

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview Nursing Home
Centre ID:	OSV-0000238
Centre address:	Tullow Road, Carlow.
Telephone number:	059 913 9407
Email address:	hillviewnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hillview Convalescence & Nursing Home Limited
Provider Nominee:	Catherine O'Byrne
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	0

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 January 2017 09:30	24 January 2017 18:00
25 January 2017 09:30	25 January 2017 15:30

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

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

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, residents' records, accident logs, policies and procedures and staff files. Resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) Regulation Directorate were also reviewed. As part of the registration process, an interview was carried out with the person in charge who is also the

person authorised to act on behalf of the provider. She will be referred to as the person in charge throughout the report.

Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The inspector found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Residents looked well and cared for, engaged readily with the inspector and provided positive feedback on the staff, care and services provided. The inspector found evidence of good practice in a range of areas.

The person in charge and staff all interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences. The dining experience was pleasant and adequate assistance was available.

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. Recruitment practices and staff files met the requirements of the regulations. Staff were offered a range of training opportunities.

There was evidence that the person in charge had addressed actions identified and implemented improvements following the most recent inspection which took place in October 2016.

These are discussed further in the body of the report and the action required relating to residents' involvement in care plan reviews is included in the action plan at the end.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose outlined the aims, objectives and ethos of the designated centre and the facilities and services that were to be provided for residents. All items listed in Schedule 1 of the regulations were detailed in the statement of purpose. The inspector noted that it was made available for residents, visitors and staff to read.

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:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis.

There was a clearly defined management structure in place. Staff understood the

management structure and effective systems of communication were in place. The inspector saw that regular meetings took place with all grades of staff. Staff spoken with confirmed this and said that they appreciated this.

Audits were being completed on several areas such as complaints, privacy and dignity, nutrition, falls and medication management. A detailed auditing schedule was in place. The inspector saw that action plans were put in place to address any issues and the results of these audits were shared with all staff at team meetings.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following a staff survey it was identified that staff required additional training in dementia care and this had been organised.

Data was also collected on a number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

The inspector saw that a comprehensive annual review of the quality and safety of care delivered to residents in the designated centre was undertaken using HIQA's 18 Outcome format.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector read a sample of completed contracts and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the residents' guide which was a folder of information. It included the information required by the regulations.

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 person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the regulations, standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having completed a course in supervisory management and dementia care. She had plans in place to complete her gerontology course this year. She had continued to attend training and seminars relevant to her role.

The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection.

Appropriate deputising arrangements were in place to ensure adequate management of the centre during her absence.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner that ensured completeness, accuracy and ease of retrieval.

The inspector saw that records were archived securely.

The written operational policies required by Schedule 5 of the regulations were in place. The inspector was satisfied that they had been adopted and implemented throughout the centre. Sign off sheets were maintained which staff signed to confirm that they had read and understood the policies.

The centre was insured against accident or injury to residents, staff and visitors.

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:

There had been no period when the person in charge was absent from the designated centre in excess of 28 days. The person in charge was aware of the requirements to notify the Chief Inspector should this occur.

The person in charge is supported in her role by an assistant director of nursing who deputises for her in her absence. The inspector interviewed this person and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the regulations and standards.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or

suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector noted that the safeguarding policy was comprehensive. The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if she received information about suspected abuse of a resident.

The use of restraint was in line with national guidelines. Incidents where restraint was used were notified to HIQA in accordance with the regulations. The inspector noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Two hourly checks were completed when in use. Care requirements were detailed in the care plans.

The inspector was satisfied that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received specific training and although not currently required by any residents, staff told the inspector that detailed care plans would be developed including identifying possible triggers and appropriate interventions. The inspector saw that regular advice and support was provided by psychiatry of later life services.

Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. In some of the questionnaires returned, residents described that they felt safe and secure. One resident stated that she trusted all members of staff while a relative stated that her loved one was in 'safe, caring hands at all times'.

Administration and nursing staff managed monies on behalf of some residents. The inspector reviewed this process and found that it was sufficiently robust. Detailed records were maintained and staff spoken with confirmed that the system was regularly reviewed to ensure that it safeguarded residents.

It was noted at the previous inspection that some volunteers had not been vetted appropriate to their role. This action was addressed and is discussed under Outcome 18.

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 was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy met the requirements of the regulations.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Fire drills were carried out on regular basis at various times of the day.

A personal emergency evacuation plan (PEEP) was developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

The training matrix confirmed that all staff had attended annual fire training. Staff demonstrated good knowledge on the procedure to follow in event of a fire.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents.

A designated smoking room was provided for residents. One resident currently smoked and the inspector saw that an individual risk assessment was carried out.

