<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mount Hybla Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000744</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Farmleigh Woods,</td>
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<tr>
<td></td>
<td>Castleknock,</td>
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<tr>
<td></td>
<td>Dublin 15.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 869 9722</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:tanyag@mounthyblaprivate.ie">tanyag@mounthyblaprivate.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mount Hybla Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Ciaran Larmer</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>63</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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>06 January 2016 10:00</td>
<td>06 January 2016 17:30</td>
</tr>
<tr>
<td>07 January 2016 10:00</td>
<td>07 January 2016 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</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

The centre is a three storey building which has 66 places. The service provides long term and respite care mainly to older people. As part of the application to renew registration the documentation was reviewed and found to be satisfactory. The provider notified the Authority that the centre would be now using an amended trading name from that of first registration on 27 March 2013.
As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Feedback was sought through pre-inspection questionnaires, which were completed and returned from both residents and relatives. Thirty eight responses were received and were largely positive.

The inspector confirmed that a minor non-compliance had been fully addressed since the previous inspection in June 2014. This is detailed in the end of life care Outcome 14. The inspector found that the person in charge had a person centred approach to care and was well supported by an assistant director of nursing and four clinical nurse managers.

The inspector found that there was a robust system of clinical governance introduced in the centre which resulted in improved monitoring of the safety and quality of services provided. The residents told inspectors about the high quality care they received and many referred to the staff and food service. Overall, the inspector found that the provider, person in charge and staff were substantially compliant with all aspects of the Regulations reviewed during this inspection.
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 described the services provided and reflected the requirements in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure that outlined the lines of authority and accountability in the centre, with systems in place to review the quality and safety of life of residents. The person in charge and provider advised the inspector that adequate resources were made available as required.
There were satisfactory governance arrangements in place. The provider nominee was available and based on site and worked closely with the person in charge. He also worked as provider nominee for a number of other centres in the group. Regular meetings were held with the Board of Management where all areas of clinical governance were discussed.

There were twice monthly clinical governance meetings in place to monitor the quality and safety of care. The provider nominee, person in charge and management team were closely involved with service audit, review and could clearly evidence improvements. For example, the incident reports were carefully tracked and evaluated, and a focus on falls prevention was evidenced. This included inputs from the multi-disciplinary team including physiotherapist on site. The physiotherapist worked closely with residents identified as at risk, or following any slip, trip or fall.

The person in charge was aware of the requirement to prepare an annual report on the overall review of the safety and quality of care of residents. This had been completed in compliance with the Regulations. There were established systems in place of gaining feedback from residents on discharge and evidence of changes being made following feedback such as improvements to the laundry, and minor changes to menu and how refreshments were served.

**Judgment:**
Compliant

### Outcome 03: Information for residents

*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 detailed resident's guide reviewed as part of the inspection was available in respect of facilities and services at the designated centre, and met the requirements of the Regulation.

Contracts of care were in place for 65 residents in long term care, and the contract clearly set out the services provided, the fees and any additional charges for services provided.

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

**Findings:**
The centre was managed by a suitably qualified and experienced person with accountably and responsibility for the service in line with regulatory requirements.

She was familiar with the residents' health and social care needs, and was observed interacting with residents and relatives during the inspection. She demonstrated a good knowledge of the Regulations, and was aware of her requirements therein. The person in charge held regular meetings with staff. She participated in minuted management meetings. She confirmed that she completed comprehensive pre-admission assessments prior to any proposed admissions in line with the admissions policy.

The person in charge participated in ongoing professional development by attending courses on a range of topics. She also co-ordinated staff training and completed a training needs analysis. Satisfactory deputising arrangements were in place.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector was satisfied that the records as listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records were maintained using an electronic record keeping system, and all staff inputted into the resident's records. Overall, a good standard of record keeping could be evidenced throughout the inspection. However, some improvement was required in relation to the documentation of the rationale for the use of any as required (PRN) psychotropic medication administered by nursing staff.

A sample of three staff files were checked and were found to contain all documentation as required in Schedule 2 of the Regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property. A directory of residents was maintained which contained all of the matters as set out under Regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by Schedule 5 of the Regulations.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
There was an awareness of the responsibility to notify the Chief Inspector of the absence of the person in charge. Satisfactory arrangements were in place to manage the centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a
positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
The inspector was satisfied that systems were in place to protect residents being harmed or suffering abuse. There was a policy to guide staff and they received appropriate training and refreshers. There were small number of residents with behaviours that challenged and an environment which promoted residents' rights was promoted.

