Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Hillview Convalescence & Nursing Home
Name of provider:	Hillview Convalescence & Nursing Home Limited
Address of centre:	Tullow Road, Carlow
Type of inspection:	Announced
Date of inspection:	01 October 2019
Centre ID:	OSV-0000238
Fieldwork ID:	MON-0022765

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Hillview Nursing Home is a family owned centre which opened in 2003. The registered provider is Hillview Convalescence and Nursing Home Limited. It is a purpose built centre located on the outskirts of Carlow town, within walking distance of many amenities such as shops and churches. The centre is surrounded by spacious landscaped gardens with access to a secure garden for residents. There is ample parking available to the front and side of the centre. The centre can accommodate up to 54 residents, both male and female over the age of 18 in its 32 single and 11 twin bedrooms. Bedroom and communal spaces are divided over two floors with access to the first floor via a passenger lift and stairs. Communal space includes a dining room, day room, sun room, activity room, quiet room, reminiscence room and seating areas in the reception and landings on the first floor. Services provided include 24 hour nursing care, visiting GPs, pharmacy, chiropody, occupational therapy, physiotherapy, dietetics, speech and language, optician, dental and audiology. A range of social activities are offered to meet the needs of all residents over six days each week. Religious and advocacy services are also available. The centre caters for residents with varying levels of dependency for long term, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
01 October 2019	09:00hrs to 19:30hrs	Leanne Crowe	Lead

Views of people who use the service

The inspector spoke with many residents throughout the inspection. Some residents who could not express their own opinions were represented by family members. Questionnaires were also completed by residents and relatives in advance of the inspection.

Residents told inspectors that they were safe and content in the centre, with one saying that there was a "lovely sense of community spirit". They felt very well cared for by staff and stated that staff were knowledgeable of their routines and preferences. Some residents said that staff were very busy at times, but that they do attend to their needs quickly. One resident said that staff "go the extra mile", while another said that staff take care to ensure that they are dressed in their favourite outfits. Many residents were complimentary about the frequency and variety of activities, particularly the live music. A small number of residents said they would like to have more to do during the day, with one stating that they would like to spend more time in the garden as getting fresh air is important to them. A number of residents from the locality were happy that their local priest was facilitated to visit them. Residents spoke fondly about their bedrooms, saying that they had plenty of space for their belongings. One resident said that they "couldn't say a bad word against the nursing home".

Residents complimented the food, saying that it was of a good quality and that they are always given choices at mealtimes. One resident stated that all of their food is prepared exactly as they like it, even the bread that they prefer is available.

Relatives and visitors stated that they felt welcome in the centre and that there were no restrictions on visiting. They said that staff were approachable and promptly attended to any issues that were brought to their attention. They spoke positively about the food and about their loved ones' bedroom accommodation. It was suggested that the garden could be more accessible to residents throughout the day and some relatives felt that residents with dementia could be better supported to engage in activities. Access to the garden was also raised by residents in a survey in June 2019, and records indicated that corrective action was being taken to ensure that staff invite residents out to the garden more frequently. A visitor stated that the call bells rang often, felt that the volume was somewhat loud and queried whether the noise levels may have a negative impact on residents.

Capacity and capability

Overall, the inspector found that a good quality service was being provided. Some improvements were required in relation to infection control, fire safety, premises,

information for residents and the statement of purpose. These are discussed in further detail throughout the report.

This was an announced inspection to monitor the centre's compliance with the regulations, following a receipt of an application to renew the centre's registration. The inspector also followed up on solicited information such as notifications submitted by the registered provider and person in charge. Additionally, the actions put in place to address a small number of issues identified in the previous inspection in January 2019 were reviewed.

There were appropriate systems and processes in place to ensure the safe delivery and oversight of the service. A clear management structure set out the roles of staff, and this reflected what had been set out in the centre's statement of purpose. The person in charge was an experienced nurse. They had knowledge of the regulations and standards, and demonstrated a good understanding of residents' current needs. The person in charge was supported in their role by a deputy director of nursing and a clinical nurse manager.

Documents such as the centre's statement of purpose, certificate of insurance, policies and procedures, contracts of care and the directory of residents were all in place. With the exception of the statement of purpose, these met the regulatory requirements. Volunteers were appropriately vetted and had their roles and responsibilities set out in writing.

Registration Regulation 4: Application for registration or renewal of registration

All of the documentation required by the regulations was submitted in a prompt manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and has the required experience in the area of nursing older people.

The person in charge had maintained their continuous professional development and had continued to attend training and seminars relevant to their role.

They demonstrated their knowledge of the regulations, standards and statutory responsibilities throughout the inspection. In the case of any absence of the person in charge, there were appropriate deputising arrangements in place.

The person in charge was observed frequently meeting with residents and visitors

during the inspection. Residents and relatives confirmed that the person in charge was very approachable and dealt with any issues that they raised.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had up to date training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. Staff were facilitated to avail of other training including wound management, infection control, restrictive practices, dementia care and medication management.

