<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Greenhill Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004584</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Waterford Road, Carrick-on-Suir, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>051 642 700</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:greenhillshome@gmail.com">greenhillshome@gmail.com</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>Saivikasdal Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Vasudha Dilip Jondhale</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>55</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>21 November 2014 09:00</td>
<td>21 November 2014 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

The inspection was an announced and took place over one day following an application to change the provider entity. This was the sixth inspection of the centre by the Authority. As part of the inspection process, the inspector met with residents, relatives, visitors and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the providers as part of the application process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents and relatives; the feedback was positive and is referenced in the body of the report.

Overall, the inspector found that the providers and person in charge continued to ensure that a high level of evidence-based nursing care was being promoted that was person-centred and met the care needs of residents. Actions from the previous inspection had been satisfactorily completed.
The inspector found evidence of good practice in a range of areas. The provider, person in charge and staff all interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents’ needs, likes, dislikes and preferences. Residents with whom the inspector spoke stated that they felt happy and safe and an ethos of respect and dignity was evident.

Improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The providers and person in charge were responsive and a number of actions had been completed prior to the end of the inspection. The required improvements are contained in the body of the report and outstanding actions relating to medication management are set out in detail in the action plan at the end of this 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:
The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The inspector noted that the statement of purpose was made available for residents, visitors and staff to read. The statement of purpose had been reviewed in July 2014.

The written statement of purpose described a service that provided "person centred care" in "a clean, safe and homely environment". The inspector observed that the ethos as described in the centre's statement of purpose was actively promoted by staff.

However, not all items listed in Schedule 1 of the regulations were detailed in the statement of purpose, namely the arrangements for the management of the designated centre where the person in charge is absent from the centre and the arrangements made for dealing with reviews of the resident's care plan referred to in Regulation 5. The inspector brought this to the attention of the provider who arranged for the statement of purpose to be reviewed to include this information. An updated version of the statement of purpose was provided to the inspector during the inspection.

Judgment:
Non Compliant - Minor
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 evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was supported by the provider nominee who works in the centre up to four days a week as the services support manager, taking responsibility for the non-clinical management of the centre. The inspector observed a good working relationship between the person in charge and the general manager. The inspector was satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

Staff with whom the inspector spoke were clear about the management structure and the reporting mechanisms. Residents were observed to be familiar with the person in charge and approached her with issues during the inspection. The inspector saw evidence of continued investment in the centre to ensure effective delivery of care in accordance with the statement of purpose.

The person in charge informed the inspector that she was working with the provider nominee to co-ordinate a plan to complete the annual review of quality and safety of care. The annual review will have multi-disciplinary input and there will be consultation with the residents.

The inspector saw evidence that a robust system was in place to review and monitor the quality and safety of care and the quality of life of residents. The person in charge monitors a number of clinical indicators on a monthly basis such as vaccination rates, pain, pressure areas, use of restraint, psychotropic medications and antibiotic use. Audits had been completed in pertinent areas such food and nutrition, falls and hygiene. The centre had participated in a national point prevalence survey of healthcare-associated infections and antimicrobial use in long term care facilities. The audits identified areas for improvement and audit recommendations. Improvements were brought about as a result of learning from audits such as new menu items.

There was evidence of consultation with residents and their representatives. Meetings of the residents’ committee take place on a monthly basis. Items discussed include activities, upcoming events and outings. Suggestions made are actioned on in a timely manner by the person in charge. An advocate is available to residents on a regular
The advocate attends residents' committee meetings and also meets with residents individually. The advocate stated that the person in charge was always very responsive to any concerns or issues that she may raise on behalf of residents.

**Judgment:**
Compliant

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**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 centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service.

The person in charge had been in post since August 2010. The person in charge was employed full time and was a nurse with more than three years experience in the area of nursing of the older person within the previous six years. She had augmented her basic qualification with a certificate in management, a higher diploma in gerontology and masters in nursing. The person in charge had retained a strong clinical role in the delivery of services to residents.

The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people, including short courses on nutrition, dementia, infection prevention and control, palliative care and medication management. The person in charge had also attended 'Train the Trainer' courses on elder abuse, restraint and reinsertion of enteral tubes.

