<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hazel Hall Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000049</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Prosperous Road, Clane, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>045 868 662</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@hazelhallnursinghome.ie">info@hazelhallnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Esker Property Holdings Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Samantha Boylan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>45</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 26 January 2016 10:00
To: 26 January 2016 22:00

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: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliant</td>
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</table>

Summary of findings from this inspection
This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered information received by the Authority in the form of notifications and other relevant information.

The provider had completed a self assessment tool on dementia care in 2015 and had assessed the compliance level of the centre as substantially compliant for all outcomes. The findings of this inspection are broadly in agreement with the provider’s assessment with the exception of health and social care which was found to be moderately non compliant.

The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Residents were warmly and appropriately dressed with great attention to hair and nails and ladies outfits nicely accessorized with jewelry and scarves. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviour's that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents’ safety in a low key unobtrusive manner.

Residents were warm in their praise of staff whom they said were approachable and helpful.
The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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. These include improvements to assessment and care planning processes.
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: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had access to GP services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dietician speech and language therapists, physiotherapy and occupational therapist reviews.

Samples of clinical documentation including nursing and medical records were reviewed, these showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need. But as referenced under outcome 2 of this report, assessment of capacity for those residents with a formal or suspected diagnosis of dementia or other cognitive impairment had not been conducted.

A number of care plans referred to family involvement in the care planning process, where family were consulted for decision making or to seek and give information relating to the resident. Inspectors were told that where residents attended clinic appointments they were usually accompanied by a member of staff, relative or other responsible person. This helped to ensure transfer of information back to staff in the centre. Results of investigations and discharge information from acute hospitals were
A healthcare plan for every identified health or social care problem is required to be put in place by the nursing team to maintain residents’ health and well being and monitor improvements or deterioration. However, it was found that care plans were not in place for all identified needs. Examples of healthcare needs, where care plans were not in place included pain management and management of a (broken bone) fracture.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents’ health was in place. Although in general care plans reflected the care delivered, further improvements were found to be required. The checks in place, although regular, did not consider the effectiveness of the plans to make sure they were detailed enough to maintain or improve a resident’s health. The daily nursing progress notes did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians to give a clear and accurate picture of residents’ overall health. It was also found that most although not all care plans were generic in nature and were not person centred.

Where care plans were in place they were not specific enough to guide staff and manage the needs identified examples included; Positive behaviour support plans were not in place to manage behaviours associated with restlessness and agitation. The care plan in place to manage these needs did not fully guide staff on the signs to look for as potential triggers to responsive behaviour. The plans also did not guide staff on the type of distraction techniques which could be employed to reduce escalation or of all measures which were known to manage the behaviour and prevent recurrence. Although it was found that long term regular staff were familiar with their residents needs and could recognise changes to their demeanour, for new, inexperienced or replacement staff care assessment and planning documentation was not sufficiently explicit to direct care.

There were systems in place to ensure residents’ nutritional needs were met, and that they did not experience poor hydration. Residents’ weights were checked on a monthly basis, and where required, daily intake charts were in place to monitor food or fluid intake.

Menus were available and all residents were offered choice at each meal. The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Assistance was discreet good humoured and punctuated with lots of smiles. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Conversation centred predominantly on the meal with only one or two enquires related to visitors or mood. Although staff were considerate to their residents the inspector found this was a missed opportunity to chat to residents about their families, interests or discover how they were feeling. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were observed administering medicines to residents and follow appropriate administration practices.

It was noted that staff were familiar with each resident’s medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded.
It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer. For those residents who were prescribed a number of medications on an as required basis to manage behaviours associated with dementia. Clear instructions were available for nursing staff on the sequential administration of each medicine.

**Judgment:**
Non Compliant - Moderate

### Outcome 02: Safeguarding and Safety

#### Theme:
Safe care and support

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

#### Findings:
Staff who spoke with the inspector were knowledgeable regarding what constituted abuse and how to respond to suspicions or any allegation of abuse. Measures including policies to protect residents from being harmed or suffering abuse were in place and residents spoken with confirmed they felt safe and some knew who they would speak too if they were concerned. There was a positive approach to the management of behaviours and psychological symptoms associated with dementia.

Staff spoken to confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern.

The inspectors reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded. But it was noted that some improvements to procedures were required to ensure transparency and security. Guidance published by the Authority and available to all providers on the resource section of HIQA's website, was issued to the provider to enable these improvements subsequent to the inspection. On the day following the inspection the provider sent correspondence to the Authority detailing contacts made with financial bodies to revise the accounting processes and bring them in line with the guidance issued.

Evidence was found that the provider was acting in the best interests of residents and regular correspondence with the National Advocacy service was viewed. These advocacy services provided assistance with expert legal or financial advice on an ongoing basis to support and facilitate residents when making decisions in these areas.

Also improvements related to the determination of resident's capacity to understand complex issues and make informed decisions were required. The legal status of residents with dementia or cognitive impairments was not established.
prior to or since admission. Assessment of capacity for those residents with a formal or suspected diagnosis of dementia or other cognitive impairment had not been conducted. An action in relation to this is included under Outcome 1. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and some care plans were updated. It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low low beds, mat and bed alarms had increased.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Evidence was found that residents' rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitors in private. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers or chatting in their bedrooms.

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their 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. The right to vote in national referenda and elections was facilitated with the centre registered to enable polling. Access to the internet was also available with skype to help those with relatives abroad to keep in touch and also to facilitate internet banking. 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 past outings and events but suggestions for ideas for improving internal activities and external outings was not recorded. In conversation with the provider the inspector learned that this was recognised as a difficulty and was in the process of being addressed. The residents advocate had set up
a resident's representative panel where suggestions on all aspects of life in the centre would be sought including for example, feedback to chef on the quality and variety of the menu.