The centre was guided by policies on the protection of vulnerable adults in place and policies read were updated to reflect the Health Service Executive policy and procedures "Safeguarding Vulnerable Persons at Risk of Abuse".

There was regular staff training in the protection of vulnerable adults. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place.

The person in charge was aware of the requirement to notify any allegation of abuse to the Authority, however there had been no allegation of abuse in the centre to date. The inspector spoke to a number of residents who said that they felt safe and secure in the centre.

A policy on the management of behaviours that challenged that guided practice was in place. A sample of files of residents who presented with behaviours that challenged was reviewed. Care plans were developed to support staff and guide practice. Inspectors found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. Improvements were required as outlined in Outcome 5 of this report in documenting rationale for use of psychotropic medication.

There was a policy on the use of restraint which reflected the national policy "Towards of Restraint Free Environment". The person in charge ensured that detailed risk assessment took place and the least restrictive intervention was in use,. Alternatives had been trialled prior to the use of bed rails. For example, the use of larger queen size beds. Residents were supported to maintain independence and a small number of residents had requested and consented to the use of a bed rail.

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

Findings:
The inspector found that there were systems in place to protect and promote the health and safety of residents, visitors and staff.

A centre specific current safety statement was reviewed by the inspector. There were health and safety policies as required by Regulations. A risk management policy was in place and it met the requirements of the Regulations. Overall, it was found to be fully implemented throughout the centre, with specific risk registers available for each section of the centre which identified risks in each area and the control measures in place.

A health and safety committee meeting was held as part of the overall clinical governance meeting, a sample of minutes read confirmed a range of matters were discussed for example, general health and safety, fire procedures and equipment maintenance. There were arrangements in place to manage adverse events involving residents. There was evidence of learning and improvement to prevent further incidents.

There was evidence of effective infection prevention and control precautions in place with the use of gels, hand washing and universal precautions. A policy was seen by the inspector, which covered infection prevention and control procedures in the centre. A high standard of hygiene was found to be evident throughout the premises.

Residents were encouraged to be as mobile and maintain independence. Physiotherapy was available in the centre. Residents spoke about their sessions with the physiotherapist and exercise classes and how they were encouraged to walk and keep active. For example, one resident described how his mobility had improved since admission following a hospital admission. Staff were observed following best practice in the movement of residents who required assistance. There was safe floor covering and handrails throughout the centre. There was regular training provided to staff in the movement and handling of residents.

A detailed emergency plan was reviewed by the inspector. It outlined the procedures to follow in the event of fire, flood, loss of power or heat and any other possible emergency. All staff interviewed by the inspector were familiar with the procedures to follow should the fire alarm sound and actions to take.

Fire safety precautions were in place, with measures to mitigate any risks identified. There were fire orders displayed throughout the centre. The inspector saw fire safety procedures also outlined the responsibilities of the nurse in charge. Staff spoken with were familiar with the procedures. There were weekly fire alarm tests carried out.
Records of regular fire drills were reviewed and well documented. Service records showed that the fire alarm system was serviced regularly and emergency fire equipment was serviced annually. It was noted that the fire panels were in order and that the fire exits were unobstructed. There were regular fire safety checks completed and documented.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
Residents were protected by the centre's policies and procedures for medication management and improvements were made to ensure that medications were safely stored and were in line with the policy.

Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system that consisted of individual pouches were appropriate. Medicines were stored securely in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. The medication trolleys were stored securely in clinical rooms on both floors. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift.

All nursing staff had completed medication management training, including a competency assessment further to an induction programme. The inspector observed nursing staff administering medicines to residents during a number of administration rounds. Medication administration practices were found to adhere to current professional guidelines.

Medication management audits were conducted within the centre as part of the quality and clinical governance system in place. This resulted in improved practices; for example, the labelling of drugs to indicate the date when the container was opened, and the storage of medications in the fridge. Staff confirmed that pharmacists from the pharmacy who supplied medicines to the centre were facilitated to visit the centre and meet with residents. Staff were familiar with the safe system in place for receiving medications from the pharmacy and for disposing of unused or out of date medicines.
The inspectors reviewed a number of the prescription and administration sheets and found that they conformed with appropriate medication management practice.

**Judgment:**
Compliant

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

**Findings:**
Inspectors were satisfied a record of all incidents occurring in the designated centre were maintained and notified where required to the Chief Inspector.

The person in charge was familiar with the incidents that required notification in three working days, along with a report of specified incidents to be made every three months. There was a system to record, report and review all incidents.

**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:**
Suitable arrangements in place to meet the health, nursing and social needs of all residents. The majority of residents were living in the centre on a long term basis with the exception of, one resident who was in for respite care. Comprehensive assessments...
were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, which reflected the wishes of residents.

