<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hollybrook Lodge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005053</td>
</tr>
<tr>
<td>Centre address:</td>
<td>St Michael's Estate, Bulfin Road, Inchicore, Dublin 8.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 416 2587</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ceopa@stjames.ie">ceopa@stjames.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St James's Hospital</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>49</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

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

- **From:** 24 January 2018 08:30
- **To:** 24 January 2018 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This was an announced inspection by the Health Information and Quality Authority. The report sets out the findings of an announced registration renewal inspection which took place following an application to the Authority to renew registration of the designated centre.

There were 49 residents on the day of the inspection and one vacancy. 46 residents were residing in the centre for continuing care and three residents were admitted for respite care. The centre provided care for resident's with complex needs and requiring a high level of nursing care and support.

The inspectors met with residents, relatives, and the person in charge and staff working in the centre on the day of the inspection. A number of questionnaires from residents and relatives were given to the inspectors during the inspection. The collective feedback from residents and relatives was one of satisfaction with the care and services provided in the centre.
Inspectors found that there were effective governance and oversight arrangements in place and that there were sufficient resources to ensure that care and services were safe and appropriate and were in line with the centre's Statement of Purpose.

The designated centre is situated in a modern building situated close to public transport routes. There is adequate parking at the centre including wheelchair accessible parking spaces.

The designated centre is divided into two units. McAleese unit on the first floor and Robinson's Unit on the ground floor. There is a lift between the floors. The building was warm and comfortably decorated and visually clean. Fittings and equipment were clean and generally well maintained however there were ongoing issues with how promptly maintenance issues were dealt with. This was an action from the previous inspection.

Residents who spoke with the inspectors said that they felt safe at the centre and that staff were kind and courteous.

A total of 11 outcomes were inspected. Five outcomes were judged as compliant with the regulations and five outcomes judged as substantially compliant. One outcome relating to health and safety was found to be a moderate non compliance as some actions from the previous inspection relating to fire safety had not been addressed satisfactorily.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a written statement of purpose that describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose reflect the diverse needs of the residents and the ethos of the centre.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspectors found that there were systems in place to monitor the quality of care and experience of the residents in the centre. There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge (PIC) works full time in the centre. The PIC is supported in her role by four clinical nurse managers (CNM) who supervise and support nursing and care staff in their day to day work. Staff who spoke with the inspector was clear about the reporting structures and that the nursing staff and managers were available and approachable if they had any concerns.
The centre is part of the St James’s University Hospital Medicine for the Elderly Directorate (MedEL) and is represented in the hospital's clinical governance and corporate governance committee structures. These structures provide oversight in key areas such as audits, incidents, formal complaints and quality improvements. The inspectors met with members of the senior management team during the inspection and found that they were familiar with the centre and had a good knowledge of current issues or complaints and how these were being progressed. This included the actions from the previous inspection and a recent complaint.

There was evidence that the quality of care and experience of residents were monitored and reviewed on an ongoing basis. A well established resident’s forum was held every three months and a relative’s forum was held annually. In addition the designated centre carried out an annual resident survey. Residents and relatives who spoke with the inspectors reported that the clinical nurse managers and nursing staff were approachable if they had any concerns or issues. The inspectors found that in most cases informal complaints were managed locally in line with designated centre’s complaints policy however improvements were required in ensuring that complainants were aware of how to progress an informal complaint if they were not satisfied with the way it had been resolved locally.

There was a comprehensive clinical governance programme in place in the centre which included monthly audits in key areas such as care plans, falls, pressure sores, restraints and medications. Inspectors reviewed a sample of clinical audits and found that they recorded compliance with local policy and best practice guidance standards and highlighted where improvements were required. For example key staff in the designated centre had recently taken part in an initiative to introduce changes in how end of life care was provided to ensure that the centre’s service met current best practice guidelines.

The inspectors found that the designated centre had appropriate arrangements in place to support and supervise staff in their work. The clinical nurse managers worked a flexible roster in order to provide support and supervision during the week and at weekends. Out of hours support was provided by the night supervisor at St James’s Hospital if needed.

Catering and housekeeping staff were managed locally by their relevant supervisor. The PIC met with the supervisor for housekeeping and catering on a regular basis.

