

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview Nursing Home
Centre ID:	ORG-0000238
Centre address:	Tullow Road, Carlow.
Telephone number:	059 913 9407
Email address:	hillviewnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hillview Convalescence & Nursing Home Limited
Provider Nominee:	Catherine O'Byrne
Person in charge:	Catherine O'Byrne
Lead inspector:	John Greaney
Support inspector(s):	Noelene Dowling
Type of inspection	Announced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
20 November 2013 10:40	20 November 2013 20:20
21 November 2013 09:15	21 November 2013 15:30

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

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

Summary of findings from this inspection

This monitoring inspection was announced and took place over two days. The purpose of the inspection was to inform a registration renewal decision and to monitor ongoing compliance with Regulations and Standards. As part of the monitoring 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.

Prior to the inspection, questionnaires were forwarded to the centre for completion on a voluntary basis by residents and relatives and 17 completed questionnaires were returned to the Authority, 12 from relatives/carers and seven from residents. These were reviewed by the inspector and feedback was generally positive from both

residents and relatives.

On the days of inspection, the inspectors were satisfied that the nursing and other healthcare needs of residents were met. Residents appeared to be well cared for and the inspectors observed good interaction between staff and residents. There was evidence that the provider/person in charge had addressed actions identified and implemented improvements following the most recent inspection which took place in June 2013. Most of the actions identified on that inspection were satisfactorily implemented. However, a small number were outstanding and some additional improvements were identified including the policy on abuse, records of investigations following allegations of misconduct, health and safety statement and risk management practices, fire safety, medication management policy, notification of incidents, care plans, complaints records, nutrition records, the use of CCTV cameras and staffing.

The Action Plan at the end of this report identifies where some improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The services and facilities outlined in the statement of purpose reflected the diverse needs of residents.

The statement of purpose addressed all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 02: Contract for the Provision of Services

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors reviewed a sample of the residents' contracts of care and found that each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse and is supported in her role by an assistant director of nursing (ADON), and a senior staff nurse. The nursing home provider is Hillview Convalescence and Nursing Home Ltd., of which the person in charge is a director and is also the person authorised to act on behalf of the provider.

Based on records viewed by inspectors, there was evidence that the person in charge had a commitment to her own continued professional development. Residents, relatives and staff informed the inspector that the person in charge had a daily presence in the centre and was available to answer any queries or concerns. There was evidence that the person in charge held frequent staff meetings and staff members spoken with by inspectors were aware of the reporting relationships. The inspector formed the view that the person in charge was a suitably experienced nurse with authority, accountability and responsibility for the provision of the service.

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

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner that ensured completeness, accuracy and ease of retrieval. The centre was adequately insured against accident or injury to residents, staff and visitors. The inspector found all written operational policies as per the Regulations were in place. However, a number of improvements were required in relation to records, including the policy on the prevention, detection and response to abuse, the health and safety statement, the medication management policy and records of staff supervision. These are discussed in more detail under the relevant outcomes in this report.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been no period when the person in charge was absent from the designated centre in excess of 28 days. The person in charge informed inspectors that the ADON was the identified person to take charge in the event that the person in charge was absent from the centre.

Outcome 06: Safeguarding and Safety

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

Staff members spoken with by inspectors were knowledgeable of what to do in the event of suspicions or allegations of abuse. Records viewed by inspectors confirmed that all staff had received up-to-date training in the prevention and detection of abuse.

Residents spoken with by inspectors stated that they felt safe in the centre and relatives spoken with were very complimentary of staff in relation to the care provided to residents. There were adequate systems in place for the management of residents finances.

There was a policy on the prevention, detection, and response to allegations of abuse, which had most recently been reviewed in July 2013. Improvements were required in the policy as it did not adequately outline the procedures to be put in place to support and protect residents in the event of an allegation of abuse, the procedures for monitoring and supervising staff in the event of an allegation of abuse; and it did not adequately outline the investigative process should there be an allegation of abuse.

In keeping with the deficiencies in the policy as outlined above and in conjunction with records reviewed, while there was evidence of some action taken, inspectors were not reassured as to the robustness of the investigative process, the adequacy of actions taken or the supervision arrangements put in place, in response to allegations that residents were not at all times protected from harm or abuse. This is also discussed in Outcome 18.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a health and safety statement. However, it had not been reviewed annually as required and was not signed by the provider.