Residents had access to medical services with the option of retaining their own General Practitioner (GP) if this was practicable. The centre had a full time physiotherapist. Residents also had access to allied healthcare professionals including occupational therapy, dietetic, tissue viability, speech and language, dental, audiology and podiatry services. Some of these services were available to medical card holders, others had additional charges in place. Access to a specialist geriatric consultant was established, and referrals and visits took place on site. This aspect of care was seen by residents and relatives as very positive and reassuring.

The inspector reviewed specific aspects of care such as nutrition or wound care in relation to residents, and notifications since the last inspection. Relevant information from medical, nursing and allied health professional at the discharging hospital was transferred with the resident.

The assessment process involved the use of validated tools to assess each resident’s risk of malnutrition, falls, a manual handling assessment and pressure ulcer risk assessment. There was also a pain assessment tool for residents to monitor the effectiveness of prescribed analgesia. As discussed with the person in charge consideration should be given to implementing an appropriate pain assessment tool for residents with cognitive difficulties. A person-centred care plan was developed based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated to reflect the residents’ changing care needs. There was documentary evidence that residents and relatives where appropriate had provided information to inform the assessments and the care plans and any reviews completed. Staff nurses, health care assistants and residents who spoke with the inspector demonstrated appropriate levels of knowledge about care plans.

Sometimes residents are admitted to the centre with pressure ulcers which were appropriately managed. Advice and guidance to manage wounds effectively was available in house and externally from the tissue viability nurse. The overall focus was on prevention of pressure ulcers and monitoring and reporting any changes in skin condition so appropriate action could be taken. Wound care for one resident who had a pressure ulcer was reviewed and the wound was appropriately assessed and managed.

Manual handling assessments were completed by the physiotherapist. Plans were in place to support any assistance required with moving and handling which guided staff who provided care. A new tool was introduced to assess residents’ risk of falls and care plans developed to address the risks identified. Residents at risk of a fall were identifiable to staff to enable them to fulfil their role in relation to falls prevention. Following a fall, the risk assessment was revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. Relevant referrals also took place to the multi-disciplinary team.

Residents with diabetes were appropriately monitored and managed. Residents were supported to monitor their blood glucose levels. They also found the staff who
undertook the procedure adhered to the Authority guidance for blood glucose monitoring.

Residents were satisfied that their spiritual needs were met. There was an oratory where residents could engage in silent prayer and reflection. Residents could also attend scheduled prayer services. Landscaped gardens offered scenic views from the centre. There were walkways around the garden which allowed residents to engage with nature.

Each residents' interests were documented as part of their initial assessment. They had access to a number of communal sitting rooms. Residents were seen to take walks during the day, and interact with staff and visitors. The two staff designed to provide activities, worked with residents to ensure that a meaningful active day could be in place, and was provided over the seven days of the week. The residents' right to refuse to participate in any activity was also fully respected.

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

**Findings:**
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. Each of the four areas at the centre has now been named Lavender, Orchid, Rose and Magnolia.

The centre is located in a newly developed estate opposite the Phoenix Park on the outskirts of Castleknock village in Dublin. The gardens are landscaped and fully accessible to residents. The designated centre opened in 2013 for older persons and has three levels, lower ground floor, ground floor and first floor. The lower ground contains staff facilities laundry and storage and does not include any residential facilities. Car parking is available, and a reception porch and secure entry area was manned by reception staff.
The centre has a level access design and layout which was well furnished, light and maintained. The centre is arranged around a central courtyard. It has 32 single bedrooms on the ground and 34 single bedrooms on the first floor all with en suite containing toilet, wash-hand basin and shower. Residents’ bedrooms are arranged in two square ‘blocks’ with a courtyard in the centre of each. Each block contains a sluice, assisted bathroom and smoking area.

A large spacious oratory on the ground floor, with separate overnight family/relative accommodation suite and facilities for making hot drinks was available. Further development was planned to accommodate this aspect of end of life care. Communal seating areas and dining areas are in place on both floors. Since the last registration inspection some aspects of the premises have been improved and changed. For example, the change of use of an assisted bathroom to a parlour room on the lavender to provide for more day space and quiet dining area. The person in charge is developing the environment in line with best practice for dementia care to meet residents’ needs. One of the two activities room has become a spacious and welcoming area named the Hybla Cafe near the front entrance. Self service refreshments were readily available for residents and visitors alike in this area.

Access to the original house which adjoins the centre at the corridor adjacent to the dining room is mainly restricted to administrative staff. The group headquarters is now located in this part of the centre.