All communal areas were supervised and apart from short periods at least one staff member was present to ensure resident safety. Inspectors observed a musical exercise class delivered by three staff to around 20 residents. The staff demonstrated the exercises and encouraged participation. One staff member took individual residents up for a short dance. Others used a balloon to help create a fun exercise which engaged many residents and also helped with hand/eye co ordination.

There was a varied activities programme with arts and crafts, bingo and music included. There were also a mix of group and individual sessions. Residents life stories were collated by staff and a review of the activity programme was currently being undertaken by staff to make the programme more relevant to residents past lives and interests.

The activities co-ordinator also informed the inspector that one to one time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities, and that this time was used for sensory stimulation such as providing hand massages. Other dementia relevant activities were included in the programme such as reminiscence and sonas.

It was found throughout the inspection that there was a heavy emphasis on residents' mental health and well being and also on their involvement in the local community. This was reflected in the amount of resources allocated to the social care needs of residents. The provider had purchased an 8 seater mini bus to facilitate residents individual and group outings. The team of four full time activity staff coordinated internal and external activities. Several residents were members of the local community Alzheimer choir who trained weekly in a community centre located beside a restaurant where they adjourned for lunch or coffee. Other weekly or regular trips included the local pubs, shops and garden centres.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

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

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

**Findings:**
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.
On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. Actions required from the previous inspection related to a review of night nursing staff numbers. A comprehensive review was carried out by the provider and a second nurse was included on the night shift roster. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Agency staff were not used to cover gaps in the roster. It was noted that a bank of relief staff was in place to maintain consistency of care. Appropriate and sufficient supervision and guidance, auditing of care delivery and implementation of care interventions by the senior management team were in place. A training plan for 2016 was being drafted although not yet scheduled. The provider discussed plans to include training on pressure ulcer prevention; assessment and care planning dementia care and person centred care. Staff spoken to told the inspector they had received mandatory training in areas such as fire safety, moving and handling and prevention of elder abuse. In conversations with them and on observation the training provided was noted to be implemented in practice. There was a comprehensive written operational staff recruitment policy in place. The inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. These documents and checks were also maintained for the small number of volunteers attending the centre. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place. Additional clinical managers were recently appointed. Throughout the inspection process it was found that both managers were aware of their roles and responsibilities under the legislation. They were familiar with residents and had sufficient experience and knowledge to provide safe and appropriate care to residents.
Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The premises were found to meet the needs of the residents at the time of the inspection. The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. Suitable and sufficient communal space consisted of a large sitting room and dining room and a separate sitting cum dining room in the Abbey suite. A separate quiet room which was used for religious ceremonies or meetings was also available with two small meeting rooms adjacent which included computer access.

There were 44 single bedrooms and one twin room. Approximately half of the bedrooms contained ensuites, the majority were toilet only with some full shower ensuites. All of the bedrooms were personalised to reflect residents' individual wishes with pictures photograph's and mementos. Some also contained items of furniture with sentimental value such as armchairs dressing tables and occasional tables.

The premises and grounds were clean and well maintained. Grab rails and hand rails were installed were required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals. Some small aspects of the environment which needed attention were brought to the attention of the person in charge and were addressed prior to the end of the inspection.

Two safe and secure gardens were available and directly accessible to residents. Garden furniture was provided and areas of diversion and interest were created such as a 'thatched cottage' which was used as an outdoor retreat where residents could enjoy coffee and cake with their relatives and visitors.

Appropriate signage and cueing to support freedom of movement for residents with dementia was also found. Picture cueing on bedrooms, bathrooms and toilet areas were in place. Colour cueing was also used with the colours of bathroom/toilet doors and grab rails and toilet seats contrasting with bedroom doors and wall colours. Some improvements to the premises were found to be required specifically improvements to amount of storage space for equipment and holding area for collection of laundry. It was also noted that a designated staff change area was not available. However, at the close of the inspection the provider outlined future plans to extend the
centre and gave assurances that these areas would be addressed in plans being formulated for the centre.

**Judgment:**
Compliant

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hazel Hall Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000049</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26/01/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/02/2016</td>
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**Requirements**

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

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

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need

1. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
Assessment and Care Planning audits and discussions with nursing staff in 2015 identified areas requiring improvement in resident assessments and care planning.

As a result of this, the company decided to implement a computerised system of assessment and care planning. Staff training commenced in November 2015 and documentation is currently in the process of transitioning to the electronic system.

The new system will facilitate a comprehensive assessment at pre-admission, on admission, on a scheduled (4-monthly) basis or as required by residents’ changing needs of 18 domains/activities of daily living. Each resident will also have person-centred care plans for each of these domains completed to address not only their problems and needs but also their likes/dislikes and preferences as well as risks.

The electronic system also facilitates the accurate monitoring of assessments and care plans and assists with the auditing of same.

To further promote person centred care planning, the Assistant Director of Nursing will implement informal one to one monitoring sessions for each nurse on their designated care plans. Monthly group discussions will also be facilitated by the Assistant Director of Nursing to discuss ongoing problems and concerns regarding assessment and care planning. Action plans will be developed to address these.

Proposed Timescale: 15/05/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

2. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
Each care plan review will be clearly documented in the resident nursing records indicating any changes to care and the care plan as a result of the review.
<table>
<thead>
<tr>
<th>Proposed Timescale: 15/06/2016</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents capacity was not assessed or reviewed prior to their involvement in decisions regarding finances and consent to level of care interventions at end of life stage

**3. Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
We will liaise with each Resident's GP re formal assessment of legal capacity. We await the development of guidelines and training on the Assisted Decision Making (Capacity) Act, passed by the Oireachtas on 17th December 2015.

| Proposed Timescale: 15/04/2016 |