



Report of an inspection of a Designated Centre for Older People

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| Name of designated centre: | Hillview Nursing Home |
| Name of provider: | Hillview Convalescence & Nursing Home Limited |
| Address of centre: | Tullow Road, Carlow |
| Type of inspection: | Unannounced |
| Date of inspection: | 23 January 2019 |
| Centre ID: | OSV-0000238 |
| Fieldwork ID: | MON-0024981 |

About the designated centre

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

Hillview Nursing Home is a family owned centre which opened in 2003. The registered provider is Hillview Convalescence and Nursing Home Limited. It is a purpose built centre located on the outskirts of Carlow town, within walking distance of many amenities such as shops and churches. The centre is surrounded by spacious landscaped gardens with access to a secure garden for residents. There is ample parking available to the front and side of the centre. The centre can accommodate up to 54 residents, both male and female over the age of 18 in its 32 single and 11 twin bedrooms. Bedroom and communal spaces are divided over two floors with access to the first floor via a passenger lift and stairs. Communal space includes a dining room, day-room, sun room, activity room, quiet room, reminiscence room and seating areas in the reception and landings on the first floor. Services provided include; 24 hour nursing care, visiting GP's, pharmacy, chiropody, occupational therapy, physiotherapy, dietetics, speech and language, optician, dental and audiology. A range of social activities are offered to meet the needs of all residents over six days each week. Religious and advocacy services are also available. The centre caters for residents with varying levels of dependency for long term, convalescence and respite care.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 52 |
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How we inspect

To prepare for this inspection the inspector or 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 |
|-----------------|----------------------|-----------|------|
| 23 January 2019 | 09:30hrs to 17:00hrs | Liz Foley | Lead |

Views of people who use the service

The inspector spoke with six residents and four family members during the inspection; those residents that could not express their own views were represented by a family member. Residents felt happy and safe in the centre and described it as home. Residents were very complimentary of all staff and described them as wonderful and always respectful. Residents and families told the inspector there was an open door policy, with management being very responsive to any requests or concerns raised. Particular aspects of living in the centre that residents enjoyed were friendships, being respected, activities, food, access to various services and connection to the local community.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the care and welfare of residents in designated centres for older people, regulations 2013. The inspector also followed up on two actions from the previous inspection which were found to be completed.

There were good governance structures in place, the person in charge who was also the registered provider representative, worked full time in the centre. Management was responsive to the ongoing changes in residents needs' and ensured there were adequate resources to deliver care effectively and safely. Staff were supported and supervised to perform their respective roles. The centre was proactively managed with many areas of good governance observed, for example monthly management meetings had a standing agenda and included staff meetings and residents feedback. These meetings and information gathered from incidents, concerns and resident/family feedback continually informed quality and safety improvement in the centre. Recent improvements included recruitment of a person six hours per week to provide additional to residents who required support to meet their social needs. An independent advocate is now available almost daily to the residents and their families. On the day of inspection a new floor was being installed in the dining room, residents were relocated to other communal areas for meals and extra staff had been allocated to absorb any extra workload.

There was comprehensive documentation to support safety and risk management and complaints in the centre. Incidents and complaints viewed by the inspector were comprehensively investigated, action plans were developed and reviewed and audited to identify trends. All regulated monitoring notifications had been reported to the Office of the Chief Inspector within agreed time frames. The centre has a good history of compliance and was responsive to the inspection process.

Regulation 15: Staffing

There was sufficient staff on duty having regard to the assessed needs of the residents and the design and layout of the centre. There was a minimum of two registered nurses on duty 24hrs per day.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed the training matrix and all staff were up to date with mandatory training. One new staff member was scheduled to complete fire training but had received in house fire induction training. There was an extensive list of mandatory training which included manual handling, fire training, safeguarding, infection control, restraint and dementia. Upcoming training is planned in cardio-pulmonary resuscitation (CPR) and palliative care.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were viewed and contained all of the schedule 2 documents required. Records in respect of residents were in place as per schedule 3. All schedule 4 documents and schedule 5 policies and procedures were also in place.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective delivery of care in line with the centre's statement of purpose. There was a clear management structure in place and staff were clear about reporting structures and of their responsibilities. The person in charge worked full time in the centre and was supported by an assistant director of nursing who also worked full time and a care team. Deputizing arrangements were in place to cover absences of the person in charge. There were robust management systems in place to monitor and evaluate the effectiveness of the service. These systems informed ongoing quality improvement in the centre. There were monthly management meetings; agendas

were adhered to and action plans developed. There was documented evidence of completed action plans. In addition there were quarterly residents meetings and regular staff meetings which were discussed and actioned. The annual review of the quality and safety of care from June 2017-June 2018 was viewed by the inspector and found to have been prepared in consultation with the residents' and/or their families'

Judgment: Compliant

Regulation 31: Notification of incidents

All other notifications as set out in schedule 4 part 7 were notified to the office of the Chief Inspector in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure in the centre – this was displayed in the reception area and written in plain English. There was a nominated person who dealt with complaints. The complaints log was viewed by the inspector and contained information about oral and written complaints. Complaints viewed were investigated and action plans were put in place for some complaints; actions were reviewed within agreed time frames and the outcomes and levels of satisfaction were documented. There was another nominated person who had responsibility for reviewing complains and systems were in place to support residents and families to further appeal complaints to relevant bodies. Residents told the inspector they would know how to make a complaint if warranted and felt supported by all staff to do so.