The designated centre had annual appraisals in place for senior staff and the process was being rolled out to include all staff in 2018. Staff had regular day to day contact with clinical nurse managers and the PIC. Records showed that regular staff meetings were held including a daily handover meeting at the beginning of each shift. Staff who spoke with the inspectors reported that they were given the relevant information they needed in order to provide care and services for the residents.

**Judgment:**
Compliant
**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was an appropriately qualified experienced person in charge (PIC) in the designated centre. The PIC is a registered nurse with more than three years experience in care of older persons in a residential setting. During the inspection the PIC demonstrated a good knowledge of the Health Act 2007 and their statutory responsibilities in relation to the legislation.

The PIC works full time and is engaged in the governance, operational management and day to day administration of the centre.

Residents and relatives who spoke with the inspectors reported that they saw the PIC on a regular basis and that they were approachable. There were clear arrangements in place to deputize in the absence of the PIC.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
The inspectors found that appropriate measures were in place to safeguard and protect residents from abuse.

There were comprehensive policies and procedures in place to guide practice in the prevention, detection and response to abuse. Staff who spoke with the inspectors were
clear about what to do and who to report to if they suspected abuse or were informed about an allegation of abuse. Staff training records showed that all staff had had training in preventing elder abuse and that this was updated every two years as part of the in-house mandatory training programme.

The inspectors found that any incidents or allegations of abuse had been recorded. These incidents were investigated by the person in charge and managed in line with the designated centre’s policy. Records showed that any investigations had identified where improvements were required in areas such as staff training and that these had been implemented appropriately.

Residents who spoke with the inspectors told them that they felt safe at the centre. This was verified in the questionnaires that were returned to the inspectors during the inspection.

The inspectors reviewed the policies and procedures that were in place in the designated centre relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The policies had recently been updated and incorporated national best practice guidance. The policies were user friendly and provided clear guidance for staff using them. Staff had access to the policies via the designated centre’s intra-net.

Staff knew individual residents well and care was found to be person centred. Staff were trained in how to manage and support residents who displayed responsive behaviours. Inspectors observed that staff used appropriate distraction and reassurance in their interactions with residents who became agitated or anxious.

Residents who had known responsive behaviours had a care plan in place which recorded the type of behaviours that the resident may exhibit and the type of staff interaction that were indicated to support and reassure residents. The inspectors found that some care plans did not provide sufficient information about the resident’s potential triggers for responsive behaviours and the appropriate interactions staff were to follow to support and reassure them.

The centre’s restraint policy had recently been updated and incorporated national best practice guidance. The policy was user friendly and provided clear guidance for staff. The decisions around using restraints involved residents and their relatives, medical and nursing advice and the multidisciplinary team when required. Although records showed that alternatives such as low-low beds and crash mats had been trialled there was no clear record of evaluation of the outcome. Inspectors also noted that the number of bed rails in the centre had not decreased in line with the centre’s own policy of working towards a restraint free environment.

Measures were being taken to protect resident finances. The provider acted as a pension agent for some resident, using a resident account independent from that of the provider, which could independently track the balance of each resident using it. Procedures were in place to allow a resident to readily access the money in this account. The centre had secure facilities for residents to store small amounts of money. All
transactions were recorded and signed by two members of staff for each entry.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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| Theme: |
| Safe care and support |

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
</tr>
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</table>

| Findings: |
| The inspectors found that the most areas the health and safety of residents, staff and visitors was actively promoted, however not all risks identified in the centre had been addressed at the time of the inspection. |

The centre had comprehensive health and safety and risk management policies in place which met the regulations. The centre had an emergency plan which provided guidance to staff on the contact numbers and alternative accommodation used if returning to the centre post-evacuation is not an option. Staff had completed an e-learning module on fire safety and a session in practicing evacuation procedures. However from speaking with inspectors, not all staff was familiar with their role and duties in the event of an emergency evacuation. Announced fire drills took place in the centre on a regular basis, although the reports from these did not identify time taken to evacuate, or include notes for learning opportunities for example identifying the causes of potential delay or simulated night-time scenarios.

