<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hazel Hall Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000049</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Prosperous Road, Clane, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>045 868 662</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@hazelhallnursinghome.ie">info@hazelhallnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Esker Property Holdings Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Samantha Boylan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gary Kiernan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>39</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>7</td>
</tr>
</tbody>
</table>
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 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 August 2014 10:00</td>
<td>06 August 2014 18:00</td>
</tr>
<tr>
<td>07 August 2014 10:00</td>
<td>07 August 2014 14:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Outcome 04: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Outcome 06: Absence of the Person in charge</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Outcome 08: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Outcome 10: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This monitoring inspection was carried out in response to an application to renew the registration of the centre. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed.

The inspector found that there was high level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Older People in Ireland.
Residential Care Settings for Older People in Ireland. A number of improvements had been made in response to the findings of the previous inspection and this resulted in positive outcomes for residents.

The arrangements for the post of person in charge had been addressed since the previous inspection and now fully met with the requirements of the Regulations. A robust system of clinical governance was in place. The healthcare needs of residents were met to a high standard and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day.

A risk management process was in place for all areas of the centre. Residents in the centre felt safe and there were systems in place for the identification and prevention of elder abuse. Staff respected the privacy and dignity of residents and residents had a say in the running of the centre.

Some areas of improvement were identified with regard to provision of choice and variety of food and menu choices offered to residents. While sufficient numbers of staff were provided, the skill mix in the evenings required review. The provision of fire safety training also required improvement.

These matters are discussed further in the report and in the Action Plan at the end of the report.
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:
There was a statement of purpose in place which met with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided in detail. The statement of purpose accurately reflected services and facilities provided and had been recently updated to reflect changes in the management structure. The provider and person in charge were aware of the need to keep this document under review.

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:
There was a clearly defined management structure in place and the person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.
There were improved governance and management structures since the previous inspection. This structure was underpinned by a robust auditing system the results of which were discussed at a weekly management meeting. The inspector read the minutes of the most recent management meeting and found that it was a comprehensive document which covered areas such as staffing, health and safety, notifications, clinical governance and risk management. A comprehensive review of key performance indicators was discussed and reviewed at each meeting and this data included areas such as residents with pressure areas, residents who experienced pain, falls in the centre and rates of infection. The data was compared week on week in order to identify any trends or areas where the person in charge needed to focus more resources. An action plan and responsible persons was identified following each meeting.

There was a schedule of audits in place for 2014 which was aimed at monitoring and improving the safety and quality of care. The inspector was shown a number of audits which had been carried out in areas such as nutrition, clinical indicators, the use of restraint, medication, housekeeping and health and safety. The inspector saw that in general high levels of compliance were recorded, however, where issues were identified, an action plans was generated and they were promptly remedied.

**Judgment:**
Compliant

---

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated. Charge for additional services not included in the weekly fee were included in a clear and unambiguous way in an appendix to the contract of care.

The provider had developed user friendly guide to the centre which was available to all residents. This guide which was written in an easily-understood way and included
pictures provided information on the accommodation provided, the fire safety measures in the centre and complaints process.

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

**Findings:**
The arrangements for the post of person in charge met the requirements of the Regulations.

The person in charge commenced in the role on 9 June 2014 and in that time she had overseen a number of changes and improvements in the centre. For example she had implemented an improved system of clinical governance and auditing and as highlighted under outcome 11 this had resulted in a number of improved outcomes for residents since the previous inspection.

The person in charge demonstrated her clinical knowledge and professionalism throughout the inspection. An interview was held with the person in charge where she demonstrated a very good knowledge of the Regulations and Standards. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated an understanding of her role and responsibilities as outlined in the Regulations. Since commencing in her role she had gotten to know the needs of residents very well and she had systems in place to oversee the development and implementation of specific plans of care in response to these needs. Relatives stated to the inspector that the person in charge had been very helpful and was available to them if they needed to consult her.

The person in charge had a number of pertinent qualifications in areas such as public health, palliative care and healthcare management. She had maintained her continued professional development and since commencing in her role had attended a course in clinical assessment and care planning. The person in charge demonstrated strong clinical knowledge with regard to the care of older persons.

The person in charge was supported in her role by two clinical nurse manager (CNMs) both of whom deputised in the absence of the person in charge. Both CNMs participated fully in the inspection process and were spoken to by the inspector. Both of these persons knew the residents very well and demonstrated a strong knowledge of their
roles and responsibilities under the Regulations.

