Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Greenhill Nursing Home
Centre ID:	OSV-0004584
Centre address:	Waterford Road, Carrick-on-Suir, Tipperary.
Telephone number:	051 642 700
Email address:	greenhillshome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Saivikasdal Ltd
Provider Nominee:	Vasudha Dilip Jondhale
Lead inspector:	Mary O'Donnell
Support inspector(s):	Vincent Kearns
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

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

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 February 2017 07:30	13 February 2017 16:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Non Compliant - Moderate
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection

This planned thematic dementia care inspection was brought forward following receipt of unsolicited information received by HIQA (The Health Information and Quality Authority). The inspectors found the service and care provided to residents with dementia to be of a high standard and the issues of concern were not substantiated. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment

and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016). The previous table compares the self-assessment and inspector's judgment for each outcome. Two additional outcomes were monitored which did not form part of the self-assessment.

The inspectors met with residents and staff members and tracked the journey of four residents with dementia within the service. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were examined. Inspectors also followed up on the areas of non-compliance found on the previous inspection on 12 May 2016. The five action plans developed to bring the service into compliance had been completed.

On the day of inspection 19 of the 55 residents in the centre were deemed to have a dementia related condition. The centre did not have a dementia specific unit. Staff were skilled to support residents and to provide person-centred care. The centre was purpose built and the majority of residents had single rooms with full en suite facilities. Residents had access to appropriate communal facilities and to a secure landscaped garden. The person in charge had completed a 'Dementia Champion' program and implemented the new learning in practice. Aspects of the environment had been improved to create an interesting environment for residents and support people with dementia to achieve optimal functionality and wellbeing.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment and care plans were in place to meet their assessed needs. The health needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. There was evidence of good interdisciplinary approaches in the management of behaviours that challenge with positive outcomes for residents. The service functioned in a way that supported residents to lead purposeful lives. Positive connective care was observed during the formal observation periods. Collaboration and respect for residents was very evident and the daily routine was organised to meet the needs of individual residents.

These issues are discussed further in the body of the report and the actions required to achieve full compliance with the Regulations and Standards are 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: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Action plans from the previous inspection were completed. The action plan relating to the timing of medication administration and signatures for individual prescriptions were completed. Care plans were audited and the care plans examined held sufficient detail to guide care.

The inspectors found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of residents' files and care plans were reviewed. There was evidence of a pre-assessment undertaken prior to admission for residents. There was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, rest and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Care plans were developed to address problems or if a potential risk was identified. Pressure relieving mattresses were provided and there were no residents with pressure sores. Residents were weighed on a monthly basis or more frequently if required. There was timely access to dietetic services and specialist advice was incorporated into care plans. Each resident's care plan was kept under formal review on a three monthly basis or as required by the resident's changing needs in consultation with residents or their representatives. Nurses' narrative notes were linked to the care plans.

The inspectors reviewed the management of clinical issues such as falls, wound care and diabetes management and found they were well managed and guided by robust policies.

Residents were satisfied with the service provided. Residents had access to medical services delivered by four general practitioners (GPs) and out-of-hours medical cover was provided. Residents also had access to psychiatry of later life services and staff were complimentary about the quality of the service they provided. A range of other services was available on referral including speech and language therapy (SALT), dental, chiropody and optical services. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team. Physiotherapy assessments were included as part of the service and inspectors saw evidence that residents with limited mobility and those at risk of falls had benefitted from physiotherapy input.

Some residents' life stories were completed and the 'Key to Me' was completed for all residents and provided useful information to create a care plan to meet assessed needs in a way that reflected the residents wishes and values.

Each resident's wishes for end of life care was elicited and used to inform a plan of care to meet their holistic needs. Residents had access to single rooms for end of life care and families were facilitated to stay overnight if they wished to do so. Staff were supported by the community palliative care team for symptom relief and to provide end of life care. Staff provided subcutaneous hydration to prevent unnecessary admissions to hospital.

Inspectors found evidence of safe medication management practices. Evidence was available that three monthly reviews were carried out. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in line with professional guidelines. Nurses kept a register of MDAs. An inspector checked a sample of balances and found them to be correct. However procedures for checking stocks when shifts change were not consistently done in line with the centres policy.

A secure fridge was provided for medications that required specific temperature control, and the temperatures were recorded on a daily basis and within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The pharmacist carried out a quarterly medication audit and was involved in the review of medications and stock control. Support and advice was also provided as necessary. The inspector saw that the pharmacist visited the centre and was available to meet with residents who required additional advice or information regarding their prescriptions.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:
There were measures in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to elder abuse. There was a policy in place and the national policy on safeguarding vulnerable persons at risk of abuse was available to staff. The person in charge and staff who spoke with inspectors displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Residents interviewed by inspectors said they felt safe. The provider and person in charge confirmed that all staff had Garda clearance. This was found to be the case when a sample of staff files was examined.

