

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Hillview Private Nursing and Retirement Residence	
Centre ID:	0141	
Centre address:	Rathfeigh	
	Tara	
	County Meath	
Telephone number:	041-9825698	
Fax number:	041-9821591	
Email address:	jjcahill@hillviewcare.ie	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Hillview Private Nursing and Retirement Residence Partnership	
Person in charge:	Rebecca Jane Carolan	
Date of inspection:	3 June 2011	
Time inspection took place:	Start: 12:00 hrs	Completion: 14:45 hrs
Lead inspector:	Leone Ewings	
Support inspector:	Sheila Mckevitt	
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up unannounced inspection	

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meets the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow-up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Hillview Private Nursing and Retirement Residence is of a single-storey bungalow-style design that has been extended over the years. A recent extension in 2010 provided a new laundry room, two offices, a staff changing area, a small treatment room and an additional storage room. Other facilities include two sitting rooms, a large dining area overlooking a patio garden, with a number of seating areas for residents use. There is a library/quiet room and a private visitors' sitting room. There is also a small oratory and a patio garden with seating for residents' use. Externally, there is ample car parking facilities, seating and pathways.

The centre provides long-term and short-term care for up to 26 residents. While most residents are over 65 years, at the time of this inspection there were six residents aged under 65 years who had an acquired brain injury. One resident had an intellectual disability and three had dementia.

Accommodation comprises of 14 single and six twin bedrooms. Four single rooms and six twin rooms have an en suite shower and toilet facility. Thirteen bedrooms have a wash-hand basin only.

A basement day care facility called "Teach Brid" has external ramp access, to the rear of the main