There were procedures in place for the prevention and control of infection, including an adequate supply of protective personal equipment for staff such as disposal aprons and gloves; anti-microbial hand gel dispensers were strategically located throughout the centre; there were adequate cleaning equipment and practices; the laundry was suitably equipped and was of sufficient size to facilitate the separation of clean and dirty linen; and there were adequate procedures in place for the management of waste, including

clinical waste.

Written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been submitted to the Authority in advance of the inspection. There was a fire safety register that confirmed that there were checks in place for reviewing fire precautions such as a weekly check of the fire alarm. However, records indicated that emergency exits were checked weekly instead of daily. All fire exits were seen to be free of obstructions on the days of inspection. Fire safety equipment, including fire extinguishers and emergency lighting, were serviced annually and the fire alarm system was serviced quarterly. There was a fire extinguisher in the dining room. However, it was not suitable for electrical fires and the large electric toaster and electrical hob regularly used in the dining room. Training records indicated that mandatory training in fire safety and moving and handling was up-to-date for all staff.

There were adequate systems in place for the prevention of accidents such as safe floor covering, grab rails in toilets and bathrooms and hand rails throughout.

There was a risk management policy that addressed all the requirements of the Regulations. However, it was not always fully implemented in practice. For example, there was insufficient evidence of appropriate remedial action being taken following falls, such as a reassessment of falls risk. A number of residents smoked and there was evidence of risk assessments regarding their suitability to smoke independently, however, the risk assessment for one resident determined that he was suitable to smoke independently and this had not been amended despite evidence that additional risk measures were required for this resident. It was not clear that risk assessments took into consideration the location of the smoking room, which was upstairs, and even though there was a viewing panel, there were not always staff present upstairs. There was a door leading from the dining room externally and to the kitchen, which was not located in the basement. The door was not locked during the day, and even though there was good staff presence in the dining room throughout the day, the stairs to the basement could pose a risk to residents falling.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

There was an up-to-date and centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. The policy was comprehensive. However, some minor improvements were required. The policy specified that transcribed medications should be signed by a general practitioner (GP) within a designated time-frame, however the time-frame was not specified. The policy also specified that medications requiring special control measures should be counted daily rather than a change of shift. Records viewed by inspectors indicated that the count did take place at shift change and whenever medications were supplied to the centre. Review of records and observation of practices indicated substantial compliance by nursing staff in adhering to professional guidelines and regulatory requirements in regard to storage and administration of medicines.

Inspectors reviewed a sample of residents' individual medicine prescription charts and they were all clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents' prescriptions were reviewed regularly by a medical practitioner. There was also evidence of involvement of the local pharmacist in reviewing medications, making recommendations and providing one-to-one consultations with residents in relation to their medications.

Outcome 09: 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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the records maintained of any incidents and accidents occurring in the centre and notifications, as required by the Regulations, had been forwarded to the Authority. However, as discussed under Outcome 6, the provider did not submit required notifications in relation to incidents of alleged misconduct or suspected abuse.

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

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an extensive programme of audits evaluating the quality of care and quality of life of residents. The audit programme was based on the National Quality Standards for Residential Care Settings for Older People in Ireland and included medication management, healthcare, challenging behaviour and complaints. There was evidence of improvements in response to findings such as the provision of training for staff on challenging behaviour when a training deficit was identified following an audit.

The programme also included consultation with residents through residents meetings and resident/relative surveys. Residents confirmed that an informal process of consultation was facilitated through interaction with the person in charge on a daily basis.

While there was a structured system in place for quality improvement, it could be enhanced through focusing more on issues of safety such as restraint management, falls management, medication management and wound management in order to guide practice.

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Based on observations of inspectors, staff provided care in a respectable and sensitive manner and were knowledgeable of residents' individual needs and preferences.

Records viewed by inspectors indicated that residents had access to, and were regularly reviewed by their GPs, and if required, they also had access to specialist medical care and a full range of allied health services including physiotherapy, occupational therapy, speech and language, dietetics, dental and optical. There was also evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals.