Inspectors followed up on unsolicited information received by HIQA about the management of residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social environment). Inspectors found that staff had training and the necessary skills and knowledge to work with residents who had behavioural issues. Some residents with dementia had responsive behaviours. Behaviours described as problematic by staff included verbal and physical aggression. Files examined showed that a pre-admission assessment had been completed in all cases to ensure that the centre could meet the needs of the residents. The assessments and care plans for these residents were person centred. ABC charts (assessment forms) were completed on an ongoing basis, and were formally analysed and used to create an individual care plan for each resident. The inspectors read a sample of care plans and saw that they contained sufficient detail and appropriate interventions to provide consistent approach to care. Person centred interventions included music by named artists, walks in the garden and distraction techniques.

Staff interacted socially with residents and implemented suitable interventions to prevent boredom which may sometimes trigger responsive behaviours. Choices were offered where possible and respected. Environmental triggers such as noise levels were generally controlled. Staff were vigilant to monitor for delirium or underlying infections if there was any change in a resident's mood or behaviour. The inspectors concluded that the person in charge and staff worked to create an optimal environment for residents with dementia to minimise the risk of responsive behaviours. Staff had the competence and expertise to assess and plan care in order to provide consistent therapeutic care for residents with responsive behaviours.

There was evidence that appropriate referrals had been made to mental health services and expert recommendations had been implemented along with person centred interventions with positive outcomes for residents. Some residents were prescribed sedation and psychotropic medications to manage an underlying condition. The use of these medications was monitored and regularly reviewed. Three of the four residents tracked had been on sedative and antipsychotic medications. In one case the medications were reduced as the residents condition improved and another resident's condition had improved to such an extent that the medications had been discontinued.

Staff were working towards promoting a restraint free environment. However the use of bedrails remained high - 50 % of residents used bedrails. Additional equipment such as

low beds and grab rails had been purchased to reduce the need for bedrails. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with inspectors confirmed this. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails. Safety checks were completed and there was documented evidence that these were undertaken. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. The need for bedrails was considered at each care plan review. In one of the cased tracked by inspectors the need for bedrails was no longer required.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The ethos of the service upheld the rights, dignity and respect for each resident. The nursing assessment included an evaluation of the resident's social and emotional wellbeing. The daily routine was organised to suit the residentsand all staff including catering staff optimised opportunities to engage with residents and provide positive connective interactions. Organised activities were provided and other small group or one to one activities were facilitated by care staff which reflected the capacities and interests of each resident.

One activity co-ordinator was rostered three days a week to provide recreation and engaging activities for residents. In addition to activities held in the centre, an annual outing were organised to local events and areas of interest. There was evidence that activities were chosen in collaboration with residents, and that residents were satisfied with activities that were arranged. Group activities were organised such as exercise classes, board games, music sessions and painting. Staff created opportunities for one-to-one engagement, for residents who were unable or unwilling to participate in groups. A 'Key to Me' document containing information about each resident's history, hobbies and preferences was used to inform the planning of activities. The inspectors found that all the files examined held a 'life story' and/or a 'key to me' booklet which provided valuable information for staff to reminisce and engage in a person centred way with residents.

The inspectors spent two hours observing staff interactions with residents, including residents with dementia. These periods of observation took place in the dining room and day room and the vast majority of interactions were rated as positive connective care. Staff who spoke with inspectors attributed this to the culture within the centre, the training they had on dementia and the knowledge they had about each resident.

There was evidence that residents with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the residents permission before engaging in any care activity. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private.

Residents with dementia were consulted about how the centre is run, and the services that were provided. Residents' meetings, chaired by a resident were held every 3 months, and issues raised by residents were acted upon by management. For example the arrangements for Mass in the centre were changed in response to issues raised. Representatives were welcome to represent residents who were unable to verbally communicate or could not attend the meetings. All residents were consulted about how they wished to spend their day. A laminated 'This is me' page in each resident's room gave a summary of how the resident wished to spend their day. Information included the times they liked to get up and retire. Where they preferred to take their meals. The clothes they liked to wear. People that they liked to spend time with and any activates that they found enjoyable.

