

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hollybrook Lodge
Centre ID:	OSV-0005053
Centre address:	St Michael's Estate, Bulfin Road, Inchicore, Dublin 8.
Telephone number:	01 416 2587
Email address:	ceopa@stjames.ie
Type of centre:	The Health Service Executive
Registered provider:	St James's Hospital
Provider Nominee:	Prof. Patrick Plunkett
Lead inspector:	Michael Keating
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	50

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

From: 18 June 2015 09:00 To: 18 June 2015 16:00

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

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

Summary of findings from this inspection

Hollybrook lodge was purpose built as a residential centre ten years ago but had not operated as a designated centre since. The premises is currently providing sub-acute transitional care to fifty patients in a hospital setting which was governed and managed by the MedEl directorate with St James's Hospital. However, these patients are not the proposed residents who will be residing within the planned designated centre. Therefore, as the setting is not currently a designated centre for older persons, for the purpose of this registration inspection, the service was inspected as

a new build. The intended provider had applied to the Health Information and Quality Authority (the Authority) Regulation Directorate for registration under Section 48 of the Health Act 2007. This registration inspection was announced and took place over one day.

In general, the centre was found to be fit for purpose and while some improvement was required, the provider nominee, person in charge and nursing managers met with demonstrated a knowledge of the Regulations, their legal responsibilities therein, and were cognisant of the need to make the centre more homely and inviting to meet the long term residential care needs of proposed residents.

Twelve of the eighteen outcomes inspected against were found to be fully compliant with the Regulations. These included the outcomes of governance and management, suitability of the person in charge, medication management, end of life care, food and nutrition and staffing. Four outcomes were found to be in moderate noncompliance with the regulations, namely; safe and suitable premises, documentation to be kept in the designated centre, safeguarding and safety and health and social care needs. The outcomes of health and safety and risk management and statement of purpose were found to be substantially complaint.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors reviewed the statement of purpose which accurately described the service that was to be provided in the centre but requires minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The following areas required attention:

- the proposed staffing reflected in the statement of purpose differed from the proposed staffing provided in a document to the inspectors of the inspection. In addition, auxiliary staff were not listed within the total staffing compliment.
- the arrangements for the management of the designated centre when the person in charge is absent from the centre was not referred to.
- the floor plans contained within the statement of purpose were illegible and there was no description (either in narrative form or in a floor plan) of the size of the rooms within the designated centre.

The provider stated that they intended to keep this document under review at all times and will make a copy available to all residents on request.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider and nominee and person in charge had put plans in place to provide for effective monitoring of the quality of care and experience of the residents. These systems were already operating within the designated centre many of the proposed residents are moving from. The centre that the residents are moving from was under the same governance and management structures as this proposed centre will be. The plan for the designated centre was described by both the nominee provider and person in charge as a transfer of services that will see the same residents, staff members and management transfer from their current location, to this one.

It was determined that there were effective management systems and sufficient resources in place to ensure the delivery of safe, quality care services. Regular monthly management meetings were taking place, between the key concerned with the management of the centre. The Hollybrook Lodge care centre is governed by the Medicine for the Elderly (MedEL) Directorate management team which includes a clinical director, nurse manager and business manager. In addition the daily operation of the centre is overseen by a local management structure comprising the person in charge, assistant director of nursing, and clinical nurse managers. The layout of the centre comprises two floors named the Robinson and McAleese Suites. It is proposed that each floor will have its own designated full time clinical nurse manager (2) and clinical nurse manger (1) who will be responsible for the nursing and healthcare supports provided within the centre.

The person in charge and the nominees were clear on their legislative responsibilities and both reported to be well supported to carry out their roles effectively within this management structure.

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:

A guide to the centre had been compiled in draft format which was considered to be a clear summary of the services and facilities proposed within the designated centre. The provider nominee was aware of the need to provide each resident with a contract for provision of services upon admission to the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors were satisfied that the designated centre will be managed by a suitably experienced nurse with authority, accountability and responsibility for the provision of the service. The person in charge is a registered nurse with appropriate qualifications in nursing in addition to postgraduate qualifications in management and care for the older person. The inspectors found that the person in charge demonstrated the required experience, knowledge and expertise regarding caring for older people. The person in charge will work on a full-time basis and demonstrated a good knowledge of the role and requirements of her role as person in charge.

