<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hillside Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000347</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Attidermot, Aughrim, Ballinasloe, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 967 3996</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:hillside_nursing@hotmail.com">hillside_nursing@hotmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mary Nuala Cormican</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Nuala Cormican</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</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>25</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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</table>
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>15 August 2016 10:15</td>
<td>15 August 2016 17:30</td>
</tr>
<tr>
<td>16 August 2016 08:15</td>
<td>16 August 2016 01:30</td>
</tr>
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</table>

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

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

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The centre can accommodate a maximum of 26 residents who need long-term care,
or who have respite, convalescent or palliative care needs. The inspector reviewed progress on the action plan from the previous inspection carried out in March 2015. All areas identified for improvement in the action plan of the last inspection were satisfactorily completed on review during this visit. Notifications of incidents received since the last inspection were assessed on this visit.

The inspector met with the provider who also fulfils the role of the person in charge. She was knowledgeable of the regulatory requirements. There was evidence of a commitment to providing quality, person-centered care. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The person in charge was fully involved in the day to day management of the centre. There was a good emphasis on personal care and ensuring personal wishes and needs were met. There was evidence that resident’s healthcare needs and access to general practitioners (GP) were being facilitated and psychosocial needs were supported. There was evidence of interdisciplinary team involvement in residents’ care.

The building was warm and comfortably decorated. Fittings and equipment were clean and well maintained. Residents spoken with stated that they felt comfortable and their care needs were well met. Staff had access to ongoing education and a range of training was provided.

A total of 18 Outcomes were inspected. Twelve outcomes were judged as compliant with the regulations and five as substantially in compliance with the regulations. One Outcome, namely Medication Management was judged non-compliant moderate with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised in May 2015. The inspection evidenced the service provided was reflective and as described within the Statement of Purpose.

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 defined management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. There was an organisational structure in place to support the person in charge.
The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. The registered provider also fulfils the role of the person in charge. She is well known to residents and their families and assists in the delivery of personal care and was observed to engage well with all residents and their families throughout the inspection.

There was evidence of quality improvement strategies and monitoring of the services. The inspectors reviewed audits completed by the person in charge. There was a medication management audit and falls prevention review completed. An audit on the use of night sedation was undertaken in conjunction with the GP. An environmental audit was completed which identified the need for call bells in bathrooms. These were subsequently provided.

An annual report on the quality and safety of care was compiled for 2015 with copies made available to the residents or their representative for their information as required by the regulations.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 03: Information for residents</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

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

**Findings:**
All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents.

Expenses not covered by the overall fee and incurred by residents for example, chiropody and escort to appointments were not identified and outlined in the contract of care. While the contract specified the bedroom number to be occupied it did not clarify whether the bedroom was single of twin occupancy. In one contract reviewed it was noted there were changes to the fees and a new contract was not separately signed to reflect the revised financial arrangements.

There was a residents’ guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

**Judgment:**
Substantially 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 person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations. There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

**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 found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.
Written operational policies, which were centre-specific, were in place to inform practice and provide guidance to staff.

Medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents’ personal property.

The directory of residents contained all the information required by schedule three of the regulations and was maintained up to date.

The complaints procedure was displayed for visitors to view and provide direction to whom they could raise an issue.

A sample of five staff files to include the files of the most recently recruited staff were reviewed. The files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the regulations was available in the staff files reviewed.

**Judgment:**
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:**
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A deputy is notified to HIQA to deputise in the absence of the person in charge. This person was not available to meet the inspectors on the day of inspection. A review of the key senior manager’s staff file evidenced engagement of continuous professional development. Mandatory training required by the regulations was completed.

**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**
### Theme:
Safe care and support

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

### Findings:
There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected.

Records indicated that regular training on safeguarding vulnerable adults was provided. Staff members spoken to had received training and understood how to recognise instances of abusive situations and were aware of the appropriate reporting systems in place. One notifiable adult protection incident which is a statutory reporting requirement to HIQA had been reported in the past year. Responsive action was undertaken by the person in charge.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents’ needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties.

There is a policy on the management of responsive behaviour. A number of residents were discharged from the care of the psychiatry team to their general practitioner GP. Staff could describe particular residents’ daily routines very well to the inspector. Staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia most recently in 2014.

Restraint management procedures were in line with national policy guidelines (the use of bedrails). The policy was revised as required by the action plan of the last inspection. It now included procedures to guide staff on aspects of chemical restraint. Medical notes reviewed evidenced the rational for any prescribed antipsychotic medication and clarified its administration was not a form of chemical restraint. The use of antipsychotic or sedative medication was closely monitored.

At the time of this inspection there were three residents with two bedrails raised. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. When a resident requested the bedrail is raised for use as an enabler, a risk assessment was undertaken to ensure the practice was safe.

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

**Theme:**
Safe care and support

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

**Findings:**
The action plan from the previous inspection to acquire fire retardant aprons for residents who smoke was completed. At the time of this inspection there were no residents who smoked accommodated at the centre.