**Judgment:**
Compliant

---

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Residents’ records were maintained up-to-date and were stored securely. These records were retained for seven years and there was a policy in place to guide staff on the creation of, access to and retention of records.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Appropriate insurance cover was in place with regard to accidents and incidents and residents personal property.

**Judgment:**
Compliant

---

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

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 being harmed or suffering any form of abuse.

A policy relating to the protection of vulnerable adults and whistle-blowing was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and the provider demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the person in charge if they had any concerns. Residents said that they felt safe because of the caring nature of the staff. The inspector found that staff on duty on the day of inspection, could identify the different forms of abuse and were knowledgeable with regard to their responsibilities in this area. The inspector reviewed the training records which showed that all staff had attended annual training in this area.

The inspector reviewed the systems in place for safeguarding residents’ money and found evidence of good practice. The management team was responsible for safekeeping a small amount of money for some residents. Small amounts of money were securely maintained. Documentation was in place to monitor and record all transactions which were accompanied by at least two signatures.
**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 08: Health and Safety and Risk Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
</table>

| **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 procedures were in place to promote the health and safety of residents, staff and visitors; however, some improvement was required with regard to the provision of mandatory training in fire safety.

There was a centre-specific risk management policy which addressed all the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. There was a safety statement in place and the associated risk register outlined the controls in place to manage areas of risk such as infection control and smoking. The risk register was updated on an ongoing basis and the inspector noted that a number of risk assessments had been carried out since the previous inspection, for example on the external areas. There were minutes in place to show that issues regarding health and safety were discussed at the weekly management meeting and at staff meetings.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed. The majority of staff members, spoken to by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. However, two trainee staff members, spoken to by the inspector, had not undergone induction training in fire safety prior to commencing work in the centre. This matter was brought to the attention of the provider and was addressed at the time of inspection. The inspector reviewed the fire safety training records and found that approximately 50% of staff did not have up-to-date training in this area. The provider stated that she had plans in place for this training to take place in the near future. There was a system place to carry out monthly fire drills. The inspector saw that good detail was maintained in relation to these events and any areas for improvement were followed up and addressed by the provider.

The inspector also reviewed the records with regard to servicing of fire safety equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.
Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. All accidents and incidents were reviewed by the person in charge and discussed with the staff in order to identify any further interventions to prevent reoccurrence.

The inspector saw that there was a proactive system of falls management system in place. Each resident’s falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and hip protectors were provided as appropriate. The inspector reviewed the records of a resident who had a recent fall. The resident had an appropriate care plan in place which was being implemented, post fall assessments were carried out and targeted interventions had been put in place aimed at preventing further falls. The physiotherapist was consulted in carrying out this assessment. Neurological observations were carried out in the event that a resident had un-witnessed fall or possible injury to the head. The person in charge had a system in place to monitor the number of falls on a weekly basis and she identified and responded to any emerging trends as appropriate.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation and foreseeable emergencies such as loss of heat and power. The plan provided detailed information with regard to evacuation procedures and alternative accommodation.

A small number of residents in the centre were smokers and there were systems in place to manage the risk associated with this. An internal smoking room was provided and the inspector saw that a risk assessment had been carried out for this area. An individual risk assessment was carried out for each resident who smoked and controls were put in place in response. A smoking apron was provided and fire fighting equipment and an emergency call bell was in place in the smoking room. The provider had implemented a blanket requirement for all smokers to be supervised while smoking.

The training matrix showed that staff had up-to-date training in moving and handling. Residents’ moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

**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 inspector was satisfied that each resident was protected by the designated centres’ policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, inspectors were satisfied that appropriate medication management practices were in place guided by a comprehensive policy. Improved procedures were in place for medications which were required to be crushed further to changes which had been made following the previous inspection.

Staff had received training and monthly audits were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately. Written evidence was available that three-monthly reviews were carried out.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme: Safe care and support

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

Findings:
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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 was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The provider and person in charge had put systems in place to address the deficits in healthcare and care planning identified at the previous inspection. The inspector noted improved practice in relation to wound care, nutritional management and the management of restraint. These improvements were underpinned by a robust system of clinical governance and were closely supervised by the person in charge and the clinical team.