While speaking with the inspector, the person in charge demonstrated comprehensive knowledge of residents, their care needs and a strong commitment to ongoing improvement of the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. The inspector observed residents and relatives to be relaxed and comfortable in her presence.

The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities. The person in charge had attended a short course on the Regulations prior to July 2014. The person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.
### 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:**
Only the component in relation to operation policies required by Schedule 5 was considered as part of this inspection. As outlined in outcomes 7, and 8, the review dates were absent policies in relation to behaviours that challenge and infection prevention and control. It was not clear, therefore, if the policies had been reviewed in the previous 3 years. The provider and person in charge assured the inspector that this was a technical error. Policies containing review dates in the previous 3 years were submitted to the inspector immediately after the inspection.

**Judgment:**
Non Compliant - Minor

### Outcome 06: Absence of the Person in charge

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted.

There were organisational policies in place in relation to the protection of vulnerable adults and response to allegations of abuse, which had been reviewed in 2013. The policies were comprehensive, evidence based and would guide staff effectively.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse. Residents and staff were able to identify the nominated person.
There were systems in place to safeguard residents' money. Complete financial records that were easily retrievable were kept on site in respect to each resident. The inspector saw that an itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was maintained. Invoices were seen to be all itemised. Appropriate documentation was made available to the inspector for situations where the provider is acting as an agent for a resident. There was a system in place to verify that residents receive services, which are billed directly to the provider who then charges the resident.

Records were provided that confirmed that any incidents, allegations and suspicions of abuse had been recorded and these incidents were appropriately investigated in line with national guidance and legislation. It was observed that appropriate safeguards had been put in place.

A centre-specific policy in relation to the management of behaviour that is challenging was made available to the inspector. The policy was comprehensive and evidence based. However, it was not clear when the policy had been last reviewed; this is covered in outcome 5. Records confirmed that training was provided to relevant staff in the response and management of behaviour that is challenging.

Care plans demonstrated that there were clear strategies in place to manage behaviour that challenges. Detailed psychiatric assessment had been completed. Staff were able to describe the strategies in use. Strategies demonstrated a positive approach to behaviour that challenges including the use of distraction techniques. There was evidence that strategies and plans were updated when circumstances changed. When an incident of challenging behaviour occurred, staff documented the incident and completed an Antecedent Behaviour Consequence (ABC) chart. The incident was reviewed by the person in charge in conjunction with staff and residents involved. Multi-disciplinary input was sought when appropriate.

In relation to restrictive practices, the inspector observed that while bedrails were in use, their use followed an appropriate assessment. The inspector noted that signed consent from residents was secured where possible and the use of bedrails was discussed with residents' representatives as appropriate. Multi-disciplinary input was sought when planning the use of bedrails. There was a centre-specific policy on the use of resident restraint, which had been reviewed in March 2014. This policy included a direction to consider all other options prior to using restraint. The policy suitably detailed the ongoing monitoring and observation of a resident while a bedrail was in place and this was evidenced in practice. A risk-balance tool was completed for residents prior to the use of a bedrail, a comprehensive care plan was developed and reviewed every three months.

**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:**
Overall there was evidence that the providers were committed to protecting and promoting the health and safety of residents, staff and visitors.

There was a health and safety statement in place which was last reviewed in September 2014. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

The inspector saw that there was a comprehensive emergency plan in place, reviewed in January 2014 and covered events such as severe weather conditions, power outage and water shortage.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. Fire records were comprehensive, accurate and easily retrievable. The training matrix confirmed that all staff employed receive annual fire training on an ongoing basis. Staff demonstrated good knowledge on the procedure to follow in event of a fire, including phased evacuation of residents and the availability of safe areas and compartments. The fire alarm is serviced on a quarterly basis, most recently in October 2014. Fire safety equipment is serviced on an annual basis, most recently in January 2014. Emergency lighting had been serviced annually, most recently in September 2014. Fire drills take place every 6 months. Records of weekly fire checks were made available to the inspector. These checks included inspection of escape routes, automatic fire doors, smoke alarms and break glass units. Written confirmation from a competent person had been submitted prior to the inspection that all requirements of the statutory fire authority had been complied with.
A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

A designated smoking room was provided for residents and each resident who smoked was individually assessed. The individualised risk assessments were adequate and there was evidence of the implementation of the identified controls. The risk assessments included assessment of the need for observation or supervision and were reviewed every 3 months or more frequency if a resident’s condition changes. The smoking area was mechanically and externally ventilated, equipped with fire fighting and fire detection equipment, a means to raise the alarm, viewing pane, fire resistant furniture and a fire retardant apron.