Judgment:
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
The complaints procedure was on display at the main entrance to the centre and each resident received user-friendly information on how to make a complaint on their admission to the centre. The policy on complaint’s management was in line with legislative requirements and had been updated since the last inspection to reflect the right of a resident to access the Ombudsman if required.

A record of both written and verbal complaints, was fully maintained and that complaints were being dealt in a timely manner. Each complaint listed the details of the complaint, and the outcome of the complaint. The inspector found that two written of
complaints were received by the centre and these were well managed. There was an up
to-date complaints policy which listed a nominated complaints officer within the centre
and an independent officer was available for appeals.

The complaints records also stated that the complainant was informed of the outcome
of each complaint. There was evidence of service improvement as a result of feedback
received through the complaints process. For example, the volume of the call bells at
night was reduced to facilitate rest and sleep for residents further to feedback, and
systems for returning laundry to residents were reviewed and improved.

**Judgment:**
Compliant

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

**Findings:**
A minor non-compliance relating to access to regular spiritual/religious services to meet
residents’ needs had been fully addressed. All religious and cultural practices were
facilitated. Mass now took place every Sunday and every third Thursday of the month.

The inspector reviewed a sample of resident’s records including those with documented
assessments and care plans for end of life wishes. This was extensively reviewed at the
time of the last inspection when an unannounced thematic inspection took place.
Arrangements to meet the individual needs were set out in the care plans. The standard
of person centred record keeping had been maintained and was detailed and informed
practice. Access to specialised palliative care referrals was fully facilitated, where
appropriate. Staff working at the centre had additional qualification in this area. The end
of life care policy in place was comprehensive and fully guided and informed staff.

Details of any discussions held with residents, family meetings and medical reviews were
clearly documented. Resident had their choices and wishes respected in so far as
possible. Family and friends were facilitated and welcomed to stay over or be near their
loved one when they are dying. Facilities were being further developed in house to
accommodate relatives. Currently a private overnight room with sofa bed and seating
was available for use. A quiet furnished oratory space was also in place. An evening
rosary took place every day.

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

**Findings:**
There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission. Care plans put in place and reviewed as required thereafter. Residents' weights were routinely checked on admission, monitored and monthly weights checks were done when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained.

The inspector observed residents having their lunch in the both dining rooms, and saw that a choice of meals was offered. Residents were generally positive about the meals and daily menu choices. Residents could dine in their rooms if they wished but residents who spoke with inspectors said they preferred the social aspect of eating in the dining room.

There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The chef was interviewed and had established with the nursing staff and kept a record of up to date resident requirements in the kitchen. Staff accompanied residents to the dining rooms to oversee that correct diets were given. Staff also provided encouragement with the meal and to monitor that residents actually ate their meal choices.

The inspector requested the last environmental health report from November 2015, for the kitchen and catering facilities. The findings were discussed with the person in charge and chef who both confirmed that improvements had been addressed in line with the findings of this inspection.

Mealtimes in the dining rooms were a social occasion with attractive table settings and plenty of conversation between residents. Additional finger foods were readily available to residents with dementia assessed as requiring snacks and meals on a more frequent basis.
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):**
No actions were required from the previous inspection.

**Findings:**
Residents religious needs were met, mass was celebrated weekly in the oratory and prayers were held daily. There was access to other denominations as individually required.

The privacy of residents was maintained to a high standard. Each resident had their own private en-suite accommodation. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly, respectful and courteous manner.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers, books or chatting in the large open plan sitting room which was bright and spacious with soft comfortable furnishings. There were also a number of smaller areas with comfortable seating and windows with views.

Choice was respected and residents were asked if they wished to attend activities or exercise programmes. Control over each residents' daily life was also facilitated in terms of times of rising/returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents said they could vote in national referenda and elections with the centre registered to enable polling.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A meeting was held generally every three months where residents were consulted about future activities or outings. Minutes of these meetings...
were viewed and included discussions on suggestions for a quarterly newsletter, internal activities, plans for external outings and feedback to chef on the quality and variety of the menu.
For example, some feedback had been actioned on the aspects of food and tea, level of noise at night and occasional problems with laundry which were raised by the residents at some of these meetings. There was evidence that these were taken on board by the person in charge and her staff team to try to resolve them. Residents and relatives confirmed to the inspector that any difficulties brought to the attention of the person in charge were quickly resolved to their satisfaction.

