

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hillview Private Nursing & Retirement Residence
<b>Centre ID:</b>	OSV-0000141
<b>Centre address:</b>	Rathfeigh, Tara, Meath.
<b>Telephone number:</b>	041 982 5698
<b>Email address:</b>	jjcahill@hillviewcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Hillview Private Nursing & Retirement Residence Partnership
<b>Provider Nominee:</b>	John James Cahill
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	2

## **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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 26 March 2015 10:30 To: 26 March 2015 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
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 was the eight inspection of the centre by the Authority and was completed to assess progress by the provider with completion of the action plan responses submitted to bring the centre into compliance with the Regulations and Standards following the last inspection of the centre in November 2014.

The requirements set out in section 48(2) of the Act, the application for the registration or the renewal of registration of the designated centre for older persons does not include required information in relations to all matters therein and outstanding information has not been submitted to date. All information in relation to provider details has not been submitted to date and as such constitutes major non-compliance with the requirements of the Health Act 2007 for renewal of registration of the designated centre.

On the last inspection of the centre in November 2014, Inspectors found that governance and management arrangements required review to ensure systems were in place so that the service meets its stated purpose in relation to parts of the

premises and risk management processes. The layout and design of some residents' bedrooms did not ensure their privacy and dignity needs were met as set out in the centre's statement of purpose and function.

In addition the layout of some residents' bedrooms did not facilitate them to maintain control over their clothing and personal belongings.

Fire safety arrangements and risk management procedures were not adequate and findings constituted major non-compliance with the Legislation. A referral to Meath fire services was made by the Authority on 01 December 2014.

There were 24 actions in the action plan from the last inspection in November 2014, the inspector found that 17 were satisfactorily completed, four were partially completed and still within the proposed timescale of 31 July 2015 and three were not satisfactorily addressed at the time of this inspection. These actions are repeated in the action plan with this inspection report.

Other actions not satisfactorily completed since the last inspection included the following;

Outcomes 2: Governance and Management. Improvement was required in some action plans developed from audits completed to ensure assignment of responsibility and setting of timescales for completion was done to clearly determine progress and tracking of actions taken as part of the system for monitoring of quality and safety of the service and quality of life for residents.

Outcome 3: Information for Residents. Contracts of care did not clearly state each residents' personal contribution as part of the overall fee for those residents availing of the Fair Deal scheme and additional fees for services provided required clarity.

Outcome 7: Safeguarding and Safety. While all staff had attended training on protection of vulnerable adults, this was not completed annually.

Actions partially completed included revision of policies and procedures to inform practice as identified on the last inspection. The person in charge and provider nominee demonstrated they were addressing but had not completed same at the time of this inspection. A refurbishment project was underway to address non-compliances with space and privacy and dignity due to the layout of some residents' bedrooms and en-suites. The provider envisaged that this work to bring the premises into compliance with the Regulations and Standards would be completed by 31 July 2015. The provider ceased admissions to a number of bedrooms to facilitate temporarily relocating some residents to complete the work as safely, with minimum inconvenience to residents and within scheduled timescales.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A revised statement of purpose document dated 15 December 2014 was received by the Authority containing all information as required by schedule 1 of the Regulations. The document describes the service provided and is demonstrated in practice in the centre

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspector found evidence that the management team were reviewing monitoring procedures to ensure the quality and safety of care and the quality of life for residents in the centre was safe and appropriate to meet residents' needs in accordance with the centre's statement of purpose on this follow-up inspection

There was evidence that audit tools used were reviewed to ensure that identified risks and subsequent controls and improvements to be made were outlined with a plan for implementation. The monitoring system implemented also included areas of practice not previously reviewed such as infection control and prevention standards. The Health and Safety policy statement and risk assessments have been updated as of January 2015 and additional risks identified and control measures put in place. An accident and incident audit completed 3 monthly by the person in charge demonstrated adequate analysis of accidents and incidents with learning implemented from completion of this process. The inspector found that while health and safety audits had been completed and there was evidence that remedial actions were taken to address risks found including aspects of fire safety and residents' accommodation, improvement was required in action plan development to assign responsibility and track progress with actions taken to completion. However completion of actions to bring governance procedures into compliance with the regulations were proposed for completion by 30/04/15 and 31/07/15

Additional fire safety measures have been put in place to manage identified fire safety risks and ensure residents' safety in the event of a fire in the centre. This finding is discussed further in outcome 8 of this report.

