



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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:	28 January 2020
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0028354

## 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:	31
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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
Tuesday 28 January 2020	15:15hrs to 18:00hrs	Ann Wallace	Lead
Wednesday 29 January 2020	08:55hrs to 13:15hrs	Ann Wallace	Lead
Tuesday 28 January 2020	15:15hrs to 18:00hrs	Niall Whelton	Support
Tuesday 28 January 2020	15:15hrs to 18:00hrs	Susan Cliffe	Support
Wednesday 29 January 2020	08:55hrs to 13:00hrs	Susan Cliffe	Support

## What residents told us and what inspectors observed

The inspectors met with a number of residents and families over the two days of the inspection. Some relatives requested to meet with the inspectors to discuss the recently published report of the findings of the October 2019 inspection.

All of the residents and families who spoke with the inspectors expressed high levels of satisfaction with the care and support provided by staff. Relatives told the inspectors that their loved ones were well looked after by kind and respectful staff who knew them well. A number of relatives described to the inspectors how much their loved one had improved in health, mobility and well-being since their admission.

Residents said that they were happy in the centre and that their needs were well met. Residents commented on how good the staff were and told the inspectors that staff went out of their way to ensure that their preferences for care and support were met. Residents said that they felt safe and that they could talk to a member of staff if they had any concerns.

Inspectors observed that staff and resident interactions were marked by genuine respect and empathy which helped to create a friendly and homely atmosphere in the centre. Staff who spoke with the inspectors knew the residents well and were able to tell the inspector about each person's preferred daily routines including where they liked to spend their day, which visitors came and at what times and what activities the resident enjoyed.

Residents appeared to enjoy a flexible routine in relation to getting up and going to bed. One gentleman told the inspector that he had enjoyed a long lie in that morning. The inspector observed that this resident was served his breakfast in the quiet sitting room when he got up. The resident told the inspector that he would have a late lunch and that staff would keep his lunch for him.

## Capacity and capability

The inspectors found that the governance and management of the centre was improving and that the appointment of the facilities manager had supported the urgent and significant fire safety works to progress in a timely manner. In relation to the non-compliances found on the inspection in November 2019 the inspectors found that the provider was operating within the conditions of their current

registration and that the small sitting room was now available to residents and all 31 residents were being accommodated in registered bedrooms.

The provider, the person in charge and the facilities manager were available over the two days of the inspection and facilitated the process. The inspectors acknowledged that significant progress had been achieved in relation to fire safety in the designated centre and a great deal of work had been completed in line with the plans submitted to the Chief Inspector in December 2019. However in order to ensure the comfort and safety of the residents further improvements were still required in relation to the oversight and management of a number of aspects of the service. These included premises issues, housekeeping and maintenance and the management of risks in the designated centre.

There was a programme of audits and checks carried out by the facilities manager and the person in charge to monitor the service. Although the audit tools were well designed inspectors found that the oversight processes were not sufficiently robust to identify areas for improvement and to ensure that where improvements were identified that these were followed up. For example a recent environmental audit had identified a number of items of furniture requiring repair and some areas in bedrooms and en-suites that required maintenance work. There was no process in place to ensure that these issues were addressed by the relevant staff and no record to confirm that the required actions had been followed up by senior staff as having been satisfactorily completed.

The provider had increased night time staffing levels in line with the compliance plan from the October 2019 inspection. Inspectors found that there were sufficient staff with the appropriate knowledge and skills to care for the current residents. Staff were clear about their responsibilities and who to report to. The inspectors observed that staff worked well together as a team demonstrating flexibility and co-operation in their dealings with each other. This helped to create a relaxed and positive environment for the residents. In addition staff demonstrated a person centred approach to delivering care and services for the residents in line with the centre's ethos of care.

The annual review of the service for 2018 had been completed and submitted to the Chief Inspector following the October 2019 inspection. The 2019 review was in process. Residents and families were aware of a number of the planned improvements for the service.

## Regulation 15: Staffing

There were sufficient staff with the appropriate skills and knowledge to care for the residents. Staff worked well together demonstrating cooperation and flexibility in

their dealings with each other. This helped to create a positive and homely environment for the residents.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory did not contain all of the information required in paragraph 3 of Schedule 3 of the regulations. This was a repeated non compliance from previous inspections.