The person in charge informed inspectors that the centre was currently in the process of transitioning from paper records to electronic records. In practice, this meant that some residents records were partially in electronic form and partially in paper form and others were still completely in paper form. Based on a sample of nursing records viewed by inspectors, residents received comprehensive nursing assessments on admission and at regular intervals thereafter. Personalised care plans were developed based on these assessments. However, some improvements were required. For example, the care plan of one resident identified as at high-risk for falls indicated that the resident was wearing hip protectors when in fact the resident refused to wear them. Based on records viewed by inspectors, there was evidence of good wound management and care planning and there was evidence of referral and advice from tissue viability specialists.

Residents' progress was closely monitored and recorded and the daily nursing notes outlined the health, condition and treatments given for each resident and they were in accordance with relevant professional guidelines.

There was a varied programme of activities that took account of residents individual needs and preferences. Residents were provided with a range of appropriate group and one-to-one activities, many of which were dementia-specific to meet the particular needs of residents.

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Hillview Nursing Home is a two-storey building with communal and bedroom accommodation on both floors. The premises was bright, appeared to be clean

throughout and was generally maintained to a high standard both internally and externally

Resident accommodation comprised 32 single bedrooms and 11 twin bedrooms, all of which provided suitable space for each resident and were en suite with toilet and wash-hand basin. There was adequate communal space, including dining space, and there were facilities for residents to meet with visitors in private separate to private bedroom accommodation. Residents had access to a well maintained secure garden.

There were adequate toilets, assisted baths, showers and sluicing facilities and they were tidy and uncluttered. There was a functioning call-bell system. However, the system was not in place in all communal areas such as the upstairs landing, where there was seating provided for residents.

There was a smokers' room on the first floor that was ventilated to the external air by both natural and mechanical means. There was a fire blanket and fire extinguisher located immediately outside the door to the smoking room and there was a glass panel on the door to facilitate observation of residents while they smoked.

The necessary assistive equipment was available such as commodes, hoists, wheelchairs and specialised seating and records indicated that equipment was well maintained. However, records indicated that the hoists received preventive maintenance annually instead of six-monthly and there were no records of preventive maintenance/calibration of weighing scales.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A written complaints policy was available in the centre that clearly outlined the process for dealing with complaints and the independent appeals process. The complaints process was on prominent display in the centre.

Inspectors reviewed the complaints log demonstrating that complaints were addressed and appeared to be resolved satisfactorily. However, some improvements were required in relation to recording complaints. For example, it was not always clear from the complaints log who made the complaint, there was not always sufficient detail in the log

outlining the specifics of the complaint and inspectors were not satisfied, based on discussions with staff members and records reviewed, that all complaints were recorded.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an up-to-date written policy and procedure in place for staff in relation to providing end-of-life care. Training records indicated that some staff had received training in end-of-life care and training was planned for other staff. Upon referral, specialised community palliative care services were available for residents, if required, and there was evidence of their involvement in end-of-life care for some residents.

There was an oratory in the centre with pastoral care available, if requested, and relatives were facilitated to stay overnight. Some improvements were required in relation to the development of care plans for end-of-life for residents when death appeared to be imminent.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors observed that residents were provided with food and drink at times and in quantities adequate for their needs. Residents, including residents on modified diets,

were offered choice of food at mealtimes and their individual preferences and dietary requirements were communicated to the kitchen and catering staff. Residents had access to fresh drinking water, hot drinks and snacks throughout the day.

Most residents had their meals while seated at dining tables in the communal dining room and they were also facilitated to eat in their bedroom accommodation, if they wished. Residents who needed assistance with eating and drinking were assisted by staff in a dignified and a respectful manner and mealtimes appeared to be social and relaxed occasions.

A review of residents' records indicated that they were weighed regularly and a well-recognised nutritional assessment tool was used to monitor residents' nutritional status. There was evidence that food charts were used to monitor the intake of residents as a component of the nutritional assessment process. However, it was not always evident from a sample of records reviewed what actions were taken following completion of the food charts. There was evidence of referral to dietetic and speech and language services and there was documented evidence of communication of any special instructions and evidence of implementation by nursing and catering staff.

Outcome 16: Residents Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Records indicated that residents were consulted with and participated in the organisation of the centre through participation in the residents' committee. Residents and their relatives were also provided with opportunities to provide feedback through satisfaction surveys.

Inspectors observed that family and friend contacts were maintained through open visiting and visitors were welcomed at various times throughout the day. Newspapers, televisions and radios were all available for residents and there was evidence that religious needs were facilitated with residents having access to an oratory within the centre. Residents were also facilitated to vote in national and local elections, either in the centre or in polling stations locally.