The training matrix confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting equipment was serviced in line with manufacturer's guidelines. Each resident had a personalised manual handling plan which was reviewed every 3 months or more frequently if a resident’s condition changes. The inspector spoke with staff who demonstrated comprehensive knowledge of each resident's personalised manual handling plan and this was evidenced in practice. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by a centre-specific policy. However, it was not clear when the policy had been updated; this is covered in outcome 5. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. Access to high risk areas, such as the sluice, was seen to be restricted at all times. Clinical staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. The inspector spoke with a member of housekeeping staff. There was evidence of a regular cleaning routine that adequately prevented against cross contamination.

Judgment:
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 centre-specific policy on medication management was made available to the inspector which had been reviewed in February 2014. The policy was comprehensive and evidence based. The policy was made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. Records were maintained of the quarterly medication reviews undertaken by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. These reviews were completed in conjunction with nursing staff and the resident's doctor.

The inspector noted that medications were stored in a locked cupboard or medication trolley. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. A medication that was labelled by the pharmacist as requiring refrigeration was observed to be stored at room temperature. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. The practice of transcription was in accordance with professional guidance issued by An Bord Altranais agus Cnámhsheachais. Where medications were to be administered in a modified form such as crushing, this was individually prescribed by the medical practitioner on the prescription chart.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

The inspector saw that medication incidents were identified and reported in a timely manner. There was evidence that learning from medication incidents was implemented. The person in charge monitored a number of key performance indicators, including the use of antibiotics and psychotropic medications, on a monthly basis.

The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. Based on a sample reviewed by the inspector, prescription charts were current and contained many of the required elements. However, prescriptions for short-term medications did not specify the times that the medications were to be administered. An antibiotic was labelled by the pharmacist to be administered on an empty stomach, either half an hour before food or two hours after. The inspector observed that this medication was given with the resident's lunch.

Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management.

Medications which are out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.
The training matrix made available to the inspector confirmed that medication management training had been facilitated for nursing staff in 2014.

**Judgment:**
Non Compliant - Moderate

**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:**
There were a number of centre-specific policies in relation to the care and welfare of residents, including care plan development and implementation, wound care and falls management. Each of the policies had been reviewed in 2013.

There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of GPs were currently attending to the need of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, quarterly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry of old age, optical, chiropody, physiotherapy and dietetics.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, personal care, mood and sleep. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, pain management, mobilisation and, where appropriate, fluid intake. Each resident’s care plan was kept under formal review as required by the resident’s changing needs or circumstances and was reviewed no less frequently than at three-monthly intervals, in consultation with residents or their representatives.
The inspector noted that wound management was in line with national best practice. Wound management charts were used to describe the cleansing routine, emollients, dressings used and frequency of dressings. The dimensions of the wound were documented and photographs were used to evaluate the wound on an ongoing basis.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls every 3 months. A physiotherapist visited the centre regularly and had facilitated a falls prevention training programme for residents. A falls diary was completed for each resident which detailed any falls and additional interventions put in place to prevent further falls. The inspector noted that the interventions outlined had been implemented.

The inspector reviewed the activities program and the activities log which recorded the resident's attendance at activities. There was a range of activities offered including bingo, art, gentle exercise, computer classes and live music. A number of staff members were licensed Sonas practitioners and facilitated individual and group sessions. The inspector spoke with residents and visitors who described an enjoyable trip to the seaside during the summer.

Residents were facilitated to attend activities external to the centre. A number of residents attended day services in the locality. Residents with whom the inspector spoke often went out with family and friends for lunch or to attend Mass and sporting events.