Judgment: Not compliant

### Regulation 21: Records

Schedule 2 records were not kept up to date. These included;

- Two staff files. One record showed that the member of staff was employed in the designated centre for a period of time before an appropriate Gardai vetting disclosure was received by the provider. The vetting disclosure had since been received and was now on file. Another record did not include satisfactory explanations of the person's gaps in employment as required in the regulations.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clear line management structure in place and the appointment of the facilities manager had helped to progress the plan to bring the designated centre into compliance with fire safety. However a number of the non-compliances from the inspection in October 2019 had not been adequately addressed by the provider. These included premises issues, housekeeping and maintenance and the management of risks in the designated centre.

The person in charge, provider representative and the facilities manager worked together to ensure that residents were well looked after and that there were clear arrangements in place for the day to day running of the service. When the person in charge was not available there was an experienced nurse on duty to supervise care and support for the residents.

There was a programme of audits and daily checks carried out in the centre. The oversight of some areas such as cleaning schedules and maintenance of the premises required improvement to ensure that work was completed to the correct standard and that where issues were identified that these were followed up. In addition the current oversight of staff records had not picked up gaps in the records.

The annual review for 2018 had been completed. The annual review for 2019 was in progress.

Judgment: Substantially compliant

#### Regulation 24: Contract for the provision of services

Each resident had a written contract for care and services. Contracts were signed by residents or their representatives. More recent contracts of care included details about the resident's bedroom and the type of occupancy of the room. The provider was in the process of updating the older contracts to include this information.

Judgment: Substantially compliant

#### Regulation 3: Statement of purpose

There was a Statement of Purpose which had been updated in November 2019. The document contained the information required in Schedule 1 of the regulations.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The provider had the required Schedule 5 policies in place. Policies were communicated to staff through induction training and ongoing mandatory training, however improvements were required to ensure that policies such as hand washing and uniform policies were implemented by staff in their day to day work.

Judgment: Substantially compliant



## Quality and safety

Overall the inspectors found that residents received a high standard of care and services from a staff team who knew them well. Residents were supported to spend their days as they wished and enjoyed a good quality of life in the designated centre. Individual residents were encouraged and supported to maintain their links with their friends, their families and the local community and a number of visitors were seen coming and going throughout the two days of the inspection. Visitors chatted with their own relative and were also observed chatting with other residents and with staff in the communal lounges. This helped to give the centre a real feeling of community and was a particular strength of the service.

The premises was undergoing a significant amount of building work in order to complete the required fire safety improvements. This had increased the levels of dust in the centre and housekeeping staff were working hard to keep on top of the dust created. However improvement was still required in the deep cleaning of bathrooms, some hand wash basins and the sluice to ensure that the premises were clean. In addition the inspectors found a toilet seat was broken, there were chipped tiles in one en-suite bathroom, there was a malodour from the drain in the main bathroom and there was a broken chest of drawers in one resident's bedroom. Although some of these maintenance issues had been picked up on a recent audit they had not been adequately addressed.

Fire safety precautions were being addressed by the provider. Inspectors reviewed the status of the works being carried out, with the knowledge that they would not be complete. Inspectors found that the programme of works was ahead of schedule and were confident that this should bring the centre into compliance with fire precautions on completion in March 2020. The newly appointed facilities manager was working with the centre's fire safety consultant and building contractors to complete the works.

The facilities manager and the person in charge were working with staff and the external contractors to ensure that the impact on the residents of the current programme of works was managed appropriately. This was verified by residents who told the inspectors that the works were not causing them any concerns and that they were enjoying seeing new faces and chatting with the contractors, some of who they recognized from their local communities.

Staff training in relation to fire safety and evacuation procedures had improved and staff who spoke with the inspectors were clear about what to do in the event of a fire and how to keep the residents safe. There was a clear procedure in place to alert staff in the sister home next door that help was required in the event of a fire and staff in both centres were aware of the procedure. The provider had purchased appropriate evacuation equipment following the previous inspection. Inspectors observed that the evacuation equipment; two evacuation chairs and three evacuation pads, were stored on the first floor of the premises which was now out

of use. This meant that the equipment was not easily accessible in the event of a fire.