Inspectors observed residents' privacy and dignity being respected by staff and residents confirmed that staff respected and promoted their independence. Closed circuit television (CCTV) cameras, however, were in use in communal areas where residents would have a reasonable expectation of privacy. There was signage indicating that CCTV was in use and there was a policy governing the use of CCTV. However, inspectors were not satisfied that there was adequate justification for the use of CCTV cameras in communal areas.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Each resident had furniture, including lockable cupboards, in their bedrooms facilitating the storage of clothing and personal items. Records were maintained of personal belongings and these were updated as additional items were brought to the centre.

Laundry facilities were on-site, there were arrangements in place for the regular laundering of linen and clothing and appropriate procedures were in place for the safe return of clothes. Residents and their relatives informed inspectors that clothing was generally well looked after.

Outcome 18: Suitable Staffing

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

Theme:

Workforce

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors reviewed the staff roster and observed practices and were satisfied that during the day there were satisfactory numbers of staff and skill mix to meet the needs of residents. However, at the last inspection the provider was advised to keep staffing levels, and in particular the number of nursing staff on night duty, under review. Based on the findings of this inspection, the dependency levels of residents, the need for supervision and the size and layout of the centre, inspectors were not satisfied that there were sufficient nursing staff on duty at all times to provide adequate supervision of care and to ensure that residents needs were met in a timely manner.

There was provision made for staff to attend mandatory training, as already outlined in outcome seven, and opportunities were also provided for staff to attend additional relevant training, practice updates and information sessions.

There was a centre-specific recruitment policy and procedures in place and there was evidence that it was adhered to in practice. An inspector reviewed a sample of the records that are to be maintained for staff, as per Schedule 2 of the Regulations, and there was evidence of substantial compliance, as no documents were outstanding.

There was evidence of a staff appraisal system and based on a sample of files reviewed all staff members had undergone the appraisal process. There was evidence that training needs identified at appraisal were addressed. However, based on records viewed, inspectors were satisfied that, where performance issues were identified in relation to staff members as outlined in Outcome 6, there were inadequate supervision arrangements put in place to monitor performance.

Closing the Visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Hillview Nursing Home
Centre ID:	ORG-0000238
Date of inspection:	20/11/2013
Date of response:	16/12/2013

Requirements

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

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

Inspectors were not reassured as to the robustness of the investigative process, the adequacy of actions taken or the supervision arrangements put in place, in response to allegations that residents were not at all times protected from harm or abuse.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

Following review of our Abuse policy appropriate changes have been made to ensure a robust investigative process is in place, this also includes action to be taken and adequate supervisory measures to ensure that all residents are protected from all forms of abuse. The supervision of night staff will be further enhanced when our skill mix changes following successful recruitment of another nurse for night duty.

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

Proposed Timescale: 31/03/2014

Theme: Safe Care and Support

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

The policy on the prevention, detection, and response to allegations of abuse did not adequately outline the procedures to be put in place to support and protect residents in the event of an allegation of abuse; the procedures for monitoring and supervising staff in the event of an allegation of abuse; and it did not adequately outline the investigative process should there be an allegation of abuse.

Action Required:

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

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

Review of our Abuse policy has been completed to include procedures to be followed in the event of any abuse allegation, the procedures for the monitoring and supervision of staff and the investigation process to be followed should there be any abuse allegation.

Proposed Timescale: 29/11/2013

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

There was a health and safety statement. However, it had not been reviewed annually as required and was not signed by the provider.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

Our health and safety statement was completely reviewed in May 2012 and signed by the provider. However it was also reviewed in May 2013, no changes were put in place and the missing signature was an oversight. This has been rectified.

Proposed Timescale: 17/12/2013

Theme: Safe Care and Support

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

The risk management policy was not always fully implemented in practice. For example:

- there was insufficient evidence of appropriate remedial action being taken following falls
- the risk assessment for one resident that smoked determined that he was suitable to smoke independently and this had not been amended despite evidence that additional risk measures were required for this resident
- risk assessments for smoking did not take into consideration the location of the smoking room, which was upstairs
- the door leading from the dining room externally was not locked during the day and posed a risk to residents of falling down the stairs to the basement.

Action Required:

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

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

All resident's will have a completed falls risk assessment following a fall and appropriate action will be taken.