Testing and servicing certification was available and up to date for fire-fighting equipment, emergency lighting and the alarm system. Regular checks of these by centre staff were also logged. Fire escape routes were clear of obstruction and key card access doors were linked to the alarm system to automatically disengage to allow for safe exit. Internal doors were fire safe however only a small number of bedroom doors had self closing mechanisms in place which would automatically close in the event of a fire alarm. This resulted in staff practices in which bedroom doors, and other fire doors throughout the building were held open using door wedges which would prevent the doors from closing in the event of a fire. This was an outstanding action from the previous inspection. The centre had a plan in place to fit appropriate door closures however the work had not commenced at the time of the inspection.

Staff followed good practices in infection control and prevention, washing hands regularly and wearing aprons or gloves when required. A sufficient number of hand washing sinks and sanitising gel dispensers were available.
The inspectors noted that doors to utility rooms and cleaner’s store rooms were unsecured throughout the day. These rooms contained cleaning equipment and products hazardous to health thus creating a risk to residents who might enter the rooms when they were mobilizing around the unit. This was an outstanding action from the previous inspection.

The centre had a risk register which identified and set control measures to mitigate risks including those associated with smoking, residents identified as being at risk of absconding from the centre and residents who demonstrated responsive behaviours.

Judgment:
Non Compliant - Moderate

### Outcome 09: Medication Management

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
There were comprehensive systems in place to ensure safe administration practices were carried out in the centre. The actions from the previous inspection had been implemented but improvements were still required around sourcing appropriate alternative medications when a medication was not suitable to be crushed.

The medication policies and procedures gave clear guidance to nursing staff on areas such as the ten rights, ordering, administration including that of ‘as required medications’, crushed medications and the disposal of un-used and out of date medications. Policies and procedures reflected best practice guidance.

Inspectors reviewed a sample of resident’s medication records. The records were signed by the nurse following administration of medications and the record included the name of the drug and the dosage and times of administration. There was a space to record if a drug had not been administered and the reason why was documented using a coded system. Drugs that were crushed for administration were prescribed by the resident’s general practitioner (GP) as suitable for crushing. Liquid alternatives were sourced where possible however the inspectors found that improvements were required in this area as one resident had not been prescribed a suitable alternative. This was addressed by the pharmacist during the inspection.

Medications were reviewed regularly by the resident’s GP.

Medications were stored securely in locked medication trolleys and these were locked if left unattended. This was an action from the previous inspection. Controlled drugs were stored in a locked cabinet inside a wall cabinet which was locked at all times. Controlled
drugs were checked by two nurses for all administrations. The stock balance was checked by two nurses at the change of each shift. A sample of stock balances were checked by the inspectors and found to be correct.

The centre had a range of audits to monitor the safety and quality of medication management systems. This included regular nursing medication administration audits, regular medication reviews by the GP and pharmacist and regular pharmacy audits of administration practices and stock control.

All nursing staff had regular training in medication practices and an annual review of competencies. Medication errors were reported and managed in line with the centre's policies and procedures.

**Judgment:**
Compliant

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

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
Each resident had an assessment of their needs. There were risk assessments and care plans in place for each resident and these were reviewed regularly. Staff knew the residents well and was familiar with their needs and their preferences for care and support. As a result care was found to be person centred.

The inspectors reviewed a sample of resident's records on each of the units and spoke with staff that developed and used them. Care records reflected the residents' current needs and the care plan that had been agreed with the resident and their family.

A pre-admission assessment was carried out for all potential new residents to the centre to ensure that the centre would be able to meet the individual's ongoing needs for care and support. On admission nursing staff completed an admission assessment and created a care plan which was agreed with the resident and their family. Care plans identified resident's self-care abilities and their preferences for care and daily routines for example what time they liked to get up and what they liked to wear during the day and at night.

Risk assessments were in place for key areas such as falls and responsive behaviours. These were found to ensure that care was delivered safely whilst respecting the
resident's independence and choice. Care plans and risk assessments were reviewed every four months or if a resident's needs changed.

Residents had access to a general practitioner (GP) service including out of hours services. GPs visited the centre on a regular basis and there were arrangements in place should a resident need an urgent review.

Records showed that residents had access to a range of health and social care practitioners to meet their ongoing needs and those referrals were made by staff when multi-disciplinary team reviews were needed. For example residents who were identified as having weight loss were referred to dietetic services and residents who needed help with posture and seating such as wheelchairs were referred to a specialist occupational therapist. Inspectors found that prescribed care from specialist services was recorded in the resident's electronic record and the relevant nursing and care staff were informed. Residents had access to a variety of specialist services such as palliative care services and specialist mental health services for older persons.

