<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hillside Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000347</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Attidermot, Aughrim, Ballinasloe, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 967 3996</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:hillside_nursing@hotmail.com">hillside_nursing@hotmail.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>Mary Nuala Cormican</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Nuala Cormican</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>25</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
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<tbody>
<tr>
<td>31 March 2015</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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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 04: Suitable 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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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection

This report sets out the findings of an unannounced monitoring inspection and took place over one day.

As part of the inspection the inspector met with the person in charge, staff and residents. The inspector observed practices and interactions between staff and residents. A sample of care plans, audits, staff files, policies and procedures were reviewed as part of the inspection process. The provider had reconfigured one of the four bedded multi-occupancy rooms into a double and single room. This reconfiguration had brought the numbers of residents in the centre from 27 to 26. The provider was required to make an application to vary their registration given this reconfiguration.

There was evidence of good practice in most areas. The person in charge demonstrated knowledge and skills commensurate to her role. She also demonstrated a good understanding of regulation, notifications and response to allegations of abuse. There was evidence to show the provider was striving towards a restraint free environment. Alternatives to restraint such as low low beds and the use of crash mats were in use at the time of inspection.

Staffing levels were found to be adequate given the size, purpose and function of the centre. Staff spoken with demonstrated a good understanding of infection control...
procedures, fire safety management and response to witnessing abuse.

Areas for improvement include:

- multi-occupancy rooms for long term residents
- statement of purpose
- enhancement of risk control arrangements for residents that smoked
- chemical restraint management procedures to be included in the restraint management policy.

These matters are set out in the report with actions given and the provider's action plan response at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was required to update the statement of purpose to reflect the reconfiguration of room sizes and number of residents the centre could accommodate.

**Judgment:**
Substantially 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 were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

There was a clearly defined management structure that identified the lines of authority and accountability. Management systems were in place to ensure the service provided was safe, appropriate to residents' needs, consistently and effectively monitored. The person in charge monitored the quality of care and experience of the residents. She
carried out audits in areas such as care plans; review of policies, medication practices and falls management.

At the time of inspection the person in charge had commenced staff appraisals which was further evidence of quality and care system review by ensuring staff working in the centre were adequately supervised and knowledgeable of policies and care practices required in the centre as set out in the statement of purpose.

The provider had recently reconfigured the layout of one of the centre's multi-occupancy rooms to provide better privacy and long term living arrangements for residents that used those bedrooms. As a result of this reconfiguration the number of residents who could be accommodated in the centre had decreased and the provider was required to submit an application to vary their conditions of registration.

**Judgment:**
Substantially 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:**
There was a suitably qualified and experienced person in charge of the designated centre. Residents were assessed as requiring full time nursing care. She was a registered nurse who worked in a full time capacity.

The person in charge, (who was also the provider), had worked in the centre since its establishment in 1994. She was involved in the day to day running of the centre and demonstrated a good knowledge and clinical understanding of the needs of residents. She had ensured there were enough resources available to meet the needs of the residents. She had also recently reconfigured the layout of one of the centre's multi-occupancy rooms to provide better privacy and long term living arrangements for residents that used those bedrooms.

The person in charge was knowledgeable of the Regulations and National Quality Standards for Residential Care Settings for Older People in Ireland. She often worked alongside staff in the provision of direct care to residents. She observed the care practices of staff working in the centre and used these observations to direct staff in best practice. Residents spoken with could identify the person in charge and staff confirmed the person in charge worked in a committed, 'hands on' capacity.
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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Actions from the previous inspection had been completed by the person in charge. The inspector found good practices in relation to safeguarding and safety of residents. The restraint management policy required some further additions to ensure it contained robust procedures for all types of restraint used in the centre.

There were policies and procedures in place to safeguard residents. Staff spoken with were knowledgeable of what constituted abuse and outlined the appropriate steps they would take if they witnessed abuse occurring. The person in charge also demonstrated knowledge of best practice procedures in relation to the management of allegations of abuse. Residents spoken with said they felt safe and liked living in the centre.

Residents were safeguarded against financial abuse through management and procedures in place in the centre. Some residents' pension was paid directly into the nursing home account as per their wishes. They were issued with the balance, (if any) and a receipt, which was signed by the person in charge and resident or their representative to say they had received the balance.