Residents communication care needs were highlighted in care plans and reflected in practice. Communication cards and communication boards were available in each wing to support resident who had difficulty communicating. A resident whose eyesight had deteriorated significantly had been referred to The National Council for the Blind in Ireland and they assessed the resident for suitable assistive equipment. The recommended specialist equipment was purchased and in use. Each resident with sensory impairment of communication difficulties had a care plan in place which guided staff to communicate and interpret body language. For example 'When X grinds his teeth it may indicate that he is hungry'. The statement of purpose was available in a verbal format and residents also had access to talking books.

The centre had developed a number of methods of maintaining residents' links with their local communities. Phones were installed in each bedroom, and some residents used a laptop for emails and Skype.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The complaints policy for the centre clearly outlined the different stages of the

complaints investigation process. The independent appeals process was included and contact details for the office of the ombudsman. The complaints procedure was prominently displayed in the centre. The residents guide also held details of the complaints policy and independent appeals process was included and contact details for the office of the ombudsman.

The complaints log was reviewed by the inspectors who saw that complaints were recorded. The results of the investigation process and actions taken on foot of a complaint were clearly laid out.
The records did not detail if the complainant was satisfied with the outcome. There was no nominated a person, other than the person in charge, available in a designated centre to ensure that all complaints are appropriately responded to and that the person in charge maintains the records specified under in Regulation 34 (1)(f).
Relatives and residents with whom the inspectors spoke said the person in charge and staff were open and felt they could bring issues to them and they would be resolved. There was evidence that complaints were used to inform service improvements.

Judgment:
Non Compliant - Moderate

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There were sufficient staff with the right skills, qualifications and experience on duty over the course of the inspection to meet the assessed needs of the residents. Copies of rosters given to the inspectors showed that these were normal arrangements and staffing levels at the weekend were similar to the staffing arrangements during the week.

On the day of inspection there were 55 residents residing in the centre, one of whom was in hospital. Resident dependency levels had been assessed and determined that 26 residents had maximum dependency, 7 had high dependency, 12 had medium dependency and 10 had low dependency needs. In addition to the person in charge who worked Monday to Friday 08:00hrs to 16:30hrs, there were three nurses scheduled on daily duty, from 08:00hrs to 20:00hrs. Nine health care staff were rostered for the morning and seven until 20:00 hours, including two care staff who worked until 21:00 hours. One nurse and three care assistants worked on night duty from 20:00 until 8:00 hrs. Staff who spoke with inspectors confirmed that staff levels were sufficient, as did residents and relatives. Catering staff worked 08:00hrs to 18:00hrs. Household and laundry staff were rostered to cover seven days each week. The activities coordinator worked from 10:00- 16:00 hrs on Tues, Wed and Friday. The person in charge was also supported by administrative staff. The majority of staff were long-term employees and

sick leave rates were especially low.

Inspectors observed the staff handover at the commencement of the day shift and noted that both nursing and health care staff were involved. Information shared, included updates on resident's sleeping patterns and relevant care needs. Residents who were due outpatient appointments were identified along with anyone who was due blood tests or specimens for laboratory testing. Inspectors noted that when a resident was identified as being in a low mood or seemed upset, the staff discussed what underling causes might have contributed to the emotional change. Staff were allocated to various wings and were not rotated internally. Staff remained working with the same group of residents to allow them to get to know the residents well and to facilitate the development of therapeutic relationships between staff and residents and their families.

The person in charge was a trained dementia champion and staff reported that she had a keen interest in dementia care and a proactive approach to training and was committed to the professional development of her staff. Records demonstrated that staff were up to date with mandatory training and had also received additional training such as training in dementia care which incorporated training in responsive behaviours.

There were effective recruitment processes in place and staff were suitably inducted. Staff were appropriately supervised and annual appraisals were conducted for all staff. The requirements of schedule two of the regulations were in place in the sample of staff files reviewed as were up-to-date registration with relevant professional bodies. A vetting disclosure was in place in all files reviewed and the person in charge gave verbal assurances that all staff working in the centre had a vetting disclosure in place. The person in charge stated that there were no volunteers in the centre at the time of inspection.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre was a single storey, purpose built nursing home. The external grounds were well maintained and residents had access to a safe secure garden. The premises were clean, well maintained, adequately heated, with adequate natural lighting and ventilation. Paintwork in some areas was marked or damaged by friction from beds and other equipment and required attention. The building was wheelchair accessible.

Residents' private accommodation was provided in three wings in single bedrooms, the majority of which have full en suite facilities. There was one en suite, twin-bedded room. The size and layout of bedrooms was suited to meeting the needs of residents, including those with high dependency needs. Adequate space and storage facilities were provided to residents for personal possessions including lockable storage. Residents with dementia were accommodated in the three wings but wing C was specifically dedicated to residents with dementia related conditions.