**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 centre was purpose built in 2001. The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The premises conformed to the matters set out in Schedule 6 of the Regulations.
The centre was a single storey building, located on a spacious site in a residential area but adequate security and privacy was provided. The external grounds were well maintained and residents had access to a safe garden with secure perimeter. Internally, the inspector found the premises to be visibly clean, well maintained, adequately heated, lighted and ventilated and in good decorative order.

Private accommodation for residents was provided in three wings; thirteen single bedrooms without en suite facilities, forty en suite single bedrooms and one en suite twin-bedded room; the size and layout of bedrooms was suited to meeting the needs of residents including those with high dependency needs. Adequate space and storage facilities were provided to residents for personal possession including lockable storage.

For the thirteen residents accommodated in the bedrooms without en suite facilities, wash-hand basins were provided. A further two toilets and two assisted shower rooms with toilet, wash-hand basin and assisted shower were provided. Two further toilets were available in the main reception area in close proximity to the main dining area.

Residents had access to two communal areas; these provided adequate space, were comfortable and homely. A quiet room or oratory was provided which the inspector observed to be frequently used by residents for quiet reflection and prayer. One main bright and spacious dining room was located off the main reception area which overlooked the secure garden. More dependent residents had the option to dine in the communal area of the C wing.

Adequate provision was made for the safe storage of equipment; chemicals and cleaning products were securely stored in locked cupboards. The necessary sluicing facilities were provided and access to high risk areas such as the sluice room and the laundry was restricted. The laundry room was adequate and there was a designated wash hand basing provided.

Circulation areas, toilet facilities and shower/bathrooms were adequately equipped with hand-rails and grabrails. Emergency call facilities were in place that were accessible from each resident's bed and in each room used by residents.

A separate kitchen was provided and was located off the main dining room. The inspector observed the kitchen to be visibly clean and well-organised. There was suitable and sufficient cooking facilities, kitchen equipment and tableware.

Staff were provided with dining, changing, storage, showering and sanitary facilities.

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

Findings:
The inspector noted that there was a centre-specific comprehensive complaints policy, last reviewed in March 2014. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently and was included in the statement of purpose.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly.

Residents and relatives with whom the inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff. All care staff employed had achieved Further Education and Training Awards Council (FETAC) Level 4 or above. Staff were observed to competently deliver care and support to residents that reflects contemporary evidence based practice.

A sample of staff files was reviewed and contained all of the required elements. The inspector saw that there was a selection of healthcare reading materials and reference books stored in the nurses’ office. The inspector noted that copies of both the Regulations and the Authority’s Standards were available. Staff were also able to articulate adequate knowledge and understanding of the Regulations and the Authority's Standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies - the programme reflected the needs of residents. All staff employed had attended mandatory fire, manual handling and elder abuse training. Further education and training completed by staff included medication management, infection prevention and control, end of life care, dementia, pain management and nutrition.

The inspector noted that regular staff meetings take place. Topics discussed include manual handling, education, assistance at mealtime and results of audits. Staff were supervised appropriate to their role and a formal appraisal system had been implemented.

A centre-specific policy on recruitment, selection and appointment of staff, reviewed in February 2013, was made available to the inspector. The inspector noted that effective recruitment procedures were in place including the verification of references.

Volunteers were supervised and vetted appropriate to their role and their involvement in the centre.

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:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Greenhill Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004584</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>21/11/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04/12/2014</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.

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 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Prescriptions for short-term medications did not specify the times that the medications were to be administered and short term medications were observed not to be administered in accordance with advice from the pharmacist.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th><strong>Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription chart for short term medication has been reviewed to include specific times that short term medication is to be administered in accordance with advice from the pharmacy.</td>
</tr>
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</table>

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<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>04/12/2014</th>
</tr>
</thead>
</table>

| **Theme:** |
| Safe care and support |

| **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** |
| A medication labelled as requiring refrigeration was stored at room temperature. |

| **Action Required:** |
| Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product. |

| **Please state the actions you have taken or are planning to take:** |
| All medication that requires refrigeration i.e. comes in a cool box, will now be signed for by a nurse on receipt from pharmacy to verify that the medication was placed in the fridge. This will be regularly audited. |

| **Proposed Timescale:** | 04/12/2014 |