Feedback from residents and their relatives who spoke with the inspectors and returned the questionnaires prior to the inspection were generally positive about the quality of care and services provided in the centre.

Judgment:
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:
The centre consisted of two storeys of bedrooms, mostly single occupancy with en-suite toilet and shower facilities, and some multi-occupancy rooms, which were of adequate size for the number and needs of residents. The centre was safe for residents to navigate independently or with assistance, and was featured with non-slip, level floors and handrails on all corridors. Two elevators were available for travelling between floors.

There was an adequate number of disabled access toilet and shower facilities for residents. Assistive grab rails were in place. These were designed in contrasting colours from the wall so that residents could locate and use them easily. Bedrooms contained sufficient storage for residents' belongings and residents had the option of personalising
their space with decorations, photographs or furniture from home. Privacy curtains were present between bed spaces in rooms occupied by more than one person. Window blinds and curtains were available for privacy in all bedrooms. This was an action from the previous inspection.

The centre had a large enclosed garden which was easily accessed by residents and their families. On the day of the inspection residents were observed sitting out in the garden and taking gentle exercise. Residents also used the garden to access the sheltered smoking area.

Each of the units had a spacious day room which was well used by residents and their visitors throughout the day. Other communal areas were available for group and 1:1 activities, mass, and receiving visitors in private.

There was a well equipped kitchen was onsite where meals were prepared by the centre’s catering team. In addition breakfasts and other refreshments were served from the unit kitchens throughout the day. These kitchens were open for evening and night staff to prepare hot drinks and snacks for residents.

The building was of modern design and decorative improvements had been made to make the centre less clinical in appearance and more home-like and comfortable for residents.

The centre was clean and well-ventilated with plenty of natural light and views. Staff had a process by which they could raise maintenance issues and track their progress, but some improvement was needed in the completion time for example, a faulty lock on a secure door and a bedroom window with a damaged seal causing a cold draft had been logged by staff some weeks previously and had not been corrected at the time of the inspection. This was verified by feedback from staff and visitors who spoke with the inspectors.

Inspectors noted that although there was a storage room for equipment in another part of the building, the lack of designated storage space in the two units resulted in some equipment being stored in a communal bathroom. This meant that access to the toilet or shower facilities were obstructed.

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:**
The inspectors found that in most cases informal complaints were managed in line with designated centre’s complaints policy. However improvements were required in the management of one complaint to ensure that the complainant was kept informed when new information was provided in relation to their complaint.

**Judgment:**
Substantially Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
The inspectors found that residents and families were consulted with and participated in the organization of the centre. There was a person centred approach to the provision of care and services that respected the resident's privacy and dignity. Staff were seen to be courteous and respectful in their dealings with residents and their families however improvements were required in ensuring that at all times staff remembered to knock and wait before entering a residents bedroom.

Residents were registered to vote in the centre. They were facilitated to exercise their religious rights, with regular mass held onsite by the local parish priest.

Varieties of activities were available to residents, including active and creative sessions such as art, and passive entertainment such as cinema nights and live music. The centre had a fulltime activities coordinator and activities were also scheduled for weekends. Systems were in place to note attendance at activities and events, and to assess alternatives for residents based on their preferences and personal interests.

The coordinator had a good knowledge of the residents, their preferred activities and the level of engagement and participation suitable for them. There was a large bright room available for entertainments and in-house activities. This was sited away from the bedroom areas and provided a change of venue and routine for residents. The centre also used the local museum café which was easily accessible from the centre and which provided further opportunity for residents to spend time out and integrate with the local community.
A resident forum was held in the centre every few months, and satisfaction surveys were circulated to residents and their representatives. The suggestions and feedback arising in these regarding activities, meals, staffing and the environment of the centre informed actions the provider could take to improve the quality of life of residents in the centre. A newsletter was also regularly published in the centre with information of various events and updates on the centre for residents and relatives.

Overall, staff assistance of residents was done in a patient, friendly and respectful manner. While all staff was observed closing bedroom doors when delivering personal care, inspectors observed some staff entering resident bedrooms without knocking first or asking for permission to enter their living space.