The person in charge demonstrated a strong understanding of her responsibilities as outlined in the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge was supported throughout the inspection by the assistant director of nursing.

Throughout the process both parties demonstrated competence, insight and a commitment to delivering good quality care to older people.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors were satisfied that the proposed systems regarding the maintenance of records and documentation to be kept at the designated centre are/will be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, some of the operational policies and procedures as listed under Schedule 5 of the Regulations were not in place. In addition, many of the policies and procedures read by the inspectors were not centre specific and were more relevant to the acute hospital setting referred to throughout the policies. For example, the safeguarding policy referred to procedures within an acute hospital setting and made no reference to the national policy on safeguarding vulnerable adults in residential care (December 2014). In addition, other arrangements referred to in policies were not appropriate to a residential setting such as within the admissions policy which states that all 'patients must wear an identification bracelet at all times following admission'.

Policies and procedures not yet available included:

- Communication
- Responding to emergencies
- Provision of information to residents
- Residents' personal property, personal finances and possessions

The inspectors also found that:

- The provider and person in charge were aware of their responsibilities regarding Residents Records (Schedule 3)
- The provider and person in charge were aware of their responsibilities regarding General Records (Schedule 4) and the inspector reviewed all relevant proposed records, documentation, policies and procedures regarding same.

The provider and person in charge were fully aware of their responsibilities regarding:

- i) Staffing Records.
- ii) Residents Directory.
- iii) Medical Records.
- iv) Insurance Cover.

The inspectors found a good aptitude on the part of the provider and person in charge in ensuring the maintenance and upkeep of records and documentation. Both the provider and person in charge demonstrated a commitment to ensuring regulatory compliance.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that there are appropriate arrangements in place regarding any proposed absence of the person in charge. A Clinical Nurse Manager (3)/assistant director of nursing will deputise for the person in charge where and when appropriate and the provider is aware that the Chief Inspector must be notified accordingly.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall inspectors could not be assured that there were reasonable measures in place to protect residents being harmed or suffering abuse. The 'patient/resident protection

'policy' was found not to be adequate as although it refers to 'Trust in Care, 2005' as its informing policy there was no reference to the changes HSE policy on the safeguarding of vulnerable adults in residential care (December 2014). This new policy is supposed to have replaced 'trust in care' within all designated centres. In addition, training on prevention, detection and response to abuse was not listed as mandatory for all staff within the centres training records and within the 'residential care units operational policy'. However, the person in charge ensured the inspectors that most of the proposed staff have completed this training and that training was planned for a small number of new staff who had not received it.

The person in charge spoke about the current system in place to safeguard residents' monies which was found to be suitable and was transferable to this centre. There was a policy on and procedures in place for managing behaviour that is challenging, and on the use of restraint.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that the provider and person in charge had prioritised the health and safety of residents, visitors and staff. However, some improvements were required in the risk management policy to fully meet the requirements of the Regulations.

There was a health and safety statement in place dated March 2014. Environmental risk was addressed with multiple health and safety policies containing proposed risk management measures. A risk management policy was in place and while this policy largely met regulatory requirements it required some improvements in order to be in full compliance. For example, the risk management register did not make specific reference to precautions in place to control residents absent without leave, and assault or accidental injury to residents or staff. In addition, the review of risk was found to be quite prohibitive and restrictive in relation to the locking of many of the internal doors within the centre. For example, access to many communal areas could only be achieved through a swipe system operated by staff. This would limit the access for residents to commonly used areas such as the oratory, day rooms, family room and therapy rooms.

The inspectors were satisfied that thorough fire precautions were in place. The

inspectors found evidence that the fire safety consultant who had been engaged by the provider to ensure that all requirements relating to fire safety were in place had conducted a series of appropriate checks. The inspectors observed a high level of fire equipment in the forms of alarms, detection equipment, fire blankets and extinguishers throughout the designated centre. The inspectors found a smoke free policy in place which included risk assessment. The inspectors were satisfied that the person in charge had a high level of understanding regarding fire safety and has a substantial proposed system for daily, weekly and monthly checks including equipment, fire doors, fire panels, exits, maintenance checks and back up lighting. The inspectors found that all proposed staff for the centre had obtained fire safety training. An appropriate emergency plan was in place which identified what to do in the event of an emergency evacuation. The inspectors found that fire assembly points were clearly identifiable outside the designated centre.

