

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hazel Hall Nursing Home
<b>Centre ID:</b>	OSV-0000049
<b>Centre address:</b>	Prosperous Road, Clane, Kildare.
<b>Telephone number:</b>	045 868 662
<b>Email address:</b>	info@hazelhallnursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Esker Property Holdings Limited
<b>Provider Nominee:</b>	Samantha Boylan
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	Brid Mc Goldrick
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	43
<b>Number of vacancies on the date of inspection:</b>	3

## 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 28 September 2017 08:00 To: 28 September 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 04: Suitable Person in Charge	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Major

**Summary of findings from this inspection**

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The inspection considered unsolicited information received, notifications forwarded by the provider and other relevant information. The inspection focused on the adequacy of resources available and the standard and safety of care delivered to residents. Progress on the implementation of some actions required from the last monitoring inspection was also considered.

As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, accident logs, and staff files. The views of residents, relatives and staff members of the centre were also sought.

Recent changes to the clinical management team within the centre were found on this inspection, with a senior clinical nurse manager replacing the person in charge, on an interim basis, to cover an unexpected absence.

Inspectors found that there were adequate resources to maintain the service on an operational level. The centre was warm and well-lit. Staff were available to look after residents and there were adequate stores of supplies to deliver personal care.

Inspectors also found appropriate and sufficient stocks of fresh food.

Staff interactions with residents were respectful and pleasant. Residents spoken with said they were happy with the level of care delivered and had no complaints.

Inspectors found that there were efforts to improve the governance and management in the centre and some progress on the key actions required from the last inspection was found. However, although there were no immediate risks to the safety of residents, effective governance and risk management systems were not established and inspectors were concerned at the lack of effective leadership to prevent and reduce risks and to maintain safe levels of care in the centre.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland

**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 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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

All actions arising from the last inspection were not reviewed on this inspection.

Unsolicited information alleging lack of oversight by the provider entity and lack of adequate resources was received by HIQA.

Inspectors found that the authorised person for the provider entity was involved in the governance of the centre on a regular basis. The provider representative was present on the day of the inspection and all staff spoken with said the provider was in the centre on an almost daily basis from Monday-Friday each week. On review of documentation, inspectors found evidence of the provider's involvement in risk management and investigations into care practices.

The inspectors also found that the daily operational running of the centre was adequately resourced. The inspectors looked at the financial accounts including invoices and bank statements that evidenced the centre was adequately financially resourced.

Inspectors found that there were efforts to improve the governance and management in the centre and some progress on the key actions required from the last inspection was found, these included:

- a revised management structure was being implemented in the centre. The structure and size of the management team was reduced and simplified. This made reporting relationships clearer for staff. The management team now consisted of the director of operations (also the authorised person for the provider entity), deputy director of operations and the person in charge. This team was supported by the administration team and two clinical nurse managers. All staff spoken with knew the seniority level of each manager, and were clear on who they would report to for clinical care issues, work

related issues or other problems.

- recently recruited staff had received orientation training and induction in their roles. Inspectors spoke to several new staff who were aware of the fire procedures in place. Although they had not yet received full fire training, all were aware of the exits, location of the fire panel, and their role as staff in responding to fire alarm activation. The orientation and induction also covered use of the computerised care recording system. Some staff had also received training in hand hygiene and safeguarding. Inspectors were told that training in moving and handling and safeguarding was arranged over the forthcoming two weeks.

-The provider had committed to providing an additional nurse to ensure full time nurse supervision in the Abbey Unit. This unit provides care specifically to residents who have a cognitive impairment. Inspectors found that a nurse was recruited and was completing the three day induction process. In the meantime, a nurse was allocated to each of the units to supervise care practices. However, the level of supervision was not adequate, as there were not enough staff on duty during the early part of the morning to enable nurses to supervise care practices. This is fully referenced under outcome 18 staffing. In conversation with the provider and person in charge, inspectors were told that this management team met weekly, although records of these meetings were not available.