Residents had good access to the general practitioner (GP) and an out of hours service was available. Residents also had good access to a range of allied health professionals such as the dietician, speech and language therapist (SALT), dentist and optician. A physiotherapist was working in the centre three days per week. A range of clinical assessments were carried out on a regular basis and this information was used to devise care plans which were accurate, up-to-date and detailed. There was evidence of resident and relative involvement in the development of these plans.

The inspector reviewed the management of dementia care including the management of behaviours that challenge and found evidence of a high standard of care in accordance with evidence based practices and guided by robust policies. Part of the centre had been specifically designed for residents who had particular needs associated with dementia. This part of the centre had a number of visual and sensory design features associated with evidence based principles. For example, bright colours and wall collages provided sensory and visual stimulation. A secure garden, with interesting features such as a thatched cottage and raised flower beds, was directly accessible to the residents. The inspector was shown detailed resident profiles which had been created for each resident in order to develop person centred care plans and individual responses to behaviours that challenge. The inspector reviewed behaviour monitoring charts which were in use for some residents and found that they contained a good level of detail. There was good access to psychiatry of later life for those residents who required this. The staff were provided with dementia-specific training and the inspector observed them interacting with residents who had dementia in an informed and meaningful way.
Each resident had opportunities to participate in meaningful activities and the activity programme was based on residents’ assessed interests and capabilities. There was a varied programme of activities on offer led by an activities coordinator and residents spoke positively of the choices available. There was also choice for residents who had dementia or communication difficulties and this included a range of one on one activities which were tailored to the individual needs of residents. Regular outings were facilitated and some residents stated that they enjoyed the shopping trips. The person in charge stated that this was an area which she planned to further develop, for example with a trip to the races.

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 inspector found that the physical environment was purpose built and met the needs of residents.

The inspector was satisfied that there was suitable and sufficient communal space for residents. There were two large sitting rooms, a dining room and a comfortable seating area in the lobby where many residents liked to sit and observe people coming and going from the centre. A smaller room opposite the reception was provided where residents could entertain guests in private. As highlighted above, part of the centre had been designed to a high standard in order to meet the need of residents with dementia. Grab rails and hand rails were provided in all communal areas.

Two safe and secure gardens were available and was directly accessible to residents. Garden furniture was provided and a number of residents stated that they enjoyed sitting in this area. One of these outdoor areas had been provided with safer walk surfaces and grab rails in response to a risk assessment carried out since the provisos inspection.

The majority of bedrooms were single rooms, while the remaining three rooms were twin rooms. The inspector visited a number of bed rooms and found that they were well decorated and had been personalised with residents’ possessions such as family
pictures. Call bells were provided and were within easy reach of beds. Over half of bed rooms were provided with en suite facilities. The inspector found that there were satisfactory numbers of assisted toilets and bathing facilities which included showers and an assisted bath facility.

Appropriate assistive equipment was provided to meet residents’ needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date. The centre was all on the ground floor level.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. Satisfactory sluice facilities were provided. A good standard of hygiene and cleanliness was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. Inspectors spoke to cleaning staff and found that they were knowledgeable in relation to infection control and they describe appropriate procedures such as the colour coding of cloths and mops and the correct procedures for cleaning in the event that a resident had an infection.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Practice in relation to complaints management was satisfactory.

The procedure for complaints was displayed in the entrance hall and it clearly identified the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant’s level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the provider.
**Outcome 14: End of Life Care**

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found evidence that end of life care was well managed.

The provider and person in charge had undertaken a review of this area in advance of this inspection in order to identify any areas for improvement. In response to this a family room had been created where family members could have some privacy in the event that their loved one was at the end of life stage. This room was comfortably decorated and useful and appropriate leaflets on support services were provided in this area. Arrangements had also been made to facilitate family members to stay overnight if they wished.

There was a comprehensive policy on end-of-life care which was detailed and centre specific. The inspector reviewed a number of resident’s files and found that end of life care plans had been developed for those residents who required them. There was good consultation with residents with regard to the development of these plans and there was an emphasis on meeting the spiritual needs of residents. Residents’ preferences with regard to end of life were recorded by the nursing staff.

The person in charge had relevant training and experience in end of life care and was planning to facilitate further training in this area for the staff. The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. There was an emphasis on making contact with the service at an early stage in order to maximise the comfort of the residents.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this. A chapel was provided and removal services took place in the chapel as per residents’ wishes.

**Judgment:**
Compliant
**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector was satisfied that residents received food and drink in sufficient quantities and at appropriate times; however, areas for improvement were identified.