The training matrix confirmed that all staff were trained in the moving and handling of

residents. Staff demonstrated a good understanding of the use of the hoist. Lifting equipment was serviced on a six monthly basis. Each resident had a personalised manual handling plan which was reviewed every four months or more frequently if a resident's condition changes. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by a centre-specific policy. Alcohol gels were available throughout the centre and the inspector saw staff using these frequently. Staff spoken with said that they had access to sufficient personal protective equipment such as aprons and gloves.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. Emergency contact numbers were available at the start of the document. In addition alternative accommodation for residents was specified should evacuation be required.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that medicines management practices were safe.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines.

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

The medication management policy provided guidance to staff across the range of medication practices. Nurses had undertaken medication management training.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. The pharmacist was available to meet with residents if required. The inspector saw that the pharmacist held individual

counselling sessions with residents. This included information on the importance of taking their medication and the need to report any possible side effects. Residents spoken with said how much they appreciated this service. The inspector saw that specific care plans had been developed for residents with complex medication needs.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits on the days of inspection.

It was noted at the previous inspection that the maximum dose of medicines to be administered as and when required (PRN) was not consistently recorded. The inspector read a sample of completed prescription and administration records and saw that they were now in line with best practice guidelines.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning. This was shared with staff at regular meetings.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an

individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Some improvement was required however to ensure that care plans were reviewed at intervals not exceeding four months after consultation with the resident and where appropriate family.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. In some cases there was evidence of resident or relative involvement at development and review. A new system had been introduced to aid this and a summary document was now available regarding each resident's care requirements for discussion at each review. However, in a small number of cases, the inspector did not consistently find documented evidence that this had taken place at the required intervals.

The inspector reviewed the management of clinical issues such as diabetes management and falls management and found they were well managed and guided by robust policies. Weight management is discussed in more detail under Outcome 15.

Wound management was also reviewed. Appropriate assessment and treatment plans were in place. If required, residents had access to tissue viability services. The inspector saw preventative measures in place for some residents such as pressure relieving cushions and mattresses. Some staff members had attended training in wound care.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. Podiatry, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Social care needs will be discussed under Outcome 16.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents.

As described at previous inspections, Hillview Nursing Home is a two-storey building accommodating 54 residents. There are 32 single bedrooms and 11 twin rooms. Residents' bedroom accommodation has en suite (toilet and wash hand basin) facilities. Communal and bedroom accommodation exists on both floors. A lift is available to transfer residents between the floors.

Communal space includes a spacious foyer, day room, sunroom and a dining room. A recreational room is located on the first floor. A room is set aside downstairs and is used as an oratory or quiet room and the inspector also saw that visitors liked to use this room also.

There were adequate toilets, assisted baths, showers and sluicing facilities and they were tidy and uncluttered.

The centre was bright, clean throughout and was generally maintained to a high standard both internally and externally.

The inspector noted ongoing improvements in the centre. Bedroom doors now resembled front doors and residents had been involved in picking the colour they liked. Many of the planned initiatives agreed at the last inspection had been completed to make the centre more dementia friendly including appropriate signage and contrasting colours.

The inspector observed that most residents' bedrooms were personalised with items including photos and paintings. The inspector saw that for some residents, memory boards had been designed with the help of families which included photographs and personal items.

All walkways and bathrooms were adequately equipped with handrails and grab-rails.

Working call-bells were evident in all areas.

The inspector found that there was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing contracts were in place and servicing was up to date. Appropriate arrangements were in place for the disposal of clinical and general waste.

The inspector noted that improvements had occurred to the external gardens. The person in charge discussed plans to further improve this facility by extending the area of the secure garden and providing additional furniture and features. The inspector noted in one questionnaire returned, a relative said how nice it was to pull up in the car and see residents outside enjoying themselves.

Adequate parking was available at the front and side of the building.

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):

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

Findings:

A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure was on display in the front foyer.

Some residents and relatives spoken with were clear about who they would bring a complaint to. The inspector reviewed the complaints log which clearly documented the complaints received in the centre. The records included details of the actions taken in response to complaints. It was noted at the previous inspection that the satisfaction of the complainant with the outcome of the complaint was not recorded as required by the regulations. The inspector saw that this had been addressed.

There were no open complaints at the time of inspection.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. As described in the previous inspection report there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy.

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life and their priorities of care. In some cases very specific information was documented regarding their preferences. The person in charge stated that the centre received advice and support from the local palliative care team.

Staff described to the inspector the care provided when a resident dies and the inspector was satisfied that this was in line with best practice guidelines. Staff had linked with the hospice friendly hospital (HfH). Initiatives, such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying, were in use.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight.

