



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Hillcrest House Nursing Home
Name of provider:	Hillcrest Nursing Home Limited
Address of centre:	Long Lane, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	08 November 2019
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0028121

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Hillcrest House Nursing Home is a designated centre registered to provide 24 hour health and social care to 34 male and female residents. It provides long term, respite and end of life care including care to people with dementia. The philosophy of care as described in the statement of purpose ensures that residents can enhance their quality of life in a safe comfortable environment, with support and stimulation to help them maximise their potential physical, intellectual, social and emotional capacity.

The centre is located in a residential area of Letterkenny, a short drive from the shops and Letterkenny University Hospital. Accommodation for residents is provided in single and double rooms. There is a range of communal areas where residents can spend the day and there is an outdoor courtyard garden that is easily accessible and safe for residents to use independently.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 8 November 2019	12:40hrs to 16:00hrs	Ann Wallace	Support
Friday 8 November 2019	12:40hrs to 16:00hrs	Siobhan Kennedy	Support

What residents told us and what inspectors observed

Residents and who spoke with the inspectors said that they were comfortable in the centre and that their needs were met. Residents told the inspectors that staff were kind and attentive and that they felt safe.

Families and visitors were made welcome by staff and were seen coming and going throughout the day of the inspection. A small number of visitors who spoke with the inspectors said that they were happy with the care their relative received in the designated centre.

The inspectors observed residents congregating in the main lounge area for a music session in the afternoon. Residents were observed socialising together and joining in with the craic during the session. One resident told the inspectors that they found the large lounge too busy and would prefer a quiet space to sit.

Two residents who had previously spent their day in the small lounge were now located in the conservatory area. Neither resident was able to verbalise how they felt about their move to the new area.

Capacity and capability

This inspection was carried out in response to information that was received by the Chief Inspector in relation to the relocation of two residents from first floor bedrooms to temporary bedroom accommodation in a converted lounge located on the ground floor. This relocation was in response to a number of fire safety concerns that had been identified which meant that the first floor accommodation was not safe for non-ambulant residents.

Inspectors found that two residents were now accommodated in an unregistered twin bedroom on the ground floor. This room had previously been a communal lounge, and had been well used by a number of residents who preferred to sit in a quiet space away from the main lounge. As a result the designated centre was not being used as described in its statement of purpose and the provider was in breach of their registration conditions.

The registered provider representative was on leave on the day of the inspection and the person in charge was on duty and facilitated the inspection process. The person in charge was responsible for the management of residents and staff in the designated centre. However, inspectors learned that in the provider representative's absence, decision making authority in relation to addressing significant fire safety concerns in the centre had been delegated to a member of staff who was

not identified as a person participating in management under the centre's current registration. This included the decision to convert the small communal lounge on the ground floor into a temporary twin bedroom and to relocate two residents from first floor bedroom accommodation into this room. As a result the residents were accommodated in two unregistered beds in the designated centre.

Ineffective governance and management of this centre is a repeated finding from the previous inspection in October 2019, when inspectors found that the provider had failed to address a number of serious fire safety concerns that they had been made aware of eight months earlier in February 2019.

Regulation 23: Governance and management

The inspectors found that significant improvements were required in relation to the governance and management of the designated centre in order to bring the service into regulatory compliance. The management systems that were in place did not ensure that the service was safe and that it was delivered in line with the statement of purpose and the the provider's conditions of registration.

On this inspection the governance structure was not clearly defined. The lines of authority and accountability, including roles and responsibilities for all areas of decision making were not clear.

Judgment: Not compliant

Quality and safety

In order to assess the impact of the decision on the residents to relocate them to temporary bedroom accommodation on the ground floor the inspectors reviewed the relevant regulations; premises, personal possessions and resident's rights. The inspectors also reviewed the information that had been submitted by the provider in relation to managing the significant fire risks in the designated centre.

Inspectors found that the provider had increased the night time staffing levels, to ensure that there were sufficient staff on duty to safely evacuate residents in the event of a fire emergency. In addition the staff had completed a number of fire evacuation drills including a simulated night time fire evacuation. However a fire safety risk assessment had not been completed following the previous inspection in October 2019 and works to install automatic door closures to a number of fire doors had not been completed. The provider submitted a fire safety risk assessment to the

Chief Inspector following the inspection.

Overall the temporary bedroom was clean and bright and was well laid out. Each resident had sufficient space around their bed and there was comfortable seating for residents and their visitors. The resident's beds had been transferred from their original bedrooms along with their equipment such as wheelchairs and pressure relief mattresses. There was an over bed light and a nurse call bell installed at each bedside.