There were good processes in place to ensure that staff were adequately supervised. There was evidence that appraisals of staff members' performance were carried out on an annual basis.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents for the centre. This was reviewed by the inspector and was found to contain all of the information required by paragraph (3), schedule (3) of the regulations.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was in place in the centre. This adequately insured residents and their belongings.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts was reviewed by the inspector. The contracts clearly outlined the services to be provided to residents, as well as the fees to be charged for these services. The terms relating to a residents' bedroom accommodation, including the

room number and the number of other occupants in the room, were also stated. The contracts were signed by the resident and/or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre. It had been recently reviewed. Some minor amendments were required to ensure it contained all of the information required by Schedule 1 of the regulations. It did not specify the age range of residents that could be accommodated in the centre and did not clearly outline the fire precautions for the designated centre.

Judgment: Substantially compliant

Regulation 30: Volunteers

A number of volunteers were operating in the centre at the time of the inspection. All volunteers had been vetted by An Garda Síochana and their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre held and maintained all of the policies required by Schedule 5 of the regulations. There was evidence that these policies had been read by staff.

Judgment: Compliant

Quality and safety

Overall, there were good systems in place to monitor risk and ensure the safety of residents. However, some improvement was required in relation to infection control and fire safety.

The premises was well laid out and provided individual and shared accommodation across both floors of the building. A small number of shared bedrooms required review to ensure that they could adequately accommodate residents and any assistive equipment that they may require. A variety of communal rooms were available and residents' were supported to receive visitors. Some equipment had not been adequately maintained. Rust was apparent on the frames of some shower chairs and therefore could not be thoroughly cleaned. This posed a potential risk to infection control.

There were good processes in place to ensure fire equipment was well maintained, and staff were informed of what to do in the case of an emergency.
However, personal evacuation plans (PEEPs) for residents required review to ensure that they clearly detailed the level of staff assistance required in an evacuation.
While fire drills were carried out on a regular basis, these did not provide assurances that all residents within a compartment could be safely evacuated within a reasonable time frame.

While staff were knowledgeable of infection control procedures, the location of sluice rooms required review as they were currently only accessible by walking through the store rooms that contained the centre's cleaning equipment. This layout meant that potentially contaminated equipment had to be brought through the cleaning store rooms, which posed an infection control risk.

Residents' nutritional needs were met to a high standard. Where nutritional risks were identified, referrals were made to the appropriate allied health professionals. Mealtimes were observed to be a social experience for residents. Residents were provided with an appropriate level of assistance where required.

The ordering, prescribing, storing and administration of medicines to residents was carried out in line with the centre's policies and procedures.

Risk management procedures were of a good standard and ensured good oversight of identified risks within the centre.

Regulation 11: Visits

Residents’ relatives and friends stated that visiting times were flexible. Visitors were observed coming and going throughout the day, and were welcomed by staff. There were a number of rooms throughout the building where residents could spend time with their visitors.

Judgment: Compliant

Regulation 17: Premises

The centre is a two storey building that accommodates a maximum of 54 residents in 32 single bedrooms and 11 twin bedrooms. The building was found to be well-maintained, clean and decorated in a homely manner.

Bedroom accommodation was comfortable and many bedrooms had been personalised with residents' personal belongings. Each bedroom had an ensuite that contained a toilet and wash hand basin. While the majority of bedrooms could adequately accommodate residents, there was insufficient space in one bedroom for a resident's specialised equipment. This equipment was instead stored in the corridor. The layout of curtains in one twin room required review to ensure that adequate privacy was afforded to residents, while also providing sufficient space between beds.

There were shared sanitary facilities throughout the building. A spacious bathroom was located on each floor, and a further six shower rooms were available. The registered provider had addressed an action from the last inspection by installing additional grab rails in all shared shower rooms.

There were a number of communal rooms on each floor, which included a large sitting room, a dining room, a smoking room, a visitors' room and an oratory. An enclosed garden area was accessible through a smaller sitting room. An activities room was located on the first floor, which also included a projector for movies. Seating areas were also located in the reception area on the ground floor and on the first floor landing. These were observed to be used by residents and visitors throughout the inspection.

Artwork created by residents and photos of activities and other special occasions were displayed in corridors throughout the building.

There was a lift that supported residents to move independently between floors. Handrails were in place along corridors to assist residents to navigate the building safely.

There was adequate appropriate assistive equipment such as hoists and pressure relieving mattresses. Records indicated that these were serviced on a regular basis. However, records relating to servicing of the centre's two baths were unavailable. The chair used to transfer residents into one bath was damaged and required replacement.

A call bell system was in place throughout the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals were prepared and served in accordance with residents' preferences and

specialist dietary needs. There was an effective system of communication between nursing and catering staff to support the residents with special requirements. The inspector observed that residents who required modified consistency diets and thickened fluids received the correct diet. There was evidence that adaptive cutlery was being used to support residents' independence at mealtimes.