Residents' rights were upheld and inspectors observed that residents were offered choices in their daily routines, menus and activities in the centre. Staff sought the resident's permission before commencing a care procedure. Inspectors observed one resident who refused an intervention. This was respected by the member of staff who left the resident and returned to seek their co-operation a short time later. On this occasion the resident agreed to the intervention and happily went back to their bedroom with the member of staff.

The premises offered a mix of single and twin bedrooms. A number of rooms had en-suite facilities although some of the en-suite facilities were small and did not provide adequate space for residents with high levels of immobility to shower in comfort and safety. Residents told the inspectors that they were satisfied with their private bedroom accommodation and that they had sufficient space to store their belongings. Inspectors viewed a number of bedrooms and found that most were laid out to meet the resident's needs and their personal preferences. However bedroom 16 is an internal room with a skylight and a small window looking out onto an internal corridor. As a result the resident occupying this room did not have a view of the outside from their bedroom.

There were two communal bathrooms; one providing an accessible shower and the other an assisted bath. Staff told the inspectors that these rooms were well used by residents. Inspectors were not able to access the communal shower room due to the current building works. The assisted bathroom was reviewed and found to be in need of refurbishment. In addition this room had a malodor and the bath seat and hand-wash basin were not clean. The inspectors checked the record of daily cleaning schedules and found that it was not up to date and that the record had not been reviewed by senior staff.

## Regulation 11: Visits

There was a policy of open visiting in the centre and inspectors observed a number of families and other visitors in the centre throughout the two days. Visitors were made welcome.

There was a visitors book at the entrance. Inspectors observed that visitors signed the book when they entered the building and that the staff supervised who came into and out of the building.

Judgment: Compliant

### Regulation 13: End of life

The designated centre was a home for life and provided care for residents who were approaching end of life. Nursing staff had completed training in end of life care. Nurses and carers worked with the resident's GP and specialist palliative care services to ensure that residents received appropriate care in line with their expressed preferences.

Care plans were in place for each resident's wishes at end of life care. This included their preferred levels of medical interventions and their preference for place at end of life.

Judgment: Compliant

### Regulation 17: Premises

The premises did not meet the requirements of Schedule 2 of the Regulations;

- Room 16 was an internal room and did not have a view of the outside. As a result this room did not provide sufficient day light for the resident occupying the room.
- There was insufficient storage for equipment such as hoists and commodes.
- There were insufficient communal bath/shower rooms for 31 residents. A number of en suite facilities were not used by residents because of their small size and layout.
- A toilet seat was broken, there were chipped tiles in one en-suite bathroom, there was a malodour from the drain in the main bathroom and there was a broken chest of drawers in one resident's bedroom.
- The premises was not clean in all areas. (See Regulation 27)

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents had access to food and nutrition to meet their needs. Residents were offered a range of choices from a seasonal menu. Food was freshly prepared in the centre's own kitchen and was served hot in the dining room or in wherever the residents chose to sit to take their meals.

There were sufficient staff on duty to assist residents at meal times. Hot and cold drinks were offered throughout the day. Although staff were familiar with the resident's preferred choice of drinks and menu options they still offered the residents a choice. Staff provided discreet support and encouragement to ensure that the resident was able to take sufficient diet and fluids to meet their needs.

Where residents were identified as having nutritional risks there was a care plan in place and staff were familiar with how to support the resident with their nutritional needs. Access to dietitian and speech and language therapy was available for residents.

Judgment: Compliant

### Regulation 20: Information for residents

There was a resident's guide available. The document included the information required in Regulation 20. The resident's guide was given to new residents on admission and was a useful source of information for residents and their families.

Judgment: Compliant

### Regulation 26: Risk management

At the time of the inspection the managers were supervising a programme of fire safety improvement works in the designated centre. The schedule of works was extensive, however staff and managers were working with residents to ensure that the impact of the works and any potential risk were being managed safely. The inspectors observed that residents and visitors were given an explanation of the

planned works for the day and for those residents occupying these areas staff offered them an alternative area where they could spend their time. Residents told the inspectors that they had not been negatively impacted by the ongoing works. Inspectors noted that the works were finished by 17.00hrs on the first day of the inspection and staff confirmed that this was the cut off point each day.

