

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Howth Hill Lodge
Centre ID:	OSV-0000142
Centre address:	Thormanby Road, Howth, Co. Dublin.
Telephone number:	01 839 1440
Email address:	howthhilllodge@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brymore House Nursing Home Limited
Provider Nominee:	Nicola Taylor
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	7

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 July 2015 10:30 To: 14 July 2015 14:30

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 04: Suitable Person in Charge
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 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was announced and took place over the course of one day. The inspection was planned in response to the submission by the provider of an application to vary conditions of registration. The application requested that condition seven be revised to change the maximum number of residents from 49 to 57.

The inspector reviewed the application to vary, the revised statement of purpose and accompanying documents prior to the inspection. The centre had a renewal of registration inspection covering all 18 outcomes in October 2014. Non compliances identified in relation to medication management and one risk identified were followed up on and found to have been addressed in full.

The management structure outlined in the statement of purpose was reflected in the centre and the level of services and facilities outlined in the statement of purpose were available to residents. The inspector found that the robust management structure remained in place. The eight single ensuite bedrooms were reviewed and the inspector was satisfied that they met the needs of potential mobile residents'. The inspector observed that a sign displaying the nearest fire exit was not displayed on the bottom floor corridor where these eight bedrooms were located.

The action plan at the end of this report reflects the one outcome not met on this inspection.

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:

The statement of purpose consists of a statement of the aims, objectives and ethos of the centre and a statement as to the facilities and services which are to be provided for residents. It was updated in May 2015 and a copy was submitted to the Authority. It was reviewed prior to this inspection and found to contain all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector found it was clearly implemented in practice.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found there were enough resources to ensure the effective delivery of

care, as described in the statement of purpose. There was a clearly defined management structure that identified who was in charge, who was accountable and what the reporting structure was, it included the provider, person in charge and assistant director of nursing. All three worked closely together.

They had management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. For example, the inspector reviewed audits completed by the management team on different aspects of clinical care which had led to improvements in care for residents. The inspector saw evidence from the close monitoring and review of medication management since the last inspection in October 2014 that medication errors had reduced scientifically.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse and worked full time in the centre. She had experience in the area of nursing older people as well as postgraduate qualifications in management. In addition, she has pursued continuous professional development and had completed training courses in care of residents' with dementia and end of life care. She had been working in the centre for the past seven years, and had taken on the role as person in charge in May 2013. She had been interviewed previously by the Authority and was deemed to have the required experience and knowledge to hold the post of person in charge.

The person in charge had been involved in revising policies in line with best practice or the changing needs of residents. During the inspection she demonstrated her knowledge of the revised Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. All information required from her was available during the inspection. She had a comprehensive knowledge of all of the residents, and she in-turn was well known to them.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from harm or abuse. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse during 2014 and staff were observed providing care in a safe and respectful manner.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.

A restraint free environment was promoted with relevant policies and procedures in place. The use of bed-rails had reduced since the last inspection with eleven residents with them in use, low-low beds, bed, chair and floor alarm mats were being used as an alternative to restraint.

The systems in place for managing residents finances were found to be robust during the last inspection and were therefore not reviewed on this inspection.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

Findings:

The inspector found that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

Policies were not reviewed during this inspection as they were found to be in place and

compliant during the registration inspection in October 2014. However, the inspector noted that there was a health and safety statement in place which had been reviewed in July 2015.

The inspector read a number of minutes from the health and safety committee meetings and saw that members were allocated certain tasks such as auditing bedrooms from a health and safety perspective. For example, the person in charge had carried out two audits to date on the new bedrooms. The inspector saw evidence that issues identified during both these audits had been addressed such as privacy locks on doors.

The radiator which was identified as faulty during the last inspection was now in working order. The inspector saw it had a new temperature controlled gauge fitted. It was not in use at the time of this inspection.

The inspector reviewed service records which showed that the emergency lighting and fire extinguishers were serviced on an annual basis. The fire alarm was serviced on a quarterly basis. The inspector noted that the fire panels were in order, and the many fire exits, which had daily checks, were unobstructed. All staff had attended fire training and had taken part in a fire drill evacuation practice in April 2015 for which detailed records were available. Another practice drill was planned for September 2015. Maximum dependency residents who could not be evacuated were clearly identified with the reason for not evacuating clearly identified. The records of drills also identified areas for improvement, such as ensuring cleaning staff push trolleys into bedrooms to ensure the corridors were kept clear.