Restraint management in the centre was in the main robust. For residents that used bed rails an initial assessment was carried out. This assessment identified the risks associated with their use and control measures to be implemented if necessary. In some instances, bed rails were assessed as unsuitable. As per National policy, alternatives were trialled such as low-low beds with crash mats to reduce the injury impact of a resident falling or rolling out of bed, for example.

Though the policy was robust and comprehensive in relation to physical restraint it did not outline the policy and procedures with regard to chemical restraint. The person in charge demonstrated a comprehensive knowledge of best practice and the risks associated with the use of chemical restraint however, there were no associated procedures in the restraint policy to reflect this.
Judgment:
Substantially Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
The centre had policies and procedures relating to health and safety.

There was a comprehensive emergency plan which identified what to do in the event of fire, flood, loss of power, heating and other possible emergencies. The emergency plan also included a contingency plan for the total evacuation of residents if deemed necessary.

Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of health care associated infections. There was an adequate supply of sinks for staff/residents and visitors to engage in hand washing. Alcohol hand gels were also located throughout the centre. These added to infection control and prevention measures. The flu vaccine had been made available to all staff and residents as per their consent. Colour coded mops and buckets were in use in the centre. Each colour code represented a specific area that mop was used in. This reduced the risk of cross infection.

Reasonable measures were in place to prevent accidents in the centre and grounds. Floor coverings were even, lighting in corridors, bedrooms and day/dining rooms was adequate. Grab rails were in place in areas such as corridors and stairs.

There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Suitable fire equipment was provided. The fire alarm was serviced on a quarterly basis with the most recent 13 February 2015. Fire safety equipment was servicing was up to date, the most recent service dated January 2015.

At the time of inspection, no residents in the centre smoked, the resident that did was in hospital at the time. There was an associated risk assessment in place for residents that did smoke and staff spoken with outlined how they supervised residents when they were smoking to ensure their safety. However, added precautionary measures such as fire retardant aprons were not in use to protect residents whilst they smoked. The inspector observed an ash tray in the centre where residents' cigarettes were extinguished and...
noted if the cigarette was not adequately extinguished it could pose a risk as the ash tray could be knocked over easily.

A sample of records reviewed indicated staff were trained and knew what to do in the event of a fire. Staff spoken with also demonstrate knowledge of the fire evacuation procedures and fire safety. There were fire drills at six monthly intervals and fire records were kept, which included details of frequency of fire drills, fire alarm tests, fire fighting equipment.

Staff had received training in the safe moving and handling of residents.

There was also a comprehensive risk management policy to include the items set out in regulation 26(1). There were management practices in place to promote the safety of residents, staff and visitors to the centre and to mitigate any potential hazards. Hazard identification and associated risk control measures were documented in a risk register.

Judgment:
Substantially Compliant

**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
Residents were protected by safe medication management policies and procedures in the centre.

The inspector reviewed medication administration policies for the centre. These had been updated since the last inspection. The drug trolley was kept in the nurse’s office and locked at all times.

Residents with swallowing difficulties had liquid or crushed medications prescribed and indicated on their prescription charts. The person in charge showed the inspector the equipment they used in the centre to crush medications if necessary.

There were appropriate procedures for the handling and disposal of unused and out of date medicines. No resident was responsible for their own medication at the time of inspection. A self-medication policy and associated assessments were in place if should a resident be admitted that wished to do so.

Residents had a choice of pharmacist, where possible and the pharmacist was facilitated
to meet their obligations under the relevant legislation and guidelines.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift.

Medications requiring refrigeration were stored correctly in the centre and daily checks of the fridge temperature were documented to ensure they were stored correctly.

**Judgment:**
Compliant

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**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):**

No actions were required from the previous inspection.

**Findings:**
The person in charge had arranged a comprehensive assessment by appropriate professional(s) of the health and social care needs of residents. From the sample of care plans reviewed, residents had a personalised care plan prepared within 48 hours of their admission and updated comprehensively thereafter. The registered provider had arranged to meet the needs of each resident according to their assessed needs as set out in their care plans.

Residents' care plans had comprehensive evidence based health care risk assessments. These were used to develop detailed person centred care plans for residents. Regular review of health care risk assessments was also found and this ensured actions were promptly taken based on the risks (if any) identified.