The requirements set out in section 48(2) of the Act, the application for the registration or the renewal of registration of the designated centre for older persons does not include required information in relations to all matters therein and outstanding information has not been submitted to date. All information in relation to provider details has not been submitted to date and as such constitutes major non-compliance with the requirements of the Health Act 2007 for renewal of registration of the designated centre

**Judgment:**

Non Compliant - Major

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

A sample of agreed resident contracts was reviewed by the inspector on this inspection. Inadequate information on resident contracts in relation to fees charged was the subject of an action plan from the last two inspections in April 2013 and November 2014. New contracts were formatted for prospective residents which will include details of the following;

- Additional charges to residents were of varying amounts and services and were not clearly specified
- Personal contribution to fees by residents was not stated in all contracts reviewed.

However this information was not included in the sample of contracts reviewed for current residents and as such remains in non-compliance with the legislation

**Judgment:**

Non Compliant - Moderate

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspectors found that 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) were adequately maintained on this inspection of the centre.

All written operational policies as required by Schedule 5 of the Regulations were available. However, not all policies adequately informed practice in all respects. The provider and person in charge demonstrated that they had reviewed and updated many of the policies and procedures in the centre since the last inspection. The person in charge advised the inspector that she and the provider were working to complete this process to ensure this documentation adequately informed contemporary evidence based practice in the centre.

Incomplete information on staff employment files was the subject of an action plan from the last inspection in April and November 2014 and were found to be satisfactorily completed on this inspection.

**Judgment:**

Substantially Compliant

**Outcome 07: Safeguarding and Safety**

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector reviewed the policy documentation informing protection of vulnerable adults which had been reviewed and updated since the last inspection. This policy now included the procedures to be taken in the event of an allegation involving senior staff in the centre.

Staff training in elder abuse prevention, recognition and management was also facilitated every two years. Some staff last completed this training in 2013. This finding was not in line with recommendations of the National Standards which indicates annual review of implementation of the policy should be taken. Inspectors were provided with a copy of the staff training record which confirmed that all staff on the duty rota had completed training in elder abuse prevention, recognition and management.

Staff knowledge of the policy documentation informing protection of vulnerable adults was not adequate on the last inspection of the centre in April 2013 and November 2014 and was the subject of an action plan which was satisfactorily completed on this inspection. The Inspector found on this inspection that staff spoken with were knowledgeable with regard to their role and responsibilities in protecting residents and reporting any suspicions or disclosures made to them to safeguard residents, including the procedure if an allegation was made against a senior member of staff.

All residents did not have access to a lockable facility in their bedroom to secure personal valuables if they wished to keep on their person. This finding is discussed in outcome 12.

Documentation reviewed demonstrated that the person in charge had undertaken a review of bedrail use by residents since the last inspection in November 2014. There was evidence on this inspection to support that bedrail restraints were used in line with the national restraint policy in relation to monitoring and ongoing review and assessment of need.

**Judgment:**

Substantially Compliant



***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

The centre's safety statement was reviewed since the last inspection in November 2014. The provider confirmed his awareness that this document required annual review. A health and safety committee meeting was convened on the 09 March 2015 in the centre and a meeting schedule was established. The minutes referenced assessment of newly identified risks and control implementation. Completion of a full chemical risk assessment and provision of appropriate safety data information to inform risks and updating of risk assessments for residents who engaged in smoking was also referenced in the minutes. This meeting is attended by the provider, person in charge and the staff member responsible for maintenance in the centre.

Controls stated to prevent unauthorised access to identified risk posed by hazardous chemicals was found to be implemented on this inspection with secure storage arrangements. A new cleaning trolley was purchased with an integrated secure storage facility for hazardous cleaning preparations.

All unidentified risks found on the last inspection of the centre in November 2014 were assessed with satisfactory controls in place. Some of these risks required remedial action by the provider to reduce the level of risk posed found to be completed or in the process of completion on this inspection. For example, water temperatures at the point of contact by residents were now controlled by installation of thermostatic regulation units as appropriate.

Inadequate fire safety procedures found on inspection in November 2014 were the subject of an action plan following same which was found to be in the process of completion on this inspection. The provider was also working with Meath Fire Services to address non-compliances with the legislation in this area. All residents evacuation requirements in terms of staff numbers to assist them and equipment requirements to ensure their safe evacuation in the event of fire was found to be completed.