This inspection found that although there were no immediate risks to the safety of residents, effective governance and risk management systems were not established. Inspectors were concerned at the lack of effective leadership to prevent and reduce risks and to maintain safe levels of care in the centre. Inspectors found there was a good reporting culture within the staff team on reporting any negative interaction with residents. Inspectors brought this to the attention of the management team and commended staff on their strong approach to advocacy.

Since the last inspection, five notifications were received by HIQA relating to safeguarding issues, three were outside the regulatory timeframe. Actions and learning from these incidents had not been received at the time of this inspection, although the provider stated that they would be forwarded immediately after the inspection. During this inspection further incidents were identified. Inspectors were concerned that although the management team were aware of these incidents, some were not reported to HIQA although they are notifiable events under the regulations. In addition, appropriate measures to safeguard residents were not identified or implemented. Inspectors found that the management team had not instigated any meaningful changes to the practices or culture within the centre, in order to improve the safety and quality of the care delivered to residents to date, or to prevent or reduce recurrence of such incidents. Recent changes to the management team, with the person in charge on unexpected leave, and a senior nurse manager leaving the service contributed to this lack of response. However, it was also noted, that the replacement manager, does not have significant experience in this area, and does not have a management qualification. These findings are detailed under Outcome 4 Suitable Person in Charge and Outcome 8 Health & Safety and Risk Management.

**Judgment:**

Non Compliant - Major

***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 was absent at the time of this inspection. HIQA were notified and arrangements were in place to manage the absence. The senior nurse manager replacing the person in charge had the required experience. Inspectors also noted that the nurse manager was included in the management team and was aware of the responsibilities of the role. However, the manager did not have a management qualification as required by the regulations.

**Judgment:**

Non Compliant - Moderate

***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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

A full review of the actions required to address previous findings related to fire procedures was not conducted on this inspection, although inspectors found that all new staff received orientation in the procedures to follow in the event of a fire and were clear on their role and responsibilities when responding to the activation of an alarm. Progress on actions required from the last inspection in relation to the implementation of fire safety protocols and fire evacuation drills, was not reviewed.

Moving and handling practices involving the use of hoists was not observed on this inspection although inspectors did observe good guidance provided to residents using assistive walking frames. Moving and handling practices for residents being re-positioned was not reviewed.

Information received from the provider in the form of notifications since the last inspection, and other information received, raised concerns for the effective and proactive management of risks in the centre. Inspectors looked at the records of incidents that occurred in the centre during the four weeks since the end of August. A computerised system to record, review, and manage incidents was in place. Inspectors were concerned about the number and seriousness of incidents occurring, the level of risks associated with the incidents, and the lack of effective management. Examples of incidents included staff misconduct, injuries sustained by staff while on duty, choking incidents, medication omission and verbal aggression to staff from visitors. Inspectors noted that although the records included sufficient detail on the actual incidents that occurred, there was limited, and in most cases, no documentation on immediate actions taken to mitigate risks. Evidence of further follow up actions, reviews of measures taken or learning outcomes to reduce or prevent recurrence were not found for any of the incidents. This was discussed with the nurse manager currently replacing the person in charge and with the provider. Both were aware of the incidents. The provider had written to the staff involved in the incident of misconduct to commence an investigation, however no further action had been taken in any of the other incidents. It was also noted that a notification on staff misconduct, as required by the regulations, had not been forwarded to HIOA within the regulatory timeframe.

The level of hygiene and general tidiness of the centre required to be improved. Inspectors saw that some aspects of the premises were not cleaned to a good standard. Linoleum floors, particularly on the corridors were sticky underfoot and stains were noted in shower areas, on toilet seats and bowls. Stains were also noted on the carpeted areas of flooring. Some hand sanitisers were not replaced when empty, particularly in toilet and bathrooms. Stains and accumulated dust was observed on assistive equipment such as hoists and on wheelchairs. Inspectors noted that the environment was cluttered and storage was limited, this is further detailed under outcome 12 premises, which made it difficult for the housekeeping staff to maintain a good level of hygiene.