Menus were reviewed by a dietitian to ensure they were sufficiently wholesome and nutritious. Residents were offered choices of meals at mealtimes, and special care was taken to ensure that individual preferences were met. A protected mealtimes initiative was in place and the inspector observed staff providing assistance to residents in an appropriate and discreet manner. Residents had access to fresh drinks and snacks throughout the day and outside of regular mealtimes. Residents spoke positively about the food that was served to them.

Judgment: Compliant

Regulation 20: Information for residents

On admission, residents were provided with an information pack that included a brochure and the statement of purpose relating to the centre. While the statement of purpose contained information such as the centre's services and facilities and the procedures relating to complaints and visits, a resident's guide would ensure this information was presented in a more accessible format.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had policies and procedures in place relating to health and safety. A risk management policy was in place. A register of identified risks was also maintained, which also outlined the measures and actions in place to control these risks. This register was regularly reviewed by management team.

Judgment: Compliant

Regulation 27: Infection control

There were infection prevention and control procedures in place in the centre. Staff were knowledgeable of these and were observed to follow them throughout the inspection. Procedures in relation to caring for residents with infections were well

managed. However, the inspector found that the centre's two sluice rooms were only accessible through the domestic store rooms. Cleaning equipment, including trolleys with open shelves and mops were stored in the domestic store rooms. The placement of the sluice rooms meant that potentially contaminated equipment needed to be brought through the domestic store rooms, which posed a risk to infection control. Additionally, the inspector found a vacuum cleaner was being stored in one of the sluice rooms during the inspection. This was not in line with national infection prevention and control standards.

The centre was maintained to a high standard and the inspector observed that all areas were visibly clean. However, the frames of some shower chairs were rusted, which prevented them from being adequately cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the registered provider had arrangements in place to contain the spread of fire, some improvement was required.

All staff received annual training in fire safety. Staff who spoke with the inspector could describe what they would do in the event of a fire. Simulated fire drills also took place on a regular basis. These were detailed and promoted learning and improvement by identifying any issues observed during the drills. However, the drills simulated the evacuation of a small number of residents and therefore did not provide assurances that all residents in a compartment could be evacuated safely in the event of an emergency. This was discussed with the management team who agreed to carry out further drills in the days following the inspection.

Personal evacuation plans (PEEPs) were available for all residents in the centre. These were available in residents' bedrooms and outlined important information relating to each residents' hearing, sight, cognition and mobility. However, they did not state the level of assistance each resident may need in the event of an emergency.

Records were maintained of weekly and daily fire safety checks. The registered provider had arrangements in place for the maintenance of the centre's 'L1' fire alarm and detection system, which had been serviced quarterly and was subject to weekly testing. Arrangements were also in place for quarterly servicing of emergency lights throughout the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were policies in place for the ordering, prescribing, storing and administration of medicines to residents. While medicines were generally administered in accordance with these policies, however, the inspector found that one resident was administered a prescribed medication in a crushed format, but was not intended to be digested in this manner. This was discussed with nursing management, who immediately took steps to rectify the issue.

Medicines were stored securely in the centre. Controlled drugs were checked at each change of shift, as required by legislation. Records of controlled drugs were maintained and these were found to be accurate. Medicines that required refrigeration were stored at the appropriate temperatures, and these temperatures were checked daily.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The action from the previous inspection had been completed. There was evidence that residents' social care plans were reviewed on an ongoing basis.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Hillview Convalescence & Nursing Home OSV-0000238

Inspection ID: MON-0022765

Date of inspection: 01/10/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Our statement of purpose has been updated to detail the age range, any person over the age of 18 years will be eligible for admission to Hillview Nursing Home. Our fire evacuation plan has also been added to our Statement of Purpose.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Layout of curtain rail in one of our shared rooms will be rectified to ensure resident privacy and dignity. A new bath chair has been ordered to replace the damaged bath chair. Both baths will be serviced by a competent person on an ongoing basis. The layout of one shared room was reviewed to accommodate a resident's specialized chair.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents:	

A residents guide has been developed and will be kept updated as necessary.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A few of our shower chairs which had rusted have been replaced. Our cleaning equipment and domestic items will be relocated to another storage area within the Nursing Home to ensure we comply with National prevention and Infection Control Standards.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Since inspection we have carried out four Fire Drills which included a full compartmental evacuation and timing of same.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	08/11/2019
Regulation 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Substantially Compliant	Yellow	05/11/2019
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a summary of the services and facilities in that designated centre.	Substantially Compliant	Yellow	05/11/2019
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre	Substantially Compliant	Yellow	05/11/2019

	concerned.			
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	05/11/2019
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	05/11/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	25/11/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	29/10/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	29/10/2019

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	25/10/2019