However the management of day to day risks in the centre required further improvements and the risk register did not reflect all of the risks identified by the inspectors during the inspection including any steps in place to mitigate those risks and to keep the residents safe;

- There was no record that appropriate Legionnaires precautions were taken in the unused en suite shower rooms. Although one member of staff told the inspectors that they did run the water to the recommended temperatures each week this was not recorded and there was no oversight from managers to ensure that this did happen.
- The damaged raised toilet seat had not been removed from use even though staff were aware that it was faulty.
- A hoist was stored along a fire exit route.
- Portable heaters were in use throughout the building.
- Residents who smoked had an individual risk assessment in their care plan but these were not included in the risk register.

Judgment: Substantially compliant

### Regulation 27: Infection control

Infection control practices were not adequately supervised and required further improvement. This was an outstanding action from the previous inspection;

- The communal bathroom was not clean and there was a malodour in this room.
- Staff were seen wearing jewellery and watches which did not support good hand washing practices and was not in line with local uniform policy
- The sluice room was used to store a number of commodes and a shower chair. As a result the door could not be closed and staff could not access the sinks and the sterilizer.
- Household cleaning products were used by housekeeping staff and it was not clear that these products would be adequate to ensure infection control standards in a communal residential setting.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider and facilities manager were progressing an extensive programme of building works to bring the centre into compliance with fire safety. Inspectors found that the works were progressing in line with the time frames submitted to the Chief Inspector in December 2019 and were due to be completed in March 2020.

The fire evacuation procedure had been revised and clarified since the October 2019 inspection. Staff who spoke with the inspectors were clear about what to do in the event of a fire emergency and this included how to summon help from the sister home The Lodge.

Inspectors observed that the evacuation equipment available in the designated centre; two emergency evacuation chairs and three evacuation pads, were still being stored on the first floor. The first floor was not in use due to fire safety concerns and this area was not accessible for staff. As a result staff would not be able to easily access the evacuation chairs if they were required. This was brought to the attention of the Provider and the facilities manager, who confirmed they would be placed in a more suitable location.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There were clear policies and procedures in place for the management of medicines. Staff received training and updates on medication practices and oversight from the person in charge ensured that staff followed best practice guidance in this area.

Residents had access to a pharmacist. Pharmacy services helped to ensure that each resident received their medications correctly and that medications were stored safely and unused medications were disposed of appropriately.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident had a care plan in place that reflected their current needs and preferences for care and daily routines. As a result the care plans supported person centred care.

Care plans were reviewed regularly and there was clear evidence of the resident and/or their representative being involved in care plan reviews. Families who spoke with the inspectors said that they were kept up to date with any changes in the resident's health or well being.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a general practitioner (GP) and to specialist services such as dietetics, speech and language therapy, occupational therapy and physiotherapy. The chiropodist visited the centre regularly. Residents had access to optician and dental services and those residents who held a medical card were enabled to receive the appropriate HSE services.

The inspectors reviewed a number of resident records and were not assured that residents were reviewed by their GP within 48 hours of admission and following changes in their health such as following a re-admission from hospital. This was a non compliance from the October 2019 inspection.

Judgment: Substantially compliant

### Regulation 8: Protection

Although the provider had put appropriate measures in place to protect residents from abuse the inspectors found that the current pension agent arrangements that were in place did not meet the requirements of the Department of Social Protection. This was an outstanding non compliance from the October 2019 inspection.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the service.

Residents were supported to lead their lives as they wished and daily routines were found to be organised around the resident's preferences for daily routines and their

care needs. Staff were knowledgeable about each residents preferences for care and as a result care was person centred.

Residents had access to television, radio and daily newspapers. Visitors were encouraged and inspectors observed visitors and staff chatting with residents about local and national events. Visitors said they were made welcome and were encouraged to be involved with the resident's ongoing life in the designated centre. One relative told the inspectors that they sometimes took the resident back to their previous home house to spend time in the house and the garden they had created.