Risks associated with the poor housekeeping and safe work systems not being implemented were found. Inspectors found that the cleaning room where all cleaning products and materials were stored was unlocked. The cupboards storing cleaning products and disinfectants were opened. Boxes of gloves were found on the top of grab rails on the corridors throughout the centre. These posed risks of ingestion for residents with cognitive impairments.

It was also found that regular water sampling to reduce and prevent risks associated with legionella, or systems to monitor water and room temperatures were not in place. Inspectors found that although the centre heating was on, some circulation areas were cool. Thermometers on one corridor indicated that the temperature was only 10 degrees. However, inspectors did acknowledge that some of the bedroom windows were open to the outside air which would contribute to the fall in temperature.

**Judgment:**  
Non Compliant - Major

### *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:**

A record of all incidents occurring in the designated centre was maintained. However, all required incidents were not notified to the Chief Inspector. Three notifiable incidents were identified since the last inspection. The provider was reminded of their responsibility to notify HIQA at a meeting in early September however, a further notifiable incident that was not notified to the Chief Inspector was found during this inspection.

**Judgment:**

Non Compliant - Major

*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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Progress on actions required from the last inspection to improve care planning and assessment processes were not fully reviewed.

On arrival at the centre, staff were on duty and receiving handover from the night staff. The catering staff team were finalising the breakfast service. Hot breakfast options including sausage and egg were available.

Evidence of timely referral and review by a range of medical and allied health professionals was found with documented visits, assessments and recommendations by dietician, speech and language therapists and physiotherapy reviews. Inspectors found

that the nursing team screened and monitored residents on an on-going basis, and were responsive to signs of clinical deterioration.

Inspectors looked at a small sample of care plans and assessments in place to manage residents care needs. In the sample reviewed most care plans were up to date and referenced recommendations from medical and allied health professionals, but follow up to some of those recommendations were not clearly stated. For example, follow up assessment and review by general practitioner was recommended for one resident but it was not clear from care plans or progress notes that this took place. It was not clear whether a referral to an advocacy service was followed up where the advocacy service had not yet visited. Improvements were noted where care plans needed to be more person centred.

Staff interactions with residents were respectful and pleasant. Some residents spoken with, praised staff for their helpful manner. Inspectors were told staff were quick to respond to requests for help and assistance. Those spoken too, said they were happy with the level of care delivered and had no complaints.

Inspectors found appropriate and sufficient stocks of store food, fresh meat, fruit and vegetables, frozen store items and selections of soft drinks, cordials, milk, tea and coffee. Home baking, by the catering team, was included in the daily menu, with desserts, brown bread and fruit cakes provided. Each evening, warm puddings were available such as semolina, custard or rice pudding.

**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):**

No actions were required from the previous inspection.

**Findings:**

All lines of enquiry were not reviewed on this inspection. The centre was purpose built and consists of is a single storey building. There were 44 single bedrooms and one twin room. Approximately half of the bedrooms contained ensuites, the majority were toilet only with some full shower en suites. There were two large sitting rooms, a dining room and a comfortable seating area in the lobby. The centre was divided into two separate

units by means of key-coded access, the Moate unit and the Abbey unit, which was a designated dementia focused unit. Appropriate signage and cueing to support freedom of movement for residents with dementia was found. Picture cueing on bedrooms, bathrooms and toilet areas were in place. Colour cueing was also used with the colours of bathroom and toilet doors contrasting with bedroom doors and wall colours.

Many bedrooms were personalised to reflect residents' individual wishes with pictures photograph's and mementos. On arrival, the centre was warm and well- lit. However, inspectors found that there were aspects of the premises that required improvement in order to fully meet the needs of the current resident profile.