The inspector observed the main meal and spoke to residents who stated they were satisfied with the food on offer. The food provided was hot and in sufficient quantities. Residents had a choice of main meal at lunch and for the evening meal. However, the inspector noted that no resident had opted for the alternate, which was a salad, on the day of inspection or on the two days previous to the inspection. The inspector was also concerned that residents were offered chicken at the lunch and evening meal on the day of inspection. As a result the inspector had concerns with regard to the choice and variety of food available to the residents. This matter was brought to the attention of the person in charge and the provider who undertook to review this area.

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the SALT for those residents who required this. The recommendations from these professionals were included in the care plans and were also readily available to the staff in the dining room. Residents who required a modified consistency diet were appropriately assisted on the day of inspection. In response to the findings of the previous inspection, modified consistency diets were presented in a more appetising way than before.

The inspector visited the kitchen and found that it was maintained in a clean condition. A documented system was in place to communicate residents’ dietary requirements and preferences to catering staff. The inspector found that the chef was aware of those requiring modified diets. Food fortification was carried out for some residents by adding cream and butter to their food. The person in charge stated that she was planning to further review the systems in place for food fortification in order to develop practice in this area.
**Judgment:**
Non Compliant - Minor

**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):**
No actions were required from the previous inspection.

**Findings:**
There was evidence that staff respected the resident’s privacy and dignity and residents were consulted with regard to the operation of the centre.

Residents’ religious and spiritual beliefs were respected and supported. There were daily prayers in the centre and weekly mass took place in the centre’s chapel. Staff could contact the local priest when required and ministers from other religious denominations visited on a regular basis.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name throughout the inspection.

There was frequent informal consultation with residents regarding the operation of the centre and regular residents’ committee meetings were held. Minutes for each of these meetings were recorded. The inspector saw that where issues were raised action was taken to address these matters. For example, residents had made suggestions with regard to outings and the inspector saw that a shopping trip had been organised in response to this.

The provider had made arrangements for residents to vote in local and national elections. The provider ensured that residents were registered to vote, where they wished to do so and also facilitated residents to go out to vote.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were supported to leave the centre independently and visit family and friends. Residents had access to newspapers and television was provided in each bedroom. Internet access was also provided.
### 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):**
  No actions were required from the previous inspection.

- **Findings:**
  The inspector found that adequate provision had been made for the management of residents’ personal possessions.

  There was sufficient storage space for residents in their bedrooms. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

  The inspector visited the laundry and found that it was well organised and appropriate equipment was provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

- **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:
The inspector found that practice in relation to the recruitment of staff was satisfactory; however, the skill mix of staff in the evening required review.

The inspector observed staffing levels and skill mix on the day of the inspection and referred to the rosters and found evidence of good practice for the most part. However, the inspector identified a period in the evening when only one nurse was present. The inspector found that this did not provide adequate cover as the night-time medication round was ongoing at this time. Therefore the nurse was not free to supervise care during this time. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents’ needs.

There was a comprehensive written operational staff recruitment policy in place. The inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. These documents and checks were also maintained for the small number of volunteers attending the centre. The inspector requested the an Bord Altranais agus Cnámhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. The records showed that a broad range of training had been recently provided for staff and this included nutrition, infection control, restraint and clinical assessment and care planning. Staff appraisals were carried out on a regular basis and used to identify training needs and support staff.

Judgment:
Non Compliant - Moderate

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:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hazel Hall Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000049</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>06/08/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/08/2014</td>
</tr>
</tbody>
</table>

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.

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:
A significant number of staff did not have up-to-date training in fire safety.

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
All staff completed fire training as scheduled on 25th August 2014.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Proposed Timescale: 25/08/2014</th>
</tr>
</thead>
</table>

**Outcome 15: Food and Nutrition**

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The menu choices on offer to the residents did provide them with sufficient choice.

**Action Required:**
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

**Please state the actions you have taken or are planning to take:**
A consultant chef was appointed to ensure appropriate variety and choice is provided.

<table>
<thead>
<tr>
<th>Proposed Timescale: 28/08/2014</th>
</tr>
</thead>
</table>

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The skill mix of staff in the evenings required review.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Please state the actions you have taken or are planning to take:
A comprehensive review of skill mix was conducted and recommendations implemented.

<table>
<thead>
<tr>
<th>Proposed Timescale: 28/08/2014</th>
</tr>
</thead>
</table>