Residents had access to appropriate seating and assistive devices. There was a good variety of assistive chairs and pressure relieving equipment which enhanced pressure ulcer prevention measures in the centre. Assessment and falls prevention strategies were robust in the centre. Residents were assessed for their risk in relation to falls and appropriate control measures were in place for their prevention and treatment should they happen. Audits were carried out in relation to this key quality indicator. From the audits reviewed there had a low incidence of falls in the centre.
Residents' nutritional status was assessed using a recognised nutritional risk management tool. Residents identified at nutritional risk were referred to dietetic services. They were also prescribed a nutritional plan and supplements should they be deemed necessary. Equally, residents identified at risk of choking due to a compromised swallow, for example, were referred to speech and language therapy (SALT) services for review and prescribed modified consistency meals should the assessment indicate this was necessary.

Wound care was also well managed. A wound care plan indicated the resident had received regular review and a comprehensive care plan had been implemented which had been successful in treating the resident's pressure ulcer resulting in the wound healing.

Care plans were reviewed every three months. Of the sample reviewed they were found to be detailed, comprehensive, legible and person centred.

**Judgment:**
Compliant

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

**Findings:**
Not all aspects of this outcome were reviewed on this inspection.

The centre is a purpose-built single storey premises. There are a number of multi-occupancy bedrooms in the centre. The provider had made arrangements, since the previous inspection, to comply more with the Authority's standards for premises and had reconfigured a four bedded multi-occupancy room into a two bed and single room. This enhanced the privacy afforded to residents that used the newly configured bedrooms.

The remaining multi-occupancy bedrooms were all three bedded rooms. There were robust screening options in the bedrooms and the standard of cleanliness throughout the centre was high. However, the multi-occupancy rooms did not provide an appropriate residential option for residents living in the centre on a long-term basis.
**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:**

A planned and actual rota was maintained in the centre. From review of staffing levels in the previous weeks and during the course of the inspection, the inspector was satisfied there were adequate numbers of staff to meet the needs of residents. The person in charge informed the inspector that two new health care staff had begun working in the centre recently.

In the recent past staff had access to mandatory and supplemental training to ensure their skills met the needs of residents. Though staff spoken with demonstrated adequate knowledge of abuse prevention and response their training records did not indicate this was up to date in some instances training certificates indicated dates for 2010 and 2011. Equally, certificates for other mandatory training were not up to date in the files reviewed. The provider used a DVD to train staff in abuse prevention and response procedures.

While the inspector was satisfied staff had good knowledge in mandatory training topics such as safe moving and handling, abuse prevention and fire safety, staff had not received up-to-date formalised education and training in recent times to ensure they provided care that reflected contemporary evidence-based practice. This required review.

From a sample of staff files reviewed most were found to contain the matters as set out in Schedule 2. One file did not have photographic identification and required review.

**Judgment:**

Substantially 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:**

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<thead>
<tr>
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<tr>
<td>Date of inspection:</td>
<td>31/03/2015</td>
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<tr>
<td>Date of response:</td>
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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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider was required to update the statement of purpose to reflect the reconfiguration of room sizes and number of residents the centre could accommodate. They were also required to submit the updated statement of purpose to the Chief Inspector.

Action Required:
Under Regulation 03(2) you are required to: Review and revise the statement of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take: Revised statement of purpose has been submitted to Chief Inspector

Proposed Timescale: 11/05/2015

### Outcome 02: Governance and Management

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider was required to submit an application to vary their registration in light of the recent change of numbers of residents that could be accommodated in the centre.

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

Please state the actions you have taken or are planning to take: Application to vary registration has been submitted

Proposed Timescale: 11/05/2015

### Outcome 07: Safeguarding and Safety

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy for the management of restraint did not outline best practice in relation to the use of chemical restraint. This required review.

**Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take: Restraint policy updated to include policy and procedures on chemical restraint.
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:
Added precautionary measures were not in use to protect residents whilst they smoked, for example, fire retardant aprons or more robust units to extinguish cigarettes.

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

Please state the actions you have taken or are planning to take:
Fire retardant aprons and ash trays have been purchased for use by residents who smoke.

Proposed Timescale: 11/05/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Multi-occupancy rooms did not provide an appropriate residential option for residents living in the centre on a long-term basis.

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

Please state the actions you have taken or are planning to take:
Work in progress on an agreed phased bases as clearly outlined in revised statement of purpose.

Proposed Timescale: 11/05/2015

Outcome 18: Suitable Staffing
Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not received up to date mandatory education and training to ensure they provided care that reflected contemporary evidence-based practice. This required review.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
A training plan has been rolled out to staff which includes mandatory education requirements

Proposed Timescale: 30/09/2015