Care was found to be person centred. Staff displayed good knowledge of the residents and how best to interact with each person, including residents with dementia, communication difficulties or responsive behaviours.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Inspectors found that there was an adequate complement of staff to meet the assessed needs of the residents. Staff who spoke with the inspectors had a good knowledge of residents’ needs, personalities and preferences for care and daily routines.

The centre had a clear policy in place regarding the recruitment and selection of staff in the centre. Systems were in place to monitor that staff files contained all of the documentation required under Schedule 2 of the regulations. The PIC informed the inspectors that all staff working in the centre had Garda vetting in place. New staff completed an induction programme which included mandatory training in key areas such as fire safety, safeguarding and moving and handling.

A training matrix was maintained which listed the dates staff members attended
mandatory and supplementary training. Inspectors noted that staff were up to date on their training in fire safety, safeguarding of vulnerable adults and manual handling.

Nursing and care staff were supervised by the clinical nurse managers on each unit. Catering and housekeeping staff were supervised by their relevant line manager. As a result staff who spoke with the inspectors reported that they felt supported in their role and were clear about the standards that were expected of them in their work.

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:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hollybrook Lodge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005053</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>24/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/02/2018</td>
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Requirements

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

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

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Although records showed that alternatives such as low-low beds and crash mats had been trialled there was no clear record of evaluation of the outcome. Inspectors also noted that the number of bed rails in the centre had not decreased in line with the centre’s own policy of working towards a restraint free environment.

1. Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
- Undertake an evaluation of the bedrail alternatives in use currently
- Continue to explore, trial and evaluate bedrail alternatives where indicated (i.e. in response to individual resident risk assessment)
- Local Staff awareness program to be held in relation to the nursing process regards the use of or non-use of bedrails: assessment, planning, implementation and evaluation. Awareness to be raised with staffs regarding their requirement to document this nursing process in its entirety in the resident’s record eg. information on each alternative explored, length of time trialled and the outcome of same.

**Proposed Timescale:** 31/03/2018

### Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Rooms on residents’ corridors containing potentially hazardous items were not secured when not in use.

**2. Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
- Meeting held with local Cleaning supervisor to inform her of the issue.
- Instruct all staff in the importance of the appropriate use and storage of hazardous products
- Staffs have been instructed to keep both the sluice room door and cleaners store room closed at all times.
- Install securing device (Digi lock) on Cleaners’ Room Door to minimise the risk of Residents accessing the room
- Monitor compliance and action any further episodes

**Proposed Timescale:** 01/03/2018

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Internal fire doors were held open using door wedges.
### 3. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
- Install door-release mechanisms on the doors of all Resident’s rooms that will enable automatic disengagement of the doors in the event of activation of the fire alarm.
- Replace entrance doors to both units with standard Fire Doors (Scheduled 05.03.2018)

**Proposed Timescale:** 15/03/2018

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### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Significant maintenance issues had been outstanding for long periods of time in the centre. The length of time for repairs and maintenance requests to be addressed was an ongoing issue from the previous inspection.

**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:**
- Engage with current Maintenance supplier to complete all tasks currently outstanding promptly
- Review contract with current Maintenance supplier to include key performance indicators for appropriate timelines for response and completion of requested tasks
- Monitor compliance and escalate to Operations Manager where agreed targets not met ongoing

**Proposed Timescale:** 01/03/2018

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some equipment such as hoists and wheelchairs were stored in bathrooms.

**5. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
- Remove all patient equipment from the bathrooms immediately
- Instruct staff not to store equipment in the bathrooms and use the designated equipment storage area
- Monitor compliance and respond to episodes as appropriate

**Complete/ongoing**

**Proposed Timescale:** 01/03/2018

### **Outcome 13: Complaints procedures**

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

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required in the management of one complaint to ensure that the complainant was kept informed when new information was provided in relation to their complaint.

**6. Action Required:**
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
This area is addressed in the Factual Inaccuracy form submitted

**Proposed Timescale:** 01/03/2018

### **Outcome 16: Residents' Rights, Dignity and Consultation**

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

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Inspectors observed staff entering residents' bedrooms without first knocking or asking for permission to enter their living space.

**7. Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
- Instruct all staff that they are required to knock / request permission to enter a Resident’s room.
- Management to monitor and respond to any episodes appropriately.

**Proposed Timescale:**