Residents had access to two communal day rooms, these provided adequate space, were comfortable and homely. The inspectors noted that the front reception area was a popular area with residents and visitors. A quiet room or oratory was available to residents for quiet reflection and prayer. The spacious dining room was located off the main reception area which overlooked the secure garden. Residents could also dine in the communal room of the C wing. Both communal rooms and all common areas were furnished and decorated to create an interesting environment for people with dementia.

Circulation areas, toilet facilities and shower/bathrooms had non slip flooring and were adequately equipped with hand-rails and grab rails. All walkways and bathrooms were equipped with handrails and grab-rails. One toilet had a single grab rail and inspectors discussed with the person in charge the benefits to residents of having a second grab rail installed. Signage throughout the centre had text and pictures to help residents to identify communal rooms and to support way finding. Toilet seats had a contrasting colour and toilet doors and hand rails had been painted a contrasting colour and to support residents with dementia and those with visual impairment. Working call bells were accessible from each resident's bed and in each room used by residents.

Resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. Each room inspected had a flat screen television with remote control. In the majority of bedrooms the resident could see a clock and the bathroom door from the bed. Bedroom doors had a number, the resident's name and a picture of significance to the individual resident. The corridor wall outside some bedrooms was decorated with laminated photographs relevant the resident's life story. For example a retired farmer when he opened his bedroom door, saw photographs of cattle and farm scenes. A retired nurse saw pictures of nurses in uniform and children in hospital. The corridor in wing C had a memory lane gallery of photographs to facilitate reminisce, encourage conversations and support human connections.

A separate kitchen was located off the main dining room. The inspectors observed the kitchen to be visibly clean and well-organised. Inspectors visited the laundry and found that it met with regulatory requirements.

Assistive equipment was provided to meet the needs of residents. All the residents who were tracked were provided with alternative pressure mattresses. Records viewed confirmed that equipment was serviced regularly. Inspectors noted that some assisted chairs were worn and torn and a section of a commode frame was rusted. Inspectors noted that some static mattresses in use had 'bottomed out' and could not provide optimal pressure relief for residents at risk of developing pressure related ulcers.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk 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 actions required following the previous inspection were implemented. The water temperature was monitored and found to be below 40 degrees Celsius. The provider had upgraded the cleaning equipment and purchased new cleaning trolleys with locking systems for secure storage of cleaning chemicals. The risks posed by three ramped areas had been assessed and appropriate control measure were put in place. Fire drill records were comprehensive and included details about the time taken to complete the evacuation, areas for improvement were also highlighted. Inspectors saw that fire drills were conducted at night to ensure that staffing levels at night were sufficient to undertake and emergency evacuation. Night duty staff interviewed by inspectors confirmed that they had participated in fire drills and were knowledgeable about fire safety and evacuation procedures.
Some areas for further improvement were identified on this inspection.

The centre had a comprehensive safety statement dated 11 October 2016 and policies and procedures relating to health and safety that included a risk management policy to include items set out in Regulation 26 (1). An infection control policy with supporting protocols was also available and implemented in practice. There were no notifiable infectious events in 2016.

The emergency response policy was under review. There were emergency policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

A risk register with identified risks that were assessed, rated and applied control measures was maintained. However inspectors noted that not all risks were identifed and assessed. For example, there was an electric socket installed for the hairdryer in a shower room. In addition cleaning chemicals and other equipment were stored in unlocked cupboards, which could be accessed by residents. Arrangements were in place for investigating and learning from reviews and audits of incidents and adverse events involving residents and staff. Actions taken to prevent incidents included increased supervision arrangements.

A balanced approach was taken when managing risk taking and promoting independence, taking each residents preferences and choices into account. Reasonable measures were in place to promote resident safety, and prevent accidents to persons in

the centre and on the grounds. The person in charge and staff team had completed a review of incidents and accidents involving residents to identify the key cause or likely factors in order to inform control measures put in place. A low number and frequency of resident incidents including falls and accidents was reported.

Arrangements in place for infection control were largely consistent with the national guidelines and standards for the prevention and control of healthcare associated infections. Staff had access to hand sanitisers throughout the centre and were seen using sanitisers between resident contacts. The installation of elbow operated taps at hand hygiene stations would further support staffs' good hand hygiene practices. Inspectors noted that some residents used commodes and recommended a review of practices for the disposal of organic waste, to ensure that they were in-line with best practice. The standard of cleanliness throughout the centre was generally good but some areas required deep cleaning. In addition, some worn and torn seating, could not be properly cleaned and may pose a risk of infection.

Suitable arrangements were in place in relation to servicing of equipment and promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis.