These included:

- A lack of appropriate maintenance. There were some aspects of the centre that required attention such as skirting, door frames and walls that were marked and scuffed. Some parts of the floor were sloped, but these areas were not highlighted, to prevent or reduce risk of falls.
- There was a lack of appropriate storage. Laundry trolleys, waste bins and assistive equipment such as hoists were inappropriately stored in shower and bathrooms. This equipment was not removed prior to residents being showered. Inspectors observed some residents' possessions and clothing stored in black bin bags in their bedroom.
- Warm jackets and sweaters belonging to staff were stored under a desk in the sitting room in the Abbey unit. The inspector was told this was to enable staff respond quickly when a resident wanted to go outside to smoke.
- As referenced under outcome 8 health & safety and risk management the level of hygiene and general tidiness of the centre required to be improved. Inspectors saw that some aspects of the premises were not cleaned to a good standard. A programme of refurbishment for the premises and a deep clean was required.

Inspectors also found that an audit of the equipment available, together with a programme for repair and replacement was required as a priority. Several items of equipment were broken including a bed-frame, a standing hoist, and a camera that nurses used to monitor the status of pressure ulcers.

**Judgment:**

Non Compliant - Moderate

***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:**

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the complaints records, inspectors found that although complaints were recorded, it is not clear that they are recorded in a timely manner. For example a complaint was recorded on the computerised record at 08:30 am. The detail of the complaints does not state when the actual incident took place or how the issue arose. In all records viewed all were closed as having been resolved to the complainants' satisfaction. However, measures implemented to address the concern raised, were identified in some of the records viewed, but not all, and a review of satisfaction was not carried out in any of the samples viewed. Improvements to systems as part of an overall quality improvement plan to prevent or reduce recurrence of the concerns raised were not identified.

**Judgment:**

Non Compliant - Moderate

***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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The progress required on all actions, arising from the last inspection, was not reviewed. Findings of the last inspection in relation to the level of direction and supervision for staff, inadequate staffing levels and inappropriate skill mix and high staff turnover were recurrent on this inspection. However, inspectors acknowledged there were on-going efforts by the provider to address these issues, and some improvements were found.

The profile of residents was frail elderly with a high level of complex needs. Up to 75% of all residents were assessed as being at high or maximum dependency, meaning that they required the assistance of two staff with most or all of the activities of daily living. 80% had a diagnosis of cognitive impairment or mental health disorder.

There was some improvement to the level of supervision provided to direct care staff by the nursing team. However, inspectors observed that this supervision was primarily provided following the administration of morning medication. From 08:30 to

approximately 11:00am, two nurses were administering medications, although they were on the floor and had an overview of the delivery of care to residents', they were unable to directly supervise the standard of care provided by the healthcare assistants. A clinical nurse manager was rostered for duty but was unexpectedly absent. Another nurse manager came in as a replacement but was not on duty until 10:30am. The person in charge was not on duty until 09:00am.

Inspectors found that there was only one senior healthcare assistant, known as a care practice facilitator on duty to supervise the remaining healthcare assistants during this period.

A high staff turnover was again found on this inspection with seven new staff on the roster. Inspectors met some new staff, who had commenced within the previous four weeks. These staff said they had been given three days of induction, working alongside more experienced staff, to become familiar with the systems and procedures. They had also been given an orientation into the fire procedures to follow, and were shown how to record care delivery on the computerised system.

A turnover at senior level within the organisation was also found. The person in charge was on extended unexpected leave and a nurse manager was covering the absence. The assistant director of nursing who was the nominated person to replace the person in charge had also recently left the service.

Direct care staffing levels on the day shift remained unchanged from the last inspection with two registered nurses and ten care assistants. A commitment by the provider, to increase the nursing care levels by one additional whole time equivalent, on both day and night shifts, from Monday to Friday was in process. A new nurse was due to complete the induction process, by working, in a supernumerary capacity, on night shift, the night following the inspection. Inspectors were told this nurse would be additionally rostered eight hours per day from Monday to Friday. An additional nurse for night shift was not yet recruited.