The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. The inspectors saw that there was a sophisticated cleaning routine and ample equipment and supplies of latex gloves and disposable aprons and alcohol hand gels were available throughout the centre. Clinical waste was managed and stored safely.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that the proposed medication management policies and procedures were comprehensive, satisfactory and safe.

The inspectors reviewed medication policies which were robust and gave clear guidance to nursing staff on areas including medication administration, refusal and withholding of medications, medications requiring strict controls, disposal of medications, medication errors, crushing medications and medication self administration. The inspectors discussed medication protocols with nursing staff who presented as having competent knowledge and understanding of same. The inspectors found two locked fridges had been purchased for medication, with one provided on each floor in a dedicated medication storage room behind the nursing station on each floor. The person in charge showed the inspectors the secure storage for medications that required strict control measures (MDA's). Prescription and administration protocols, arrangements and

agreements were in place with a pharmacist. The inspectors reviewed proposed prescribing and administering documentation and recording templates and found that they were in order.

The inspectors found that all staff nurses involved in the administration of medications had undergone a medication management course. The person in charge was also aware of the need to promote self-administration of medication following appropriate assessment.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that both the person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding notifiable incidents and accidents.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors were satisfied that residents' wellbeing and welfare will be maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. However, the inspectors were not assured that resident's social needs had been adequately planned for within the centre. While the provider had planned to employ 30 nurses; they had only proposed to employ an activity coordinator at .5 of a whole time equivalent.

The person in charge and provider outlined the plans to have an extensive range of social activities available for residents. These were also detailed within the statement of purpose referring to a wide range of recreational activities and outings to social venues and events. The statement of purpose also states that the programme will be delivered by a designated activity coordinator. It was determined that as the dependency status of most proposed residents is already known to the provider, and would be considered generally high and maximum dependencies. The assistant director of nursing also offered specific insight into ensuring that residents who may be confused or who may have dementia related conditions will be encouraged to participate in appropriate needs based activities. In this regard the proposed allocation of a half time post to meet these significant support needs would be insufficient. There was also a lack of defined space to provide activity to residents, as detailed within outcome 12: safe and suitable premises.

The person in charge stated that all residents' healthcare needs will be met as a matter of priority. These needs will initially be assessed on admission and continually supported by nursing staff and GP (General Practitioner) and allied health professionals as appropriate to individuals assessed needs. A full range of other services will be available on referral including psychiatry, speech and language therapy (SALT), occupational therapy (OT), physiotherapy, chiropody, audiology and dietetic services.

The person in charge stated that residents' and relatives' would be involved at initial assessment and review stages and this process would be appropriately documented. The inspector reviewed the clinical policies including areas such as falls management, nutrition, wound care, and the use of restraint and was satisfied that they would inform practice.

The plan of transfer and admission was currently in development and resident and family meetings had taken place to prepare residents for the transfer. Visits had also taken place for a number of proposed residents and relatives.

A comprehensive system will be put in place for the recording of accidents and incidents. The person in charge outlined how she intended to collect this clinical data and analyse it to identify possible trends. For example, continually auditing certain areas such as falls, weights and behaviours.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors were satisfied that the location, design and layout of the centre is suitable for its stated purpose, however work is required to ensure that residents individual and collective needs in a comfortable and homely way.

The building had been originally designed to operate as a designated centre for older persons. However, it had operated for the past number of years as sub-acute transitional care. Therefore the design and decoration of bedrooms and communal space was very clinical in nature and was not found to be homely, lacking suitable furnishings and decoration. For example, while there were a number of 'therapy rooms' there were no specified day rooms, activity rooms or rooms where residents could relax and watch television or rest on a couch. The entire centre was painted white and there were no colour breaks or specific areas of interest particularly considering the profile of proposed residents, many of whom have cognitive impairment. The provider nominee, person in charge and nurse managers spoken with were all conscious of the fact that work was required to make the centre more homely, however plans were only described as ideas and no formal plan of works had been developed. Therefore the centre was found not to be conforming to some of the matters as set out in Schedule 6.