There was a procedure in place for the return of possessions and specific handover bags were in use. The inspector saw that a remembrance tree was at the front of the building with the names of residents who passed away on ribbons tied to the tree. Staff told the inspector that a remembrance mass was held in November last and this will now be an annual event. Bereaved relatives were invited to attend along with staff and existing residents.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a

discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietitian if required. Recommendations from these reviews were documented in the residents' notes. The inspector saw that care plans were updated to reflect the advice of these professionals.

The inspector saw that there was adequate staff to provide assistance in a discreet and sensitive manner if required. There were two sittings for dinner and tea to ensure that residents who required assistance had staff available to them.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef discussed ongoing improvements to the menus and described how residents who required their meal in an altered consistency had the same choices available to them as other residents.

The inspector saw the catering staff chatting with residents asking if everything was alright. Adequate choices were available at each meal. Comments from residents were very positive both in the questionnaires returned and during the inspection. Many described the food as like a hotel while another said it was 'just fabulous'. One relative also described how her mother was encouraged to stay and visit with her dad who was a resident and have her tea with him.

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):

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

Findings:

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

There was a residents committee but the inspector noted at the previous inspection that meetings were held on an infrequent basis. The inspector saw that this had been addressed and meetings were now held regularly. Several residents made reference to the benefit of this in the questionnaires returned. One resident said they were happy to discuss issues at the residents' meetings while another commented that they were always asked their opinion.

Residents' civil and religious rights were respected. Residents spoken with confirmed that they had been offered the opportunity to vote at election time. In-house polling was available although one resident chose to return to his home to vote locally. Mass took place on a weekly basis and Eucharistic ministers also visited each week. Several residents told the inspector how important this was to them.

The person in charge outlined details of independent advocacy services that were available to the residents.

Residents choose what they liked to wear and the inspector saw residents looking well dressed, including jewellery and makeup. One resident told the inspector how she liked having her hair done while others liked the nail care sessions. Pamper afternoons were planned each week, one for male and one for female residents. Residents told the inspector how much they enjoyed these sessions, which included foot and hand care while listening to relaxing music.

Newspapers and magazines were available and the inspector saw some staff reading to residents. There was a varied activities programme with arts and crafts, exercise, bingo, and music included. Dementia appropriate activities such as life stories, reminiscence, reality orientation and the use of sensory equipment also took place.

Pamper afternoons were planned each week, one for male and one for female residents. Residents told the inspector how much they enjoyed these sessions, which included foot and hand care while listening to relaxing music or watching a John Wayne movie.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice. One resident said she had made great friends since she had come into the centre. Singing was a very popular pastime

and the inspector heard residents and staff singing while in the dining room, after meals, in the day room and while walking around the centre.

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:

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was located in a separate building to the side of the centre. The laundry was organised and well equipped. Appropriate procedures were in place for the safe return of clothes.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided. Relatives stated that although clothes occasionally went missing they were generally located quickly. Staff provided labels to relatives to mark new clothes if required.

Adequate storage space was provided for residents' possessions. Each resident also had access to separate locked storage for valuables. A record was kept and maintained of each resident's personal property. This record was updated periodically.

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:

The inspector found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents, including residents with a dementia. Residents and staff spoken with felt there was adequate levels of staff on duty.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered. Staff were supervised to their role.

There was a registered nurse on duty at all times and a record was maintained of current registration details of nursing staff.

A sample of staff files was reviewed and they contained all of the required elements. Staff spoken with were aware of the regulations and standards and outlined the reasons for this inspection.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. All staff had attended mandatory fire, manual handling and elder abuse training. Additional training completed by staff included dysphagia, incontinence management, medication management and dementia.

The inspector noted that regular meetings took place for nursing and care staff. Topics discussed included infection control, medication management and suggestions for additional training.

There was a robust induction procedure in place for new staff. Staff were supervised appropriate to their role and a formal system of annual appraisal was in place. This included identifying support and development needs and a personal development plan including any additional training requirements.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that the action required from the previous inspection had been completed. Up to date vetting was in place and their roles and responsibilities were set out in writing as required by the regulations.

The person in charge gave an assurance to the inspector that all staff and volunteers had garda vetting in place.

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:

Sheila Doyle
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 report¹

Centre name:	Hillview Nursing Home
Centre ID:	OSV-0000238
Date of inspection:	24/01/2017
Date of response:	27/01/2017

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 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some care plans did not have documented evidence of resident or relative involvement at their reviews.

1. 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

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

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:

A formal review of all residents care plans will take place as required and at intervals not exceeding 4 months. This review will include all revisions and update of care plans in consultation with the resident and where appropriate the residents family.

Proposed Timescale: 01/02/2017