitored and changes made if requested by resident.	completed

Theme: Workforce

Outcome 18: Suitable staffing

The person in charge is failing to comply with a regulatory requirement in the following respect:	
Some staff had not participated in mandatory training in relation to infection prevention and control, medication management, dementia care/challenging behaviour, protection of residents from abuse and moving and handling.	
Action required:	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice. Ensure that staff have opportunities to participate in training in relation to infection prevention and control, medication management, dementia care/challenging behaviour, protection of residents from abuse and moving and handling.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Our training programme is ongoing throughout the year and while many staff have already undertaken mandatory training, all staff are scheduled to undertake relevant mandatory training, as per our training plan for 2013.</p>	<p>Ongoing</p>
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