



# Report of an inspection of a Designated Centre for Older People

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:	14 June 2018
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0022254

## 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.**

Current registration end date:	29/05/2020
Number of residents on the date of inspection:	34

## 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
14 June 2018	08:30hrs to 17:30hrs	Geraldine Jolley	Lead

## Views of people who use the service

The inspector spoke with seven residents and all said they were happy living in the centre and said that their health and enjoyment of life had improved since they were admitted. They said that they had plenty to do during the day and said that the exercise groups, discussions and games that took place every day kept them entertained. Residents were supported to remain independent and in contact with the local community. Some residents said that they liked being free to go out with family and to the shops. Some attended local day care services and enjoyed the opportunity to meet other people. Several said that they had made friends with other residents and this added considerably to their quality of life. Other residents said they liked being able to have visitors throughout the day and said that they were always made welcome and offered drinks and snacks.

The care provided by staff was highlighted as a positive feature of the service. Residents said that routines were flexible, that staff were kind, enthusiastic and committed to their well-being. Letters and post was delivered promptly the inspector was told. Food choices were described as good and varied and residents on specialist diets said that they were provided with meals that suited their needs.

Relatives the inspector talked to said that the centre was always active with people coming and going and activities underway. There was plenty for residents to do and where residents could not spontaneously take part in group activities staff supported them or provided one to one care that was meaningful for them. Staff were regarded as approachable and well informed and provided regular updates on residents' health and well-being.

## Capacity and capability

The management systems in the centre were well established and there were clear lines of accountability with the person in charge/ provider representative recognised by staff and residents as responsible for the centre. The inspector observed that overall the governance, management and oversight of the delivery of the service was good and there were systems in place to review the quality of the service provided to residents. The majority of actions outlined following the last inspection completed on 20/21 January 2017 had been completed. Several areas had been decorated and damaged paintwork had been refreshed. Residents and staff said they could raise any concerns regarding the quality and safety of care and felt their views were listened to and considered. Residents and relatives told the inspector that when they raised issues they were explored and responded to in a positive way.

The inspector found that the service delivered to residents was observed to be in keeping with the centre's objectives as described in the statement of purpose. There

were adequate resources allocated to the delivery of the service in terms of equipment, catering arrangements and staff deployment. Formal feedback from residents is sought every three months and used to plan the way services are delivered.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Staff were familiar with residents' needs and had appropriate qualifications and regular training on topics relevant to care practice. The format for recording the training staff attended required review as the record was not systematic and did not convey that all staff had attended mandatory training within the required time frames. Specialist training on first aid, nutrition, advocacy and end of life care had been completed by several staff.

The inspector saw that residents' specialist needs were met with one to one input provided to help residents increase their mobility and levels of communication. Staff were observed to engage with residents in a person centred and respectful manner. The person in charge is appropriately qualified and has several years' experience in this role.

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available. An annual report had been completed and this provided an overview of audit activity completed during 2017. The centre achieved very good compliance with good practice in relation to the take up of the influenza vaccine for example with the take up for residents and staff over 90 per cent.

#### Regulation 14: Persons in charge

The person in charge is appropriately qualified and has many years experience of managing the centre.

Judgment: Compliant

#### Regulation 15: Staffing

At the time of inspection, there was an appropriate staff skill mix and sufficient staff on duty day and night to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

#### Regulation 16: Training and staff development

A culture of learning for staff was promoted through training and professional development. There was a robust induction procedure in place that was overseen by the person in charge to ensure that staff had the required competencies to work in the centre.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents that contained the required information and was up to date.

Judgment: Compliant

### Regulation 21: Records

A range of records were reviewed. The majority were completed to a good standard. There were improvements required to the training records as it was not possible to determine from the record if all staff had attended mandatory training on fire safety or adult protection.

The daily records that described residents' health and well being did not convey the high level of staff intervention provided in some instances to support residents with independence and communication. Evidence of mood changes, levels of confusion or emotional health were not described where it was particularly relevant for the care of residents.

Judgment: Not compliant

### Regulation 23: Governance and management

An annual report on the quality and safety of care was completed. Residents are consulted about the way the service operates and several told the inspector that their views are respected and that changes are made to activities and menus for example in response to their opinions.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

All residents had a contract of care that described the fee to be charged and additional charges.

Judgment: Compliant

## Regulation 31: Notification of incidents

The required notifications have been supplied as required by legislation.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints procedure and residents and family members could describe the process for raising a concern or complaint. A record of complaints was maintained.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the quality and safety of the service provided was satisfactory and safe. There were improvements required in the frequency of training on adult protection, in signage to guide residents with dementia or confusion around the building and in how fire safety training was organised to ensure residents knew how to respond in a fire situation. In keeping with their individual profile, each resident's particular physical and mental health needs were assessed and appropriate interventions put in place to support their care needs, encourage independence and improve well-being. The specialised support requirements of some residents in relation to mobility, communication and food and nutrition were central to how staff resources were allocated and how the residents' day was planned.

All residents' care needs were assessed and described in their individual care plans. These were based on comprehensive assessments that were supplemented by input from the residents or their relatives. There was good involvement of specialist services for mental health and disability services and the primary care team where



residents had specialist needs and this ensured the centre's staff were appropriately informed and supported to provide the interventions required. Residents confirmed that they had good freedom and could attend community facilities such as day centres and go out to do their shopping and attend to personal business. Where needed staff support and transport was provided to ensure that there were no obstacles to residents going out. Residents told the inspector how much they enjoyed their meals and said that catering staff always gave them a choice and provided meals at times that suited them. The inspector saw residents having breakfast at varied times throughout the morning.

Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. Residents said that staff asked them daily about their health and ensured they were reviewed promptly if they were unwell. There were a range of risk factors assessed including falls risks and where risk was identified, there were care plans that described prevention measures to guide staff actions and prevent incidents.. Residents' and family members described how they were informed about the admission procedure and confirmed that their daily routines and interests were discussed and that information was used to inform care and social activities. The inspector saw that there were details on lifestyle, occupation, hobbies and interests recorded in care records. Residents said that they had enjoyed being able to take part in discussions and word games and some said that they enjoyed new interests such as painting that they would not have done before. Residents said that they enjoyed group and individual activities.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach 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). Staff could describe how to detect and report a safeguarding issue. Training had been provided for staff however records reviewed indicated that some staff had not had training for over three years and the inspector judged that refresher training was required to ensure staff were up to date with current safeguarding procedures.

The centre was decorated and furnished in a home like and comfortable way. Damaged paintwork that was highlighted for attention in the last report had been renewed. Sitting areas had been decorated in light colours. There were interesting pictures of scenic areas in Donegal displayed in hallways to provide interest for residents when walking around. An enclosed, safe courtyard garden was readily accessible to residents and was noted to be used well.

Bedrooms are single or double occupancy. Adequate screening was available in shared rooms. There are three showers/ baths in the centre, two on the ground floor and one on the upper floor where three residents are accommodated. The arrangements in one bedroom was found to compromise privacy and light could not be controlled.

There was a risk management policy and associated procedures in place. Fire safety equipment was serviced regularly and there was a training programme in place for staff that was undertaken by the person in charge. The records and training activity

required review to ensure that varied situations were simulated, that residents who could participate were included and the dates that staff attended training. The person in charge had ensured that several staff had first aid qualifications and that all staff had moving and handling training.

### Regulation 10: Communication difficulties

Communication needs were described in care records and staff were alerted to problems in handovers. The inspector saw that staff interactions were appropriate and that residents were encouraged to communicate their needs and choices.

Judgment: Compliant

### Regulation 11: Visits

There were arrangements in place for visits that suited residents. Visitors were free to visit at any time and there were quiet areas where residents could see their visitors in private.

Judgment: Compliant

### Regulation 13: End of life

Nurses were familiar with good practice guidance for end of life care. Training had been provided by the hospice staff on the use of specialist equipment such as syringe drivers. Residents' wishes for their care at end of life were established where possible and families were consulted where residents could not indicate their preferences.

Judgment: Compliant

### Regulation 17: Premises

The premises were home like and appropriately furnished. There is one bedroom on the ground floor that is an internal room ventilated by a skylight. This room also has a window that overlooks the hallway. The inspector noted that while the room had good light the resident's privacy was compromised as the resident could not use it without the blinds down and the skylight did not have a blind which meant that

there was constant light during the summer months.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The menus were varied and catering staff said that they prepared additional dishes to meet residents needs. Residents who required specialist diets were catered for appropriately.

Judgment: Compliant

### Regulation 26: Risk management

There were risk management procedures in place and varied risks that included clinical and environmental risks were identified with actions to reduce the hazards described.

Judgment: Compliant

### Regulation 27: Infection control

Staff were aware of the hygiene standards that had to be maintained and were familiar with good cleaning practices.

Judgment: Compliant

### Regulation 28: Fire precautions

There were some improvements to the required fire safety records as confirmation that all staff had attended training on how to deal with a fire safety incident was not available. Staff could describe the actions they were required to take if the fire alarm was activated. Regular fire drills were organised by the person in charge the inspector was told however records did not indicate what the fire drills entailed, any problems encountered or the involvement of residents. There was appropriate equipment in place that was regularly serviced.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The storage and administration of medicines was safety and appropriately organised. Residents were supported to manage their own medicines and were encouraged to continue with this following admission.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were completed for all residents and these were reviewed in consultation with residents and family members. Residents preferred daily routines, choices and abilities were described. There was an emphasis on promoting independence and on maintaining contact with the local community. Several residents had support from staff and transport provided to help them attend community activities, do their shopping and go out socially.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and suitable interventions were in place to ensure their well-being. Doctors visited regularly and specialist staff from mental health and disability assessed and reviewed residents where needed to ensure the best possible outcomes could be achieved for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia, mental health problems or other conditions were assessed and good practice guidance was followed in the management of such behaviours. Records described staff interventions and possible causes of changing behaviours so that further episodes could be prevented. The training record confirmed that staff had training on dementia care and responsive behaviours.

Judgment: Compliant

### Regulation 8: Protection

Staff conveyed good awareness of how to protect residents and ensure their privacy and dignity. The recruitment procedures included vetting for all staff prior to employment. While staff had been provided with information and training some of this took place some years ago according to the training record. The measures to protect residents should be enhanced by further training to ensure staff have up to date information on safeguarding procedures .

Judgment: Not compliant

### Regulation 9: Residents' rights

There were opportunities for recreation and activities and these were provided by staff who had reviewed residents' interests when organising the activity schedule. Residents were offered choices in all aspects of their day to day life including how to spend their time.

The centre was described as a happy home like place by residents and visitors and there was a general sense that residents were activity engaged throughout the day.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0022254

Date of inspection: 14/06/2018

## 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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records:  I will review again the records to ensure full compliance in line with the standards This review and actions will be complete by 18/08/2018	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  The skylight in the room identified has an integral blind. The room now has a net curtain applied for increased privacy as well as the blind	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:  All records reviewed.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:  Any staff member who has not attended this Safeguarding training will have received training immediately Training matrices will in future be fully up to date and reflective of current status re training	



## 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	Yellow	18/07/2018
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.	Not Compliant	Yellow	01/09/2018
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Yellow	01/09/2018
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Yellow	01/09/2018