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. A health and safety statement was available.

The inspectors identified some hazards requiring risk assessment. There was one resident at risk of leaving the centre unaccompanied. Restrictors were not fitted to windows. Doors were openable and access from the rear garden to the front of the centre was not secured in the interest of health and safety.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. Evacuation sheets were fitted to each bed. All residents had a personal emergency evacuation plan in place.

Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

Staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed. However, the procedures to complete and record fire drills require review. The fire drill records did not record the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination.

Training records evidenced that staff had up-to-date refresher training in moving and
handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified to include the type of hoist and sling size. These were documented in care plans. Only two residents required the use of the sling hoist at the time of this inspection.

Falls and incidents were documented. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury.

**Judgment:**
Substantially 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

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

**Findings:**
There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

All medication was dispensed from individual packs. These were delivered to the centre every two weeks by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the signed kardex to ensure all medication orders were correct for each resident.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Nursing staff transcribed medication. In a small number of prescription sheets transcribed medication was countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on medication management.
Medication was being crushed for some residents. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed by the GP as suitable for crushing.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct. At the time of this inspection two residents were being administered controlled drugs. On a small number of occasions there was not a signature of a second nurse in the records when a controlled drug was being administered.

**Judgment:**
Non Compliant - Moderate

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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:**
The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to HIQA as required.

**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:**
There were 25 residents in the centre during the inspection. There were 15 residents with maximum dependency care needs. One resident was assessed as highly dependent and three had medium dependency care needs. Six residents were assessed as low dependency. All residents were residing in the centre for continuing care.

Residents were in advanced old age with many complex medical conditions. Fifteen of the residents had either a confirmed or suspected diagnosis of dementia, cognitive impairment or Alzheimer’s.

Staff supported residents to remain independent. This was documented in care plans and observed to be followed by staff. Staff encouraged residents to mobilise from their bedroom to the day sitting room and dining room. This was supported by advise from allied health professionals to staff to keep residents mobilising independently. This was reflected in care practice.

A preadmission assessment was completed to ensure the centre could meet the needs of prospective residents.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed for issues identified on assessment.

The inspection evidenced a good standard of evidence-based care and appropriate medical and allied health care access. The range of risk assessments completed were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care.

The inspector reviewed three resident’s care plans in detail and certain aspects within other plans of care. There were plans of care in place for each identified need. Care plans described well residents’ level of independence and what they could do for themselves. This was reflected in practice through observation at mealtimes and staff interactions throughout the day with residents.

Care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident’s health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had timely access to allied health professionals to include speech and language therapist and dietitian. Residents were reviewed by the GP within a short time frame of admission to the centre.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to
the consultant psychiatrist to review residents and their medication to ensure optimum health.

There were no residents with vascular or pressure wounds at the time of this inspection. A range of suitable equipment was provided to ensure pressure relief and residents’ comfort to include air mattress and suitable cushion. Care staff repositioned residents who required assistance at suitable intervals to protect skin integrity.

**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 building is designed to meet the needs of dependent older people. The building was well maintained, warm, comfortably decorated and visually clean.

There was a high standard of décor throughout and good levels of personalisation evident in residents’ bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

There are two sitting rooms available for use by residents and a conservatory style sitting also with pleasant views of the gardens. A dining area suitable in size to meet residents’ needs is located off the kitchen. Two separate sittings are accommodated at each meal time.

Bedrooms accommodation comprises of nine single and eight twin ensuite bedrooms. There are three bedrooms accommodating three residents each. Bedrooms are adequate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident’s bed. Suitable lighting was provided and switches were within residents reach.

There was one bedroom which was provided with natural light via a large skylight. However, the skylight was not readily openable to ensure adequate ventilation and accessible for use by a resident. This was discussed with the provider and a telescopic
blind and opening device was to be fitted to ensure the window and the blind could be opened and closed in an accessible manner. The provider submitted evidence following the inspection the work was completed.

There were a sufficient number of toilets, baths and showers provided for use by residents. There are toilets were located close to day rooms for residents’ convenience.

Staff facilities were provided. Separate toilets facilitates were provided for care and kitchen staff in the interest of infection control.

**Judgment:**
Substantially Compliant

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**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:**
There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints and the complainant’s satisfaction with the outcome.

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

Findings:
There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. There were three residents with a do not attempt resuscitation (DNR) status in place.

Further development of plans of care for end-of-life needs is required to implement advance care planning. Decisions concerning future healthcare interventions with regard to transfer to hospital if of a therapeutic benefit were not documented in each sample of end-of-life care plans reviewed.

Staff provided end-of-life care to residents with the support of their GP and the community palliative care team. The person in charge confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were two residents under the care of the palliative team at the time of this inspection.

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

Findings:
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. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review.

Systems were in place to ensure residents had access to regular snacks and drinks. All
Residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary.