However, evidence of persistent negative impacts to residents were found including:

- A high level of accidents and incidents as referenced under outcome 8 health and safety and risk management, including medication omission and bruising to residents linked to poor moving and handling practices.
- Inspectors found some staff did not have sufficient qualifications or required more training in order to fully understand, and be more effective in, their role.
- Residents were observed and heard calling for assistance from staff with personal care throughout the morning. Inspectors found, that although call bells were not constantly ringing, it was observed that this was due primarily to the bells not being in close proximity to the resident, to enable them to use the bell. Also, some residents did not have the capacity to use the bells.
- All residents had not received assistance with personal care or were washed and dressed by midday.
- Medication administration commenced between 08:15 and 8:30 and was not completed until after 11 am. Inspectors observed the midday medication administration was in progress by 12:15.
- Effective supervision or monitoring of the housekeeping team to ensure implementation of infection prevention guidelines were in place was not in place.

The skill mix of staff required review. The level of experienced care staff had improved, relative to the last inspection, with 50% of full time staff working in the centre for more than a year. However, there were also two new registered nurses. One of whom had commenced two weeks prior to the inspection and was working full time on night shift. Another new nurse was also rostered to go on night duty immediately following the completion of the induction period. This was brought to the attention of the management team and the roster was amended to reflect a better mix ,of new and experienced nurses, on night shift. The changes at senior management level, also contributed, to a reduced level of experienced staff at management level in the centre.

Inspectors did not observe moving and handling practices involving use of hoist on this inspection. However, staff were observed to provide good guidance and support to those residents' with assistive equipment such as walking frames. Residents were observed to be warmly and appropriately dressed. Staff interactions with residents were respectful, pleasant and appropriate. Residents' dignity was maintained during care provision.

The numbers of household staff on duty were not adequate. Only two staff were on duty from eight o'clock until two o'clock to clean the centre each day. Inspectors found that these staff were not only endeavouring to complete their own scheduled tasks but were also busy trying to get assistance for those residents who were asking for help with their care needs.

In addition, they were observed bringing fresh water and other drinks to residents who asked for same.

Inspectors found that the level of cleanliness and hygiene in the centre was poor. This is fully referenced under outcome 8 health & safety and risk management.

In a sample of staff personnel records viewed, it was noted that the Garda Síochána (police) vetting process, was completed prior to commencing employment.

**Judgment:**

Non Compliant - Major

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Hazel Hall Nursing Home
<b>Centre ID:</b>	OSV-0000049
<b>Date of inspection:</b>	28/09/2017
<b>Date of response:</b>	03/11/2017

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

#### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Effective governance was not in place effective to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

In particular there was no effective risk management to prevent and reduce risks and to maintain safe levels of care in the centre.

#### **1. Action Required:**

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

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The new Management Team have been working diligently since the recent changes to that team. The Management Team has revised and enhanced the systems in place for monitoring and improving the safety and quality of care delivered as a result of review of systems, research, external advices and internal discussion in order to apply a proactive and robust approach to clinical governance and risk management systems promoting high standards of safe resident care.

The Management Team meets on a daily basis to review any adverse events documented such as any incidents and complaints and to ensure there are no outstanding notifications which are required to be submitted to the Authority arising from these.

The team meets again on a weekly basis to monitor and track progress on follow up to adverse events, ensure that appropriate action plans are implemented to address issues and prevent recurrences and also to review quality assurance data collected weekly and recorded in identified Key Performance areas to establish the need for Performance Improvement in any key areas requiring attention and concentrated efforts.

On a monthly basis, the Management Team meets again to review a wide range of information (in areas such as general management and administration, staffing, adverse events and complaints, key performance indicators, risk identification, audit results, stakeholder feedback and consultation/meetings with staff). The risk register is updated and a resulting action plan is compiled, assigning responsibilities and timeframes for each task to be completed, to be added to a rolling Quality Improvement Plan. A template to support the compiling of data and discussion at this meeting is attached.

The recruitment process to support the Provider's commitment to provide an additional nurse is progressing and an additional two nurses are already recruited.