A small hand wash basin had been installed in the room. Both residents were using a communal bathroom on the ground floor, which was located a short distance away from their temporary bedroom.

Each resident had a chest of drawers with their belongings tidied away. One resident had a wardrobe however, the second resident did not have a wardrobe in which to store their clothes. Inspectors found that both residents' clothes were still being stored in the wardrobes in their previous bedrooms.

Domestic type screens were located at the end of each bed. There was a portable hospital screen between the two beds. However there were a number of gaps in the screens and there was no screening around the first bed from the entrance door. The window in the bedroom looked out onto the small courtyard which was well used by residents and staff and which led to the smoking area. The window was the source of natural light and provided a view of the courtyard for residents who were spending time in bed or sitting in the bedroom. There was a privacy blind on the window which staff used when the residents were receiving personal care however if the privacy blind was raised the curtains on the window did not provide adequate privacy from staff and other residents who could easily see into the bedroom as they passed by.

The inspectors spoke with a number of residents in the main lounge and the conservatory areas. Residents said that they were comfortable and that they enjoyed socialising with other residents and visitors in these rooms. The main lounge was very busy on the day of the inspection due to a musical entertainment session. Although most residents told the inspectors how much they enjoyed the session one residents told the inspector that it was too busy and noisy and that they did not have a quiet space to go to unless they went back to their bedroom.

Regulation 12: Personal possessions

The person in charge did not ensure that the residents accommodated in the temporary bedroom had access to and control over their clothes as these were not stored in the resident's relocated bedroom but remained in the wardrobes in the bedrooms on the first floor.

In addition one resident did not have a wardrobe in the bedroom in which to store their clothes and personal items.

Judgment: Not compliant

Regulation 17: Premises

The registered provider did not ensure that the premises was appropriate to the number and needs of the residents. The premises was not in line with the centre's statement of purpose and Schedule 6 of the Regulations.

Two residents were accommodated in a temporary twin bedroom that was previously a quiet sitting room. Prior to the changes this communal room was well used by residents who preferred a quiet space to spend their time. In addition this bedroom was not registered as a bedroom in the designated centre's current registration conditions.

Judgment: Not compliant

Regulation 26: Risk management

The registered provider had failed to ensure that all risks identified in the designated centre were included in the risk register and were communicated to staff and where relevant to residents and their families.

The significant fire safety risks and the measures required to control the risks had not been included in the risk register. In addition there was no clear action plan in place to address these risks. For example, at the time of this inspection a number of actions such as the installation of automatic fire door closures had not been completed following the inspection in October 2019.

Judgment: Not compliant

Regulation 9: Residents' rights

The current layout of the temporary twin bedroom on the ground floor did not provide adequate screening around each bed and as a result the provider had failed to ensure that resident's accommodated in this bedroom could undertake personal activities in private.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0028121

Date of inspection: 08/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Hillcrest House is a family run business. An application to re-register Hillcrest House has been submitted. The member of staff identified is a family member of the Registered Provider Representative has been named as a Person Participating in Management as part of this application and the Statement of Purpose has been amended to update the organizational structure and clearly define the roles and responsibilities and reporting relationships. – Completed on 18/11/19</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Both residents who were accommodated in the temporary bedroom have now been relocated to the adjoining nursing home and the room has been converted back to its original use as a sitting room and is in use by residents. All personal possessions and clothing has transferred with the residents and are available for use in their new permanent bedrooms – Completed on 16/11/19</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: Both residents who were accommodated in the temporary bedroom have now been relocated to the adjoining nursing home and the room has been converted back to its original use as a sitting room and is in use by residents – Completed on 16/11/19</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Following completion of a full assessment of works required, by a 'competent person' in Fire Safety, the Risk Register has now been updated with time-bound action plans to address. Full detail of which has also been submitted to the Authority.</p> <ul style="list-style-type: none"> • Risk register updated on 12/11/19 • Remedial works ongoing on a phased basis and will be complete on or before 31/03/2020 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Both residents who were accommodated in the temporary bedroom have now been relocated to the adjoining nursing home and the room has been converted back to its original use as a sitting room – Completed on 16/11/19</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	16/11/2019
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to	Substantially Compliant	Yellow	16/11/2019

	that resident.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	16/11/2019
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	16/11/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	16/11/2019
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined	Not Compliant	Orange	18/11/2019

	management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	18/11/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	12/11/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	16/11/2019