An activity programme that included activities arranged for the mornings and afternoons such as; music, quizzes, bingo, jewellery making, baking, pottery class, card games, exercises and relaxation therapies. On the day of inspection, a small group of residents were enjoying relaxation and also a discussion about the some Christmas traditions. The residents were observed to enjoy a session in the activities room on horticulture. Residents were encouraged to maintain personal hobbies and pastimes and staff supported resident both in group and one to one activity. The Hybla cafe was spacious and had been developed since first registration. Both residents and relatives accessed this facility for refreshments and visits to the centre.

Residents also had access to holistic therapies such as aromatherapy, massage and reflexology provided by an external provider who visited the centre on a weekly basis. Staff reported that many of the residents with dementia or cognitive impairment enjoyed these therapies. Staff designated to activities informed the inspector that one to one time was scheduled for residents with dementia or cognitive impairment preferred not to participate in the group activities, and that this time was used for sensory stimulation through using a memory/texture box with textured materials, aromatherapy oils and providing hand massages. Other dementia relevant activities were included in the programme, for example, reminiscence.

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

**Findings:**
There were systems in place to safeguard residents’ personal possessions. The
inspectors reviewed these procedures and found that there were records of personal
property, and of property held for safe keeping. Each resident had adequate space to
store their clothes and a lockable place to store their belongings.

The inspector inspected the laundry facility on the lower ground floor, and found that
the staff member who operated this facility did so in line with best practice. The
environment was hygienic and equipment for washing, drying and pressing clothes and
linen was suitable and sufficient. Each piece of resident's clothing was marked discretely
and returned by the same staff member who had cared for it throughout the laundering
process.

Judgment:
Compliant

**Outcome 18: Suitable Staffing**

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

**Theme:**
Workforce

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

**Findings:**
There were appropriate staff numbers and skill mix to meet the assessed needs of the
residents, and to the size and layout of the designated centre. All staff were friendly and
aware of the line management system and who to approach should they require support
or advice in their day to day work. Feedback received from residents and relatives
confirmed that staff at the centre were attentive and met their needs in respectful
manner.

Staff spoken to were aware of residents' needs and they were knowledgeable about
individual residents and assessed care plans in place. They were observed interacting
respectfully and provided person centred care. The inspector reviewed the roster which
reflected the staff on duty. Resident dependence was assessed using a recognised
dependency scale and evidence provided that the staffing rosters were adjusted
accordingly. The inspector was satisfied that there was sufficient staff on duty to
adequately meet the needs of residents. The statement of purpose stated that the
service operated staff to resident ratios of 1:5 during the day and 1:11 at night. This
was in line with staffing rosters reviewed.
There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents. There was a up to date recruitment policy in place which met the requirements of the regulations. The group human resources manager supported the provider and person in charge. All registered nursing staff had current registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

The person in charge and provider promoted professional development for staff. A number of senior nursing staff were completing post graduate qualifications in palliative care. Staff were provided with training to meet the specific and changing needs of residents. A broad range of training had been provided to staff such as wound care, falls prevention and management and nutrition, managing challenging behaviours in addition to all mandatory training requirements of the regulations. A dementia mapping exercise had been commissioned by the provider to review care and practices in the centre for a group of 11 residents living with dementia. The report of the outcome of this was reviewed by the inspector. Further to the review additional planned training in dementia care took place for staff during February 2015. Improvements as a result of this review mainly related to specific information to inform the care planning for resident in an individualised person centred way.

Staff spoken with all reported that they felt well supported and supervision was provided to all staff. Communication with management and staff meetings took place in an open and supportive environment. Staff were familiar with the electronic record keeping system and had received guidance and support implementing and using this system.

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
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<th>Mount Hybla Private</th>
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<tr>
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<tr>
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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 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:
Resident’s records of the for the use of as required psychotropic medication were not maintained in line with best practice. The rationale was not clearly stated.

1. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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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:
We are changing the care record to include an event alert regarding the use of PRN psychotropic medication. This will guide staff to review the care plan each time and will include a description of the event as well as a report on all interventions prior to the decision to administer a prescribed prn medication. It will also provide a monitoring and audit opportunity for nurse managers so that they can ensure staff are adhering to the guideline. When the event alert is included in the care system the PIC and nurse managers will train staff in how to implement the change. The nurse managers will monitor and audit the care records to ensure compliance with the change.

The Care record programmer has been contacted and a prn psychotropic medication event alert is being included in the system. He will have the change in place on Monday 25/01/2016. Training will take place on the week of the 25/01/2016 and implementation will be occurring at the same time. The CNM’s will monitor the implementation and report to the PIC. The ADON will conduct an audit on the week of the 21st February 2016 and report to the PIC. This will then be including on an ongoing basis in our monitoring and audit system. By 1/4/2016 we will be clear about how successful this plan is.

**Proposed Timescale:** 01/04/2016