Judgment: Compliant

Quality and safety

The quality and safety of care provide to resident's was of a high standard. Care was person centred and informed by ongoing re assessment of residents needs' using validated assessment tools. Residents were included in the care planning process and evidence to support this was both viewed by the inspector and reiterated by the residents. Care plans comprehensively informed individualised

care, however improvements were required in the ongoing documentation of the resident's level of engagement in activities.

Residents' well being was promoted in the centre through timely and appropriate access to the GP and referral to allied health services where required. Health Promotion screening programmes were accessed through referral and two residents were currently awaiting appointments.

Residents were supported to make choices about their daily life in the centre. The inspector observed staff discreetly supporting residents and offering choice throughout the day for example, residents were observed enjoying a choice of home cooked meals, participating in activities and spending time alone. Residents who chose to stay in their rooms were respected and regularly checked by staff.

There were a large number of residents in the centre who had a diagnosis of dementia, these residents were adequately supervised to ensure their dignity and safety and that of all residents was respected and maintained. Staff were competent in identifying behavioural triggers for those residents who had potential to exhibit responsive behaviours and were therefore able to prevent and deescalate behavioural incidents. The use of restraint was minimal in the centre with the least restrictive options used. There was evidence to support the trial of alternatives and comprehensive risk assessments were completed prior to a decision to apply any restrictive practice. Ongoing safety monitoring of restrictive practices was completed and maintained in line with national guidelines, this was a completed action form the last inspection. The centre was reviewing its use of bed rails and had recently reduced the number in use.

Residents' enjoyed the activities offered in the centre and were actively involved in developing new activities. Activities were designed around the needs of the residents with all levels of dependency catered for. There was adequate communal space and quiet space with access to a secure outside garden from the sun room on the ground floor. Some residents were supported to attend day services in the community.

Residents' safety and protection was promoted in the centre. There were policies and practices in place to safeguard residents and the centre had robust risk management systems in place which were reviewed on an ongoing basis. Risks were identified and controls were in place to mitigate or eliminate these risks. Call bells were observed in all communal area and bedrooms, assistive and safety devices were also observed in use in the centre. Improvements were required to ensure grab rails were sufficient in some shared shower rooms.

Regulation 17: Premises

The premises were appropriate to the number and current needs of the residents.

Bedroom doors were personalised and adequate dementia friendly signage aided way finding. Bedrooms were personalised and shared accommodation had adequate privacy screens. Improvements were required to ensure grab rails were adequate in some shared shower rooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive needs assessments and care plans were in place that supported and guided staff to care for individuals needs'. Validated assessment tools formed part of residents' initial and ongoing needs assessments. There was no documentation supporting the ongoing evaluation of residents' social care plans therefore staff could not determine if the care plan was meeting the individual social needs of each resident. Care plans were reviewed every four months with the resident or their representative.

Judgment: Substantially compliant

Regulation 6: Health care

Residents could continue to engage their own GP or where that was not feasible there was a choice of GP's that attended the centre. Treatments recommended by the GP and allied health professionals were adhered to and monitored in the centre. Residents had access to appropriate allied health services via nurse or GP referral as appropriate. Residents had access to national screening programmes, for example, one resident was awaiting an appointment for bowel screening and one was waiting for retinal screening.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Training in dementia and restraint were part of the centre's mandatory training for all staff and there were policies in place to support staff to deal with residents with dementia and those who exhibited responsive behaviours. Staff were knowledgeable of individuals' needs and techniques used to deescalate or divert potential episodes of challenging behaviour. Care plans viewed contained information on triggers and de-escalation techniques. There was minimal use of restraint in the centre and any use was risk assessed with the resident and or their

representative. Restraint checks were in place and maintained in line with national guidelines.

Judgment: Compliant

Regulation 8: Protection

There was a centre specific policy on the prevention and detection of abuse, of which staff had a good working knowledge. Robust systems were in place to investigate allegations of incidents of abuse. The centre was not currently a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected in the centre. Residents had choice of how they spent their day, meals they ate, activities they enjoyed and were consulted about their care.

There were facilities and opportunities for occupation for residents of all dependencies and residents were actively involved in developing the activities schedule. A range of activities were available and included bingo, exercises, music provided by various entertainers, cards, table quiz involving families, spa days for both male and female residents, calming art, gardening, outings and various sensory therapies. Residents had access to TV and radio either in the day room or their bedroom as preferred and daily papers. Residents' privacy was respected in the centre; residents told the inspector staff were always respectful.

Activities staff had received suitable training for their role and were rostered to provide activities over six days of the week. In addition to this were visiting musicians, hairdresser, massage therapist, support visitor and artist.

The centre identified some residents to be lonely and unable to participate in some group activities, in response to this the centre recruited a person to visit six hours per week to give additional support to these vulnerable residents.

Residents were supported to practice their civil and religious rights; there was mass in the centre on the day of inspection. Independent advocates were available; the centre had recently recruited a family member to assist in advocating for all residents and their families on a more daily basis. In addition to this SAGE advocacy services were available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Hillview Nursing Home OSV-0000238

Inspection ID: MON-0024981

Date of inspection: 23/01/2019

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 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: Extra grab rails will be fitted in all shared shower rooms. | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Individual assessment and care plan: Activity attendance is recorded on Epi touch by our activity coordinator. We have contacted Epicare to update the activity section to enable our activity coordinator to record the level of participation: this will include “participated fully”, “participated somewhat”, or “observed”. Nursing staff will then be able to evaluate if the activity is meeting the resident’s social needs and update care plans on a four monthly basis or as needed. | |

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(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. | Substantially Compliant | Yellow | 08/02/2019 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 28/02/2019 |