Regulations and Guidance on Statutory Notifications has been fully reviewed by the Management Team and all are aware of roles and responsibilities in this area.

Feedback on the Person in Charge is addressed later in this Action Plan under Outcome 04: Suitable Person in Charge.

**Proposed Timescale:** 27/11/2017

**Outcome 04: Suitable Person in Charge**

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A suitable person in charge with not less than 3 years experience in a management capacity in the health and social care area within the past 6 years and a post registration management qualification in health or a related field requires to be recruited.

**2. Action Required:**

Under Regulation 14(6)(b) you are required to: Ensure that a person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation has a post registration management qualification in health or a related field, where residents are assessed as requiring full time nursing care.

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

On the day of inspection, the replacement Person in Charge had completed learning in Management Skills for Clinical Nurse Managers and Staff Nurses (INMO Professional) and is enrolled in 'Management in Practice' (INMO Professional) and 'Managing People' (QQI).

The recruitment process for the role of permanent Person in Charge is commenced.

**Proposed Timescale:** 31/01/2018

**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:**

Systems to support good infection prevention and control were not found. Infection and prevention control practices were not being effectively monitored.

**3. 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:**

Infection prevention and control practices were reviewed extensively by the new Management Team in accordance with the Standards for the Prevention and Control of Healthcare Associated Infection.

A cleaning schedule outlining the categories, areas, items and frequencies was implemented and staff are under monitoring to ensure tasks are completed effectively. The cleaning schedule includes the systematic cleaning and disinfection of all equipment. The schedule is attached.

Deep cleaning of the environment was carried out and regular scheduled deep cleaning sessions are now provided for on the roster on a monthly basis and more frequently as necessary at the discretion of the Person in Charge.

The Person in Charge increased the daily housekeeping hours on the roster and is actively seeking a Housekeeping Supervisor to ensure housekeeping staff are appropriately supervised. Ongoing monitoring by the Management Team by means of regular walkabouts/rounds is being carried out to ensure that the deficiencies identified at inspection are not repeated.

Additional storage rooms have been allocated for the appropriate storage of wheelchairs, hoists, weighing equipment and trolleys.

Staff have been reminded to ensure that the cleaning room door is locked at all times when not in use, signage has been displayed and regular monitoring by staff and the management team is in place with improvements noted.

Appropriately placed holders for gloves are being installed on the corridors and appropriate storage of same will be monitored on an ongoing basis.

Thermometers have been replaced and a system to check room temperatures to ensure their appropriateness has been effected.

The Provider has obtained the advices of an external company to ensure Legionella Control. Risk assessment, cleaning and disinfection of cold water stores, water sampling and quarterly reports containing recommendations will be made available to the Provider to ensure Legionella Control.

**Proposed Timescale:** 27/11/2017

## **Outcome 10: Notification of Incidents**

### **Theme:**

Safe care and support

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

The Chief Inspector was not notified of incidents occurring in the centre as required under the regulations.

### **4. Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

Regulations and Guidance on Statutory Notifications has been fully reviewed by the

Management Team and all are aware of roles and responsibilities in this area.

The Management Team will meet on a daily basis to review incidents to ensure that there are no outstanding notifications to be submitted to the Authority.

**Proposed Timescale:** 24/10/2017

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Reviews of care plans did not clearly identify whether residents assessed needs were being met following recommendations by allied health professionals or consultation with the resident involved.

**5. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

A system of careful monitoring of care plans to ensure all follow up actions are fully documented has been put in place and will be monitored by the Person in Charge. A commitment is given by the Person in Charge to ensure that all relevant information is documented regarding the residents' access to and progress made with the assistance of advocacy services.

**Proposed Timescale:** 20/11/2017

### **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:**

All aspects of the premises were not maintained to a good standard and were not clean. Suitable and sufficient storage was not available and all equipment was not maintained in good working order.

**6. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A maintenance supervisor is in the process of being recruited to the team. A refurbishment plan is drafted and attached and appropriate resources have been allocated for the execution of the plan.