Resident meetings were held quarterly. Feedback from residents and families was used to develop the annual review.

Residents and/or their representative knew how to make a complaint and told the inspectors that staff were approachable if they had any concerns. There was an advocacy service available however no residents were using the service at the time of the inspection.

There was a planned programme of activities and residents were supported to participate in line with their abilities and preferences. Residents said that they enjoyed the activities on offer especially the fortnightly music sessions and the arts and crafts sessions.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0028354

Date of inspection: 29/01/2020

## 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 19: Directory of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Residents directory is up to date and all inward and outward activity of residents will be maintained in line with Regulatory requirement	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Recruitment, Selection and Vetting of Staff policy has been updated to ensure that: <ul style="list-style-type: none"> <li>• no staff member will commence work or attend training in Hillcrest House until a satisfactory disclosure has been received and is on file, in line with Part 12 of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012</li> <li>• gaps in CVs are satisfactorily explained</li> </ul> Completed on 01/02/2020	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

Corrective action plans will be developed for all future audit findings and maintenance works identified and these will be discussed at the weekly management meetings until closed out to ensure effective oversight.

The Provider now monitors the cleaning schedules daily and the staff records whilst the Facilities manager is responsible for monitoring the internal checks on fire safety equipment and maintenance. All works identified on the day of inspection have now been completed.

Complete 01/03/2020

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  
Completed 29/01/2020

Remaining contracts have been updated to include information in relation to the residents' bedroom  
Completed 29/01/2020

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  
The hand washing and uniform policies have been reiterated to all staff at staff meetings. Spot check audits have commenced weekly by the Provider until there is a satisfactory outcome in clinical practice.  
Completed 29/01/2020

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
The premises did not meet the requirements of Schedule 2 of the Regulations;  

- Room 16 There is a sky light and a (internal) window

Provider has explained to the Authority the plans to provide a window to view outside

- There is one hoist which is stored in residents bedroom whilst not in use (day)  
Overnight storage will be made available with effect from 31/05/2020
- All ensuites are used by residents with effect from 29/01/2020
- 1 further communal bathroom will be available 31/05/2020
- There was a full programme of redecoration undertaken in August to October 19

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

- The risk register has been updated to include all risks in the centre  
– completed on 30/01/2020
- The broken toilet seat has been replaced
- Weekly recording of Legionnaires precautions has commenced for 1 X unused water outlet  
Completed and ongoing 30/01/2020

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Industrial cleaning products are being tested A decision regarding this will be in place 30/05/2020

The hand washing and uniform policies have been reiterated to all staff at staff meetings. Spot check audits have commenced weekly by the PIC until there is a satisfactory outcome in clinical practice.

PIC now monitors cleaning schedules weekly to ensure that there are no gaps and that all parts of the centre are visibly clean. 05/03/2020

Regulation 28: Fire precautions

Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Evacuation equipment is in designated area      Completed      29/01/2020</p>	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Hillcrest House are involved in ongoing and extensive discussions with the local General Practitioners who provide a service to our residents with a view to increasing capacity. There is currently no provision in the GMS contract to reimburse GPs for visits to assess resident's medical status where that resident otherwise appears well e.g. on admission or on transfer from another facility and therefore an additional charge for residents may be required. Where such a charge is introduced there will be full consultation with residents and relatives and this additional charge will be outlined in the residents' guide and individual contracts of care. In the interim Hillcrest House will continue to request GP review for each of the scenarios highlighted in the report Ongoing effective      06/03/2020</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Residents / client bank account has been applied for and will be fully operational end March 31/03/2020</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 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	31/05/2020
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	31/05/2020
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Yellow	13/03/2020

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant		01/02/2020
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant		01/02/2020
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.	Substantially Compliant	Yellow	01/03/2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant		29/01/2020



	reside in that centre.			
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.	Substantially Compliant	Yellow	30/01/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	05/03/2020
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	29/01/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	29/01/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	29/01/2020

	reviewing fire precautions.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant		29/01/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	06/03/2020
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/03/2020