Residents' accommodation will be provided over two floors, serviced by two lifts and currently operating as two separate 'wards'. There were communal rooms available outside of the wards, however, access to and egress from the wards was restricted through the use of swipe cards, with all internal doors leading to communal areas locked at all times. This was found to be restrictive in nature and limiting the free movement of proposed residents. Upon discussion with the provider nominee and person in charge it was deemed that this practice related to overzealous risk management practices, and therefore is also referred to and actioned under outcome 8: health and safety and risk management.

There was additional and ample space throughout the designated centre with a fully fitted kitchen, suitable dining areas, communal rooms, activities rooms, hair dressing salon, an oratory and an adequate number of fully accessible bathrooms, showers and toilets. In total there were 34 single rooms 4 twin rooms and two 4-bed rooms, all with full en suite facilities. The rooms were furnished to a high standard with a specialised bed, wardrobe, locker, armchair and functioning call bells at all beds. All rooms were also fitted with ceiling hoists. There were wash hand basins in each bedroom with a

sufficient supply of hot and cold water which incorporates thermostatic control valves to prevent scalding. The shared rooms provided screening to ensure privacy for personal care. There was ample floor space within the shared rooms ensuring free movement of residents and staff and adequate room for the movement of assistive equipment such as wheelchairs, with access to both sides of each bed. The inspectors were concerned that residents right to privacy and dignity might be compromised in the four bedded rooms but as the centre was not occupied by residents, there was no evidence of this on inspection. However, as stated previously all rooms were very clinical in appearance, and required personalisation and more suitable decoration.

The registered provider was seeking to register the centre to accommodate 50 residents in total including 4 respite beds. However, it was unclear at the time of the inspection where they intended to facilitate the respite beds as the plan of admissions had yet to be agreed. While there was found to be sufficient space to accommodate 50 residents the person in charge had not considered which beds would be assigned for respite use.

The corridors were wide and would allow residents to easily move about when using assistive equipment such as walking frames and wheelchairs. Handrails were provided in all corridor areas to promote independence.

There was a sluice room on each floor that was fully equipped with a bed pan washer. There was adequate storage space provided to ensure that equipment and assistive devices were stored in a safe and discreet manner. There were also suitable staff facilities available for changing and storage.

The garden was tastefully landscaped ensuring accessibility for all, with flat surfaces and raised beds and seating provided at suitable intervals along a walk around the perimeter of the centre.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that the provider and person in charge both had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

The inspectors reviewed the complaints policy and found it described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. The policy also contained an independent appeals process. Both the provider and person in charge told the inspector that all complaints received would be thoroughly investigated and the outcome would be discussed with the resident and their family (where appropriate).

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that caring for a resident at end-of-life will be regarded as an integral part of the care service provided in the designated centre.

This practice will be informed by the centre's policy on end of life care which was reviewed by the inspector. The person in charge demonstrated a strong awareness of the role of good individual care planning with residents and families around end of life needs.

The person in charge highlighted that respect, integrity and understanding are crucial considerations when delivering end of life care and committed that all staff will uphold this when working with residents at end of life stage.

There was access to specialist palliative care services. There were plans to facilitate family to be with residents when they are actively dying. A family room had been identified in the premises and there were plans to provide overnight accommodation to family members within this room should it be required. An oratory was also available demonstrating respect for the remains of a deceased resident.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that the kitchen was very large and well equipped with stainless steel equipment. Adequate storage space was provided throughout the kitchen. The inspectors did not have an opportunity to meet with the kitchen staff or chef; the person in charge reported that they will be transferring to this centre from their current location.

There were large main dining rooms on each of the two floors that had adequate space. As detailed within outcome 12; safe and suitable premises efforts were required to make these areas more homely and less clinical in appearance. However, they were bright and airy rooms with large glass walls. There was also opportunity to provide choice to residents in terms of where they wanted to have their meals, or to provide dining areas specific to support needs.