An audit of equipment to ensure the systematic checking of all equipment is compiled to ensure appropriate actions stemming from this will be taken. (Same attached).

Additional storage space has been allocated for the appropriate storage of wheelchairs, hoists, weighing equipment and trolleys. Unnecessary items in shower rooms and bathrooms are now removed and shower rooms and bathrooms are deep cleaned.

Staff are reminded to use the appropriate storage areas for their coats and belongings.

More appropriate storage has now been provided in the identified resident's bedroom.

Deep cleaning of the environment was carried out and regular deep cleaning is scheduled to take place on a monthly basis or more frequently as necessary.

Ongoing monitoring by means of regular walkabouts/rounds by the Management Team is being carried out to ensure that the deficiencies identified at inspection are not repeated.

**Proposed Timescale:** 20/11/2017

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

All complaint records did not contain sufficient detail to ensure that the investigations were in a timely and thorough manner. Records did not always identify the measures taken to resolve the issue, and did not contain a review of the satisfaction of the complainant.

**7. Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

As part of the revised systems implemented by the new Management Team, the recording and response to complaints has been enhanced. Going forward, complaints are fully detailed on the complaints register to allow for the issues arising to be fully addressed. In turn, each action taken to resolve the issue will be recorded in detail and

a log of the follow up to ensure the complainants satisfaction will be recorded on the document.

Any complaints received will be reviewed daily, progress monitored and discussed at weekly management meetings and issues and outcomes evaluated on a monthly basis to ensure a more proactive approach and overall improvements to the care and service provided.

**Proposed Timescale:** 20/11/2017

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Findings of the last inspection in relation to the level of direction and supervision for staff, inadequate staffing levels and inappropriate skill mix and high staff turnover were recurrent on this inspection.

**8. 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:**

The new Management Team reviewed the number and skill mix of staff on duty on a daily basis and made changes to the roster to ensure the safety and quality of care provided to residents. Two additional nurses are recruited. A housekeeping supervisor and maintenance supervisor are in the process of being recruited. Additional hours were added to the housekeeping roster on a daily and monthly (and as required) basis to ensure high standards of housekeeping, cleaning and disinfection. The Management Team are currently in consultation with key staff to design more effective rostering for direct care staff.

**Proposed Timescale:** 27/11/2017

**Theme:**

Workforce

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

Staff were not appropriately supervised to ensure that a good standard of care was delivered which met residents needs in accordance with their care plan. Household staff were not supervised to ensure the implementation of current healthcare associated infection prevention and control guidance.

**9. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

On the day of inspection, the third nurse rostered was sick and a replacement was organised but was only available for a limited time on that day. The Person in Charge is actively recruiting sufficient numbers of nurses to ensure that any sick leave can be covered effectively and to ensure that there is adequate supervision of staff whilst the medication round takes place. An additional two nurses are recruited to the team.

There is no position of Care Practice Facilitator appointed to the Centre. The Senior Healthcare Assistant is responsible for assisting the Nurse with staff supervision. Sufficient numbers of Senior Healthcare Assistants are normally on duty to complete this task, however, it is regrettable that on the day of inspection, there were circumstances beyond the control of the Centre leading to its deficiency. Roles and responsibilities are clarified.

The Person in Charge commits to working with staff and with the prospective Maintenance Supervisor in ensuring that residents can reach their call bell and has emphasised the need for extra vigilance to staff where the resident does not have the capacity to ring the bell.

More appropriate storage has now been provided in the identified resident's bedroom.

The Person in Charge commits to ensuring that the team is appropriately supervised to ensure that residents wishes are taken into account around the times they are assisted to get up and dressed.

The Person in Charge has increased the number of hours the housekeeping staff are on duty and has reviewed the tasks to be performed by the housekeeping staff to allow these staff to focus on maintaining the cleanliness of the Centre. Regular scheduled deep cleaning sessions are now in place.

**Proposed Timescale:** 20/11/2017