Residents spoken with were complimentary of the food and told inspectors they could have a choice at each mealtime. Requests for an option other than those on the menu were facilitated.

There was a good level of independence observed amongst the resident profile at mealtimes. There were two separate sittings. Six residents require full assistance with their meals. The majority of residents attended the dining room for both their dinner and evening meal.

The inspectors observed the food served. There was a choice of a variety of well presented food. Portion were individually plated and generous in size. All residents were offered the option of more at each sitting. There was a sufficient number of staff available to assist those requiring help.

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:
There was evidence of a good communication amongst residents, the staff team and person in charge.

Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were able to exercise choice regarding the time they got up. During the day residents were able to move around the centre freely.
Staff promoted residents mobility. Care staff encouraged residents to walk for exercise to the dining room and provided the appropriate level of assistance. Residents who spoke with the inspector complimented the food and the staff. Relatives spoken with described how reassured they were about their family members’ care. They described the “person in charge as always being available” and “willing to help in any way she can”. Relatives told the inspectors “the nurses always keep me informed” and “let me know of any changes” or “if they need to call the doctor”. One resident who has lived at centre for a number of years described it “as her home and wouldn’t want to be anywhere else”

Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the service.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily. A residents’ forum was in place.

**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 was evidence that residents had adequate space for their belongings, including secure storage. Each resident was provided with their own wardrobe.

The centre provided the service to laundry all residents’ clothes and families had the choice to take home clothes to launder if they wished.

A property list was completed with an inventory of all residents’ possessions on admission. The property list was updated at regular intervals.

**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:
As described in the Statement of Purpose the provider employs a whole-time equivalent of 5 registered nurses including the person in charge and 9 care assistants. In addition, there is catering, cleaning and activity coordinator employed.

There was an adequate complement of nursing on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

The inspector found that the care assistant staffing level in the evening time requires continuous review to take account of the demands placed on staff by a mobile resident with dementia. There were three care assistants from 4:00pm until 7:00pm and two until 10:00 pm. While a care assistant was rostered to provide one to care a review of the roster on some work shifts indicated this staff member was rostered as part of the core staff complement until 6:00pm and therefore an additional resource for a one hour period on some occasions.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees. Staff on the commencement of employment worked in an additional capacity to become familiar with the residents and their required work practices. This ensured continuity of care.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended professional development training.

Judgment:
Substantially Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hillside Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000347</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15/08/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06/10/2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Expenses not covered by the overall fee and incurred by residents for example, chiropody and escort to appointments were not identified and outlined in the contract of care.

The contract did not clarify whether the bedroom was single or twin occupancy.

In one contract reviewed it was noted there were changes to the fees and a new contract was not separately signed to reflect the revised financial arrangements.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

**Please state the actions you have taken or are planning to take:**
Going forward all contract of care will show clear description of bedroom occupancy, and all care plans will be reassigned as appropriate to reflect change in fees.

**Proposed Timescale:** 06/10/2016

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**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:**
Restrictors were not fitted to windows. Doors were openable and access from the rear garden to the front of the centre was not secured in the interest of health and safety.

2. **Action Required:**
Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

**Please state the actions you have taken or are planning to take:**
(a) Window restrictors are currently being fitted  
(b) Gate to ensure security is on order

**Proposed Timescale:** (a) 31/10/2016, (b) 31/01/2017

**Proposed Timescale:** 31/01/2017

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fire drill records did not record the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

3. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Documentation regarding all fire drills taking place since Oct 1st 2016 now include details of time taken to respond to fire alarms and outcomes evaluated to identify improvements.

**Proposed Timescale:** 06/10/2016

### Outcome 09: Medication Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
In a small number of prescription sheets transcribed medication was countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on medication management.

On a small number of occasions there was not a signature of a second nurse in the records when a controlled drug was being administered.

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

Please state the actions you have taken or are planning to take:
All controlled drugs administered have second nurse signature. Transcribing policy has been reviewed to include counter signing and has been addressed in medication audit, dated 26/09/2016

**Proposed Timescale:** 06/10/2016

### 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:**
One bedroom was provided with natural light via a large skylight. However, the skylight
was not readily openable to ensure adequate ventilation and accessible for use by a resident. There was no window blind fitted to the skylight window.

5. **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:**
Evidence of work carried out has been sent to Inspector

**Proposed Timescale:** 06/10/2016

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### Outcome 14: End of Life Care

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Further development of plans of care for end-of-life needs is required to implement advance care planning. Decisions concerning future healthcare interventions with regard to transfer to hospital if of a therapeutic benefit were not documented in each sample of end-of-life care plans reviewed.

**6. Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**
Clearer documentation regarding future intervention in so far as it can be foreseen will be included in each care plan.

**Proposed Timescale:** 06/10/2016

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### Outcome 18: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The care assistant staffing level in the evening time requires continuous review to take account of the demands placed on staff by a mobile resident with dementia.

**7. Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Care Assistant staffing in evening time remains under review.

**Proposed Timescale:** 06/10/2016