Arrangements for a portable supply of oxygen within close proximity to residents requiring this therapy was in place to ensure continuity of therapy in the event of evacuation being required. While work was under way to replace bedroom doors with doors that afforded required fire barrier quality and fitting of self-closure units, this work was not fully completed. The provider advised the Authority that this work would be completed by 31 July 2015. The inspector observed that a number of residents' bedroom doors were replaced with appropriate fire barrier doors and a further fire zone was configured with installation of a barrier door on the main corridor. The inspector

observed that refurbishment work was underway on some residents' bedrooms which included fitting of self-closure units on bedroom doors as appropriate. A new fire alarm, fire panel and detection system was installed since the last inspection in November 2014.

A record of fire safety training and drills was maintained confirming all staff had completed same. Records of fire evacuation drills included commentary referencing details of simulated evacuations, timescales to complete same and revisions made to the procedure from completion of test evacuations. Directional signage to the nearest fire exit was displayed on exiting all residents' bedrooms.

Since the last inspection in November 2014, the inspector observed that residents at assessed risk of leaving the centre unaccompanied had missing person risk assessments completed to inform profile development to assist the emergency services to expedite their recovery and safe return to the centre.

The person in charge demonstrated monitoring and assessment procedures were put in place from review of resident incidents which reviewed level of resident risk and frequency of falls with controls implemented to alert staff and reduce the potential risk of serious injury to residents. Analysing procedures informed learning and updating of the risk register. Neurological monitoring observations were found from review of incidents/accidents to residents to be completed to detect deterioration at an early stage.

A physiotherapist attended the centre each week. There were arrangements in place where the physiotherapist's expertise was utilised in assessment and management of residents who were at risk or had fallen in particular residents who have fallen on repeated occasions.

Practices and procedures in the centre that were not consistent with the standards for the prevention and control of infection during the last inspection in November 2014 and subject to an action plan were found to be satisfactorily completed on this inspection.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

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

**Findings:**

The pharmacist visits the centre on a quarterly basis and completes an audit which

includes review of prescribed medicine therapy with the nurse on duty. On admission, consent is obtained from each resident to use the centre's pharmacist to supply their medicines and is documented in the residents admission sheet.

The person in charge also completes a quarterly audit of medication management and practices, the template of which was reviewed to ensure all aspects of medication management was reviewed.

The medication management policy was reviewed and updated in December 2014 to inform medication management practices in line with legislation and professional standards.

Medication preparations for administration to residents were prepared in a designated area of the nurses station which has a hand hygiene sink, suitable worktop space and secure storage for medications. The medication trolley is secured when not in use. All medication storage units are locked and the keys are held by the nurse in charge at all times. No further incidents of unsecured medication preparations were found on this inspection.

Medication prescription sheets were observed to have the prescriber's signature for each medication order documented. All PRN (as required) medications had a maximum dose in a 24hr period stated. All transcribed medication prescriptions were signed by the transcribing nurse and a nurse who checked for accuracy in line with professional guidelines.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector reviewed a sample of residents' care documentation in addition to records of resident fall incidents that occurred since the last inspection. This documentation evidenced appropriate referral to GP services in each case and supported access for residents who fell to healthcare as required. A care pathway in the event of a resident fall and subsequent injury was undergoing development to ensure that medical attention was integrated into the immediate care procedure. The centre's policy informing care of residents following incidents was revised to ensure referral for GP review was always

completed. Routine monitoring of residents' physiological well-being included blood oxygen saturation level, blood pressure, pulse and respiration rate as appropriate.

The inspector reviewed interest and capabilities of all residents in activities is assessed on admission and a care plan is developed and updated on a quarterly basis to inform the provision of suitable activities to meet residents' interests and capabilities. Records of participation and levels of engagement by residents was under review to fully reflect each residents interest, fulfilment and capability. A regular residents meeting also facilitates discussion around suitability of activities. An activity schedule is developed taking into consideration residents preferences and is displayed throughout the home. These findings satisfactorily evidenced that evaluation of residents' participation in activities was designed to ensure provision of suitable activities to meet their individual interests and capabilities.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector found that the provider had commenced works following the last inspection in November 2014 to address non-compliances with the legislation. In addition to structural work completed to address fire safety deficits, the provider had satisfactorily addressed some of the deficits with the premises and he advised the inspector that as stated in his action plan responses that all work would be completed by July 2015.

On this follow-up inspection, the inspector found that the provider had fitted extractor fans in the communal shower room and bathroom and fitted missing handrails in the corridors. Each room was fitted with a facility to control the environmental temperature which could be controlled by residents if they wished. Monitoring procedures were in place to ensure they did not exceed 43 degrees at the point of contact by residents. Areas of masonry had been repaired and a number of interior wall surfaces were repainted. Assistive grab-rails were fitted in communal toilets and showers as necessary.