There were water fountains available throughout the centre and there were also vending machines available, providing refreshments and snacks to residents and visitors. The policy on food and nutrition detailed access to dietician services. The assistant director of nursing also spoke about her awareness of specific dietary requirements for residents proposed to live in the centre.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The provider and person in charge told the inspectors how they planned to have ongoing communication and consultation with residents. The person in charge had accommodated ongoing meetings to ensure they were kept informed about their proposed move to this designated centre. A residents committee had been formed in their existing designated centre and this was to be accommodated within the new centre also. Many of the proposed residents and relatives had also been facilitated to visit the centre. The provider nominee and person in charge also informed inspectors that they planned to begin consulting with residents on choice of rooms and decoration of the centre as soon as the centre could be recognised by the Authority as a designated centre.

Plans had begun to provide for more suitable areas for residents to receive visitors and to allow residents and visitors privacy should they require it. A family room had been identified and there were some kitchen facilities available in this room. The plan also included the provision of tea and coffee making facilities. The assistant director of nursing also spoke about the plan to change the use of two smaller nursing stations currently positioned at the opposite end to the main nursing stations on each floor into seating areas for residents to receive visitors. The provider and staff spoken to told the inspectors that relatives will be able to visit at any time.

Most residents will have single bedrooms to ensure privacy and dignity is maintained. Residents may also avail of a shared room if they wish. There was sufficient screening in the shared rooms to maintain adequate privacy. The inspectors saw adequate access for residents to television, radio, newspapers, magazines and notice boards throughout the designated centre. A resident's guide is available to all residents.

The person in charge told the inspector that residents' religious rights would be facilitated. A large oratory was on-site and the person in charge had arranged for mass to be hosted within the designated centre on a monthly basis. Residents who choose to practice other religious beliefs will be facilitated to do so also.

Judgment:

Compliant

***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):

This was the centre's first inspection by the Authority.

Findings:

The provider and person in charge told the inspectors that they would put measures in place to protect residents' personal property and possessions.

The person in charge said that she would encourage residents to personalise their rooms with photographs, ornaments, soft furnishings and their personal items. Both the provider and person in charge emphasised that residents would be encouraged to make their room's look and feel homely.

The inspectors were informed that particular attention would be taken to ensure that residents' clothes were well managed. The centre currently operated a system of having all clothes and linen laundered off site. This process was described as working very effectively both within the proposed resident's current residence, and within the current acute service. The assistant director of nursing informed the inspectors that the laundry company make deliveries and collections daily, and that residents personal clothing generally had a 24 to 48 hour turnaround time. There was a plan in place to label all residents clothing and a planned system in place to ensure the safe return of clothes to residents. The provider nominee ensured that there would be no extra charge to residents for the laundering of their personal clothing.

There was ample storage room(s) for clean linen throughout the centre. The inspectors saw that all bedrooms contained adequate personal storage space including a lockable section within each bedside locker.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were ensured that there would be a suitable number available to meet the needs of residents when the designated centre is operational. As described previously, this opening of this centre is described as a transfer of services, and it is

proposed that similar staffing levels as currently exist within the current environment would transfer to this environment. The inspectors reviewed and discussed proposed rosters and staffing levels with the nominee provider, person in charge and assistant director of nursing. Inspectors found that the planned staffing levels were suitable to meet the assessed needs of proposed residents as described and that there would be enough staff for the size and layout of the centre. For example, it is proposed that at night time there would be two nurses and two health care assistants available on each floor to meet the needs of residents. This was described as required given the dementia friendly nature of the centre and the fact that some of the proposed residents are often up during the night.

The inspectors were concerned about a lack of activity staff to meet the social needs of residents; this has been described in detail, and actioned within Outcome 11: health and social care needs.

Staff files were not examined on this occasion but will be examined when staff are in place in a subsequent inspection. There was a suitable recruitment policy in place that met the requirements of the regulations.

The provider nominee, person in charge and assistant director of nursing were deemed to be fit for their roles during the inspection and registration process for the current designated centre. They were all also interviewed as part of this registration inspection, and were found to be very committed to ensuring that the transition of residents to this centre would be done in a way as to minimise the impact upon the residents. They were also committed to ensuring that this centre was transformed in a 'home from home' for the proposed residents. They were familiar with the requirements of the Regulations and had plans in place to ensure that all staff would be supervised appropriate to their role and have their roles and responsibilities set out in a written contact.