Fire safety and response equipment was provided. Fire exits were identifiable by obvious signage and exits apart from one which was blocked by a cleaning trolley were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained in fire safety and those who spoke with the inspector confirmed this. A personal emergency evacuation plan (PEEP) for each resident that identified the resident's cognitive status, mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or at night was available. Inspectors found that a fire door to a resident's bedroom was wedged open.

Staff interviewed and records reviewed confirmed simulated fire drills had occurred and weekly fire alarm test were carried out with checks of fire doors and escape routes completed.

Judgment:
Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
The inspectors found 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. Although the provider nominee was on leave at the time of inspection, the staff and the person in charge confirmed that she was present in the centre on a daily basis. She held weekly management meetings with the person in charge and inspectors saw that regular meetings took place with all grades of staff. Staff spoken with confirmed this.

A comprehensive auditing schedule was in place. Audits were being completed on several areas such as residents dietary services, falls, documentation, infection control and medication management. The inspectors saw that action plans were put in place to support continuous quality improvment and the results of these audits were shared with all staff at team meetings.

There was evidence of improvements being identified and action plans implemented following these audits. Safer practices and procedures for receiving and checking medication from the pharmacy were introduced. Information packs were created and available for visitors in each wing of the centre in response to a need for education identified through a dementia survey. Family members were also given information about how to access a two day programme for carers.

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

The inspectors saw that the views of residents and relatives informed a comprehensive annual review of the quality and safety of care delivered to residents. The report was in draft format and plans were in place to make it available to residents and relatives.

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:

Mary O'Donnell
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Greenhill Nursing Home
Centre ID:	OSV-0004584
Date of inspection:	13/02/2017
Date of response:	02/03/2017

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 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Practices for checking controlled drug stocks when shifts change were not consistently in line with the centres policy.

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

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

Please state the actions you have taken or are planning to take:
Nursing Staff were reminded of our policy in relation to checking the controlled drugs and the end of each shift. "At the change over of each shift a nurse from each shift shall check the stock balance and record the balance in the MDA Drug Register". This has been reinforced.

Proposed Timescale: Completed

Proposed Timescale: 02/03/2017

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no nominated a person, other than the person in charge, available in a designated centre to ensure that all complaints are appropriately responded to and that the person in charge maintains the records specified under in Regulation 34 (1)(f).

2. Action Required:
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
As per 34 (3) a person is nominated to ensure that there are periodic reviews of all complaints logs/ records and they are in compliance with regulation 34.
An independent nominated person is named for appeals process in the complaints policy and this information is provided to residents who are unsatisfied with the outcome of any investigation.

The complaints policy will be amended to reflect this change.

Proposed Timescale: 31/03/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints records did not detail if the complainant was was satisfied with the outcome,

3. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaints log will now detail the outcome of the complaint and whether or not the resident was satisfied.

Proposed Timescale: 02/03/2017

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors noted that some assisted chairs were worn and torn and a section of a commode frame was rusted. Inspectors noted that some mattresses in use had 'bottomed out' and could not provide optimal pressure relief for residents at risk of pressure related ulcers.

4. 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:
A 3 monthly check system has been introduced to ensure that all mattresses are checked and will be replaced as necessary.
The commode frame that was rusted will be repaired.
The private assisted chairs for two residents that were torn are in the process of being repaired.

Proposed Timescale: 31/03/2017

Outcome 07: 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:
Not all risks were identified and assessed. For example an electric socket was installed in a shower room. Cleaning chemicals and other equipment were stored in unlocked cupboards, which could be accessed by residents.

5. Action Required:

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

Please state the actions you have taken or are planning to take:
A review of the risk register has been completed. The electric socket in the shower room has now been moved. All cupboards that contain chemicals are locked at all times.

Proposed Timescale: 02/03/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors noted that some residents used commodes and recommended a review of practices for the disposal of organic waste, to ensure that they were in-line with best practice.
The standard of cleanliness throughout the centre was generally good but some areas required deep cleaning.
Some worn and torn seating, could not be properly cleaned and may pose a risk of infection.

6. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Areas within the nursing home that required deep clean has been completed.
A review of the practice of disposal of organic waste in line with best practice has been completed and appropriate changes in sluice room will be done.
All worn or torn seating has been removed.

Proposed Timescale: 30/04/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors found that a fire door to a resident's bedroom was wedged open.
One fire exit was obstructed by a clarning trolley.

7. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

As per policy all door wedges have been removed. All staff were informed of the dangers of obstructing a fire exit door as per our policy.
Proposed Timescale: 02/03/2017