A full review of the room layout and overall accommodation in the centre was completed

and a plan involving reconfiguration of the layout of internal bedrooms was developed to ensure the accommodation and privacy and dignity needs of residents was met as required by the regulations and standards. A copy of the revised floor-plans was forwarded to the Authority.

The layout and design of a twin room was the subject of an action plan from the last two inspections of the centre in April and November 2014. The inspector viewed this bedroom accommodation and observed that the layout was reviewed to ensure adequate space requirements for personal care activities were met. Each residents access to en-suite facilities, bed-side lockers and wardrobes was reviewed to ensure their privacy and dignity needs were met in the refurbished twin room. Privacy screen curtain rails have been assessed and where applicable new screens were fitted. However, a number of bedrooms still required addressing to ensure all bedrooms met their stated purpose. Refurbishment work underway to bring these bedrooms into compliance with the regulations was due for completion by 31 July 2015.

The garden to the side of the centre was enclosed and was accessible from the centre to all residents at will. External seating was available for residents' comfort if they wished to avail of same.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a policy available to inform management of complaints in the centre. The complaints procedure was displayed to advise residents and others of the procedures to follow if they were dissatisfied with any aspect of the service provided to them. The person in charge was the designated complaints officer in the centre. An appropriate appeals process was not stated. The policy directed the complainant if dissatisfied with the outcome of internal investigation to independently arrange an appeals process which would have to be agreed by the provider. This finding was the subject of an action plan on the last inspection in November 2015 and as not satisfactorily completed is repeated in the action plan from this inspection

The inspector reviewed the complaints log and noted one new issue of dissatisfaction was notified to the designated complaints officer. The documentation supported adequate documentation of the investigation undertaken and recorded the complainants

satisfaction with the actions taken.

**Judgment:**

Non Compliant - Moderate

***Outcome 15: Food and Nutrition***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

On the last inspection in November 2014, inspectors found some residents had symptoms of skeletal conditions and some were assessed as being at risk of constipation. There was satisfactory evidence that residents were provided with adequate fluid and dietary intake to meet their needs on the day of this inspection including the option of milk to drink with meals. Fresh water was available in each resident's bedroom and in communal areas. Staff were observed to engage in monitoring and encouraging residents to take fluids. The inspector found that each resident's individual nutritional and dietary needs were generally met and that they were offered a nutritious and varied diet that provided them with choice of a hot dish at each mealtime. The nutritional value of menus was evaluated by a dietician. The inspector reviewed residents' meeting where the option of increasing fruit in residents' diets was discussed and was declined by the residents in attendance. Residents were advised that this option was available to them if they wished to avail of same.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

The layout and design of some residents' bedrooms and en-suite facilities did not ensure their privacy and dignity needs were met as set out in the centre's statement of purpose and function. The inspector observed that the layout of each room was reviewed and residents could move around their rooms with improved ease and carry out personal activities in private and had access to wash basins. The provider had commenced work on a refurbishment plan to address non-compliances with residents' bedroom and en-suite accommodation, which was due for completion by 31 July 2015. This finding is also discussed in outcome 12.

One bedroom accommodating two residents had a large bay window which was overlooked by the communal dining room and did not have privacy screening fitted to ensure the privacy of residents in this room was not compromised on the last inspection of the centre. The inspector observed that adequate screening was fitted on this inspection to ensure the privacy of the residents residing in this accommodation were met.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions  
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

Inspectors found on the last inspection in the centre that due to the layout and design of twin rooms all residents could not retain control over their personal possessions. Some residents did not have access to their personal wardrobe space without entering the personal space of another resident in twin rooms including when bed screen curtains were closed.

The inspector reviewed residents' bedrooms on this inspection and found that the layout of residents' accommodation had been reviewed and residents were facilitated to exercise control and unobstructed access to their clothes and personal belonging. The positioning of screen curtains was reviewed and repositioned to afford residents with as much space as possible to undertake personal activities as an interim measure while refurbishment work was in progress.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

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

**Findings:**

Inspectors found from review of resident falls on the last inspection in the centre in November 2014 that there were periods where incidents of residents' falls were increased and as such adequacy of night-time staffing levels required review during these periods to ensure residents were adequately supervised. Inspectors found that 53% of resident falls occurred between 19:35hrs and 05:30hrs of which 41% occurred between 19:35hrs and 23:00hrs. The inspector found on this follow-up inspection that an audit of resident incidents including falls was completed by the person in charge. Analysis of audit findings included a review of staffing levels at night. The person in charge advised the inspector that from this review that staffing levels were found to be sufficient to meet the supervision needs of residents at night. Dependency levels and skill mix are also assessed regularly to ensure safe and effective supervision and staffing levels will be the subject of on-going review and amended where applicable. The inspector found no incidents to support inadequate staffing levels on this inspection.

While records of fire evacuation drills on the last inspection did not confirm that the adequacy of staffing levels to safely evacuate residents in the event of a fire was assessed by a simulated night-time fire drill, this action was satisfactorily completed on this inspection.

The names and hours worked by the activity coordinator, physiotherapist or volunteer advocate were included on the staffing rota on this inspection. All staff on the duty rota had corresponding training records.

**Judgment:**

Compliant



## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Hillview Private Nursing & Retirement Residence
<b>Centre ID:</b>	OSV-0000141
<b>Date of inspection:</b>	26/03/2015
<b>Date of response:</b>	10/07/2015

### Requirements

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

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

### Outcome 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The requirements set out in section 48(2) of the Act, the application for the registration or the renewal of registration of the designated centre for older persons does not include required information in relations to all matters therein and outstanding information in relation to provider details has not been submitted to date.

#### Action Required:

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

Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015

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

The provider is fully aware of the non-compliance and has commenced actions to comply.

**Proposed Timescale:** 31/07/2015

**Theme:**

Governance, Leadership and Management

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

Improvement was required in some action plans developed from audits completed to ensure assignment of responsibility and setting of timescales for completion was done to clearly determine progress and tracking of actions taken as part of the system for monitoring of quality and safety of the service and quality of life for residents.

**Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Audit tools used as part of the system for monitoring quality and safety within our home, where necessary, have been and will be amended to ensure the identification of timescales and responsibilities to action plans identified. Where timescales have been identified, these will be adhered to in order to monitor progress of actions taken and identify further areas of action if necessary.

**Proposed Timescale:** 10/07/2015

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

Personal contribution to fees by some residents currently in the centre was not stated in all contracts reviewed.

**Action Required:**

Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

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

New admissions contracts contain details of all fees including personal contributions. Existing residents currently receive monthly fee charges, which outline the make up of the fee, including personal contributions. However, this will now be documented as part of their current contract.

**Proposed Timescale:** 31/07/2015

**Theme:**

Governance, Leadership and Management

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

Additional charges to residents were of varying amounts and services provided for same were not clearly specified.

**Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

Before any admission, the resident / relatives are fully informed of all fees and services provided prior to admission.

New admissions contracts contain details of all fees including personal contributions and the services provided for same.

Existing residents currently receive monthly fee charges, which outline the make up of the fee and services provided for same, including personal contributions. However, this will now be documented as part of their current contract.

**Proposed Timescale:** 10/07/2015

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Some policies and procedures did not include adequate contemporary evidence-based information to inform practice in all respects.

**Action Required:**

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

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

A full review of all policies and procedures is ongoing. All policies and procedures as set out in schedule 5 are in place and have been reviewed to ensure up to date evidence based information is used to inform practice.

**Proposed Timescale:** 10/07/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Staff training on protection of vulnerable adults was not completed on an annual basis.

**Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

All staff employed in the home undertakes training on the protection of vulnerable adults on a 2 yearly basis as recommended by National HSE Train the Trainer programme on the protection of vulnerable adults. All staff employed in the home have received training within this timeframe as per our policy on Elder abuse Policy and Procedure. Where a need is identified, or there is a change to policy, staff will receive more frequent training.

**Proposed Timescale:** 10/07/2015

**Outcome 08: 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:**

While work was under way to replace bedroom doors with doors that afforded required fire barrier quality and fitting of self-closure units, this work was not fully completed.

**Action Required:**

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Refurbishment work is underway to ensure that all rooms are in compliance with regulations and is expected to be complete by dates previously submitted

**Proposed Timescale:** 31/07/2015

### **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:**

Although refurbishment work was underway to bring a number of bedrooms into compliance with the regulations, this work was not complete.

**Action Required:**

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

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

Refurbishment work is underway to ensure that all rooms are in compliance with regulations and is expected to be complete by dates previously submitted

**Proposed Timescale:** 31/07/2015

### **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:**

An appropriate appeals process was not stated.

**Action Required:**

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

Our complaints policy and procedure has now been amended to include an appropriate appeals process. A copy of the procedure is clearly displayed in the entrance foyer and a copy of the policy and procedure is given to all new residents and relatives on admission to the home.

**Proposed Timescale:** 10/07/2015