The provider nominee and person in charge stated that records of induction training and ongoing training would be maintained in staff files. Training records were made available for the proposed staff team and it was identified that staff had completed all mandatory training. A small number of new staff had yet to complete safeguarding vulnerable adults training but a date had been set to provide for this training. The person in charge told the inspector that she planned on ensuring all staff were appropriately supervised and training needs and development with staff would be reviewed on an ongoing basis in line with the needs of staff and the assessed needs of residents.

Both the provider nominee and person in charge told the inspectors that staffing levels would be based on the number and assessed dependency levels of residents. The provider nominee stated that residents will be admitted on a planned and phased basis and that staffing levels will be increased accordingly based on the assessed needs and number of residents. A proposed schedule of admissions was requested by the lead inspector following the inspection.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



**Health
Information
and Quality
Authority**

An tÚdarás Um Phaisnéis
agus Cáilíocht Sláinte

Provider's response to inspection report¹

Centre name:	Hollybrook Lodge
Centre ID:	OSV-0005053
Date of inspection:	18/06/2015
Date of response:	14/07/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all information as required within Schedule 1 of the Regulations was contained within the statement of purpose. The changes required are listed within the main body of this outcome.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

Amend Hollybrook Lodge Statement of Purpose to reflect accurate Person-in- Charge

Amend Hollybrook Lodge Statement of Purpose to reflect accurate proposed staff assignment

Attach revised floor plan and dimensions to Hollybrook Lodge Statement of Purpose.

Proposed Timescale: 15/07/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A number of polices as listed within the body of this report had not been prepared in writing on the matters set out in Schedule 5.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Develop and implement the following Residential Centre specific policies:

Communication with Residents

Responding to Emergencies

Personal Property , Finance & Possessions Management

Proposed Timescale: 30/08/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Policies and procedures in general required review and update to ensure they are appropriate to a residential setting and in accordance with best practice.

3. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Review and revise Centre's polices to ensure they are current, accurate and appropriate to the residential setting.

Proposed Timescale: 30/09/2015

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 on safeguarding vulnerable adults required update to ensure compliance with national policy and best practice.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Review and revise the Centre's Resident Protection Policy to ensure compliance with updated national policy i.e. Safeguarding Vulnerable Persons at Risk of Abuse.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ensure staff are trained in the detection and prevention of and responses to abuse as part of their mandatory training requirements and that training is refreshed on a regular basis.

5. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Include the 'Abuse Awareness and Response Training' into the Centre's Mandatory Training Programme

Proposed Timescale: 30/09/2015

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:

The inspectors found the risk management policy did not highlight precautions in place to control all of the specified risks of the Regulations.

6. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Revise centre's Risk Register to include the following:

All risks identified in the Regulations

Controls (Precautions) in place to eliminate and /or mitigate the identified risks

Proposed Timescale: 30/09/2015

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The allocation of a half time activity coordinator to meet the social care needs as described as being offered to residents within the statement of purpose, was not found to be suitable to meet the needs of the proposed residents.

7. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Appoint an activity coordinator with contract hours that will meet the assessed needs and preferences of the Residents and accounts for the Centre's available skill-mix e.g. Nurses & Health Care Attendants trained in dementia specific activity facilitation.

Proposed Timescale: 30/09/2015

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:

The centre had not been suitably decorated to meet the long term residential care needs of residents. There was no plan of works to demonstrate what was being done to address the identified need to make the centre more homely and inviting to its proposed residents.

8. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Develop and implement a refurbishment plan in collaboration with the Residents and their Families / Carers designed to make the centre more homely and inviting.

Proposed Timescale: 30/09/2015

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre does not provide enough distinct communal or shared areas such as a day room/television room or activity rooms.

9. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Distinct communal or shared areas i.e. a day (sitting) room, family room and activity room identified and included in refurbishment plan (See above) .

Proposed Timescale: 30/09/2015

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider had not considered where four respite beds were to be accommodated within the centre as the plan of admissions had yet to be agreed, therefore the inspectors could not determine if the needs of proposed respite residents could be met.

10. 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:

Two bedded rooms in each ward to be allocated for Respite.

Note:

Residents wishes will be paramount during this transition. All efforts will be made to facilitate multi occupancy for current residents if they so wish with a future vision of providing single room for new residents.

Proposed Timescale: 15/07/2015