Fire precautions were prominently displayed throughout the centre. However, maps indicating the nearest fire exit were not displayed on the bottom floor where the new bedrooms were located.

A review of the training records evidenced that all staff had up to date mandatory training in moving and handling.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

The written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents remained unchanged since the last inspection in

October 2014. Practice observed reflected the policy.

The inspector observed a staff nurse administering medications to residents at lunchtime and saw that the practice reflected policy and best practice guidelines. The person in charge had put safeguarding measures in place to identify any errors in prescriptions delivered to the centre in a pre-packaged format. These checks together with the continuous auditing of errors had led to a scientific reduction in the number of errors identified, so much so that the numbers had gone from double figures in October 2014 to just one in April 2015.

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines, these were not reviewed on this inspection.

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:

This outcome was covered in detail during the registration inspection in October 2014. Residents were spoken to at length during this inspection and they confirmed their wellbeing and welfare was maintained by a high standard of nursing care, appropriate medical and allied health care. Resident documents were not reviewed on this inspection as they were found to be in compliance during the inspection of October 2014.

The inspector met the newly appointed activities co-ordinator and saw evidence of the wide variety of meaningful activities and the activity programme which was based upon the residents' interests and hobbies. There was an activities planner displayed on notice boards throughout the centre including the bottom floor where the new bedrooms were located. Residents were observed enjoying various activities during the inspection, such as holistic therapies and sing-a-longs.

The person in charge had sourced life story books which residents and their families had commenced the completion of, these provided some information on the residents past, such as their occupation, place of education and family history.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was found to be suitable for its stated purpose and to meet the individual and collective needs of 57 residents' in a comfortable and homely way. The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The premises was reviewed in detail during the registration inspection in October 2014. The inspector reviewed the eight new single ensuite bedrooms and the communal sitting room located on the bottom floor of the centre during this inspection. Six of these bedrooms measured approximately 12m² and two measured approximately 28m², which reflected measurements outlined in the newly revised statement of purpose. All bedrooms were bright, airy, heated and furnished with co-ordinating interiors. Furniture within each bedroom included an electric remote controlled high-low bed, adequate storage space including lockable storage, bedside table, armchair, over bed light and a call bell. They all had an ensuite toilet, wash hand basin and floor level shower with supportive handrails by the toilet and shower and a pull string call bell. Each bedroom and ensuite door had privacy locks in place. A number of bedrooms had direct access via patio doors into an enclosed garden while others had access to an enclosed courtyard. Both areas contained well maintained flower beds and garden/patio furniture and were also accessible to all residents via another door.

The sitting room was a comfortable size with seating for eight residents' it contained a call bell, a television and was nice and bright with a door which lead into the enclosed courtyard.

The lift brought residents to the floor but they also had the option to use the stairs if they so wished. The corridor contained handrails on either side although narrow the person in charge confirmed only mobile residents would be accommodated in these new

bedrooms.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of the 42 residents in the centre at the time of this inspection. Residents confirmed this with the inspector, stating their call bells were answered promptly by staff.

All staff had up-to-date mandatory training. They also have access to other education and training to meet the needs of residents. For example, in 2015 staff had received training on the topic of dementia and dementia care and further sessions were planned by the person in charge. The inspector saw that all staff were supervised on an appropriate basis.

Two new carers had been employed on a part-time basis. Their personnel files and the files of a staff nurse were reviewed and the inspector found that staff were recruited, selected and vetted in accordance with best recruitment practice.

The person in charge stated the eight additional beds were registered and residents admitted, they planned to increase carers hours from part time to full time and employ qualified nurses on a fulltime basis to ensure that residents needs would continue to be met.

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:

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Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Howth Hill Lodge
Centre ID:	OSV-0000142
Date of inspection:	14/07/2015
Date of response:	16/07/2015

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Fire plans showing the nearest fire exit were not on display on the corridor of the bottom floor.

Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

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

Procedure to be followed in the event of a Fire is displayed on notice board on lower floor corridor.

Fire Signage is on order and will be placed on display on the corridor of the lower floor to show nearest fire exits.

Proposed Timescale: 24/07/2015