An updated risk assessment will be undertaken on all residents who smoke and any changes to their care plan will be documented. Following risk assessment if a resident is unsuitable to smoke independently they will be supervised by a staff member.

Following discussion with our electrical contractor a swipe card system will be put in place for staff that need access to the door leading to the laundry room and kitchen. This system will ensure the door is locked throughout the day to safeguard residents.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

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

There was a fire extinguisher in the dining room. However, it was not suitable for electrical fires and a large electric toaster and electrical hob regularly used in the dining room.

Action Required:

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

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

A suitable fire extinguisher for the dining room area(9kg powder) is located just outside the dining room door, following assessment of our dining room for suitable

location by our service engineer.
This fire extinguisher was installed in April 2013.

Proposed Timescale: 30/04/2013

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The medication management policy specified that transcribed medications should be signed by a general practitioner (GP) within a designated time-frame. However, the time-frame was not specified. The policy also specified that medications requiring special control measures should be counted daily rather than a change of shift.

Action Required:

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

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

Our medication policy has been reviewed and adjusted to reflect our practice. All Nursing staff have been made aware of changes.

Proposed Timescale: 29/11/2013

Outcome 09: 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 provider did not submit required notifications in relation to incidents of alleged misconduct or suspected abuse.

Action Required:

Under Regulation 36 (2) (f) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation of misconduct by the registered provider or any person who works in the designated centre.

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

Following full investigation of alleged misconduct notice has been submitted to the Chief Inspector by the registered provider.

Proposed Timescale: 15/01/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Some care plans were generic, for example the care plan of one resident identified as at high-risk for falls indicated that the resident was wearing hip protectors when in fact the resident refused to wear them.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

All residents care plans are currently in the review process as we are changing to electronic care plans, every effort will be made to individualise these care plans.

Proposed Timescale: 31/01/2014

Theme: Effective Care and Support

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

Some improvements were required in relation to the development of care plans for end-of-life for residents when death appeared to be imminent.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

All end-of-life care residents will have a personalised care plan put in place by nursing staff.

Proposed Timescale: 29/11/2013

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

There was a functioning call-bell system, however the system was not in place in all communal areas such as the upstairs landing, where there was seating provided for residents.

Action Required:

Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as

may be required.

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

Three more resident call bells will be installed, one on the landing where seating is available to residents, one in our oratory beside nurses station and one in our hairdressing room.

Proposed Timescale: 31/01/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

Improvements were required in relation to recording complaints. For example, it was not always clear from the complaints log who made the complaint, there was not always sufficient detail in the log outlining the specifics of the complaint and inspectors were not satisfied, based on discussions with staff members and records reviewed, that all complaints were recorded

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

Our policy on the documentation of complaints will be reviewed and we will ensure that all complaints logged will contain sufficient detail, in a clear format. Any complaint brought to my attention will be logged as per policy.

Proposed Timescale: 31/12/2013

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

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

It was not always evident, from a sample of records reviewed, what actions were taken following completion of the food charts.

Action Required:

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

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

Our policy and guidelines for the monitoring and documentation of residents nutritional intake will be reviewed and implemented to ensure action is taken and documented

following completion of all food charts.

Proposed Timescale: 31/01/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

CCTV cameras were in use in communal areas where residents would have a reasonable expectation of privacy.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

We will review our policy on the use of CCTV cameras and have any cameras in our communal areas removed. Our CCTV cameras will remain in place on the exterior of the building.

Proposed Timescale: 31/01/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Inspectors were not satisfied that there were sufficient nursing staff on duty at all times to provide adequate supervision of care and to ensure that residents needs were met in a timely manner.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

Following review of our skill mix on night duty we will be increasing our number of nursing staff to two, ensuring the skill mix of staff are appropriate to the assessed needs of residents. When available two nurses will work on nights with two care assistants, but this will not be fully implemented until recruitment process is completed.

Proposed Timescale: 31/03/2014

Theme: Workforce

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

Inspectors were satisfied that, where performance issues were identified in relation to staff members as outlined in Outcome 6, there were inadequate supervision arrangements put in place to monitor performance.

Action Required:

Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

We will put in place a review process where arrangements will be made to ensure adequate supervision of all staff members on an appropriate basis pertinent to their role.

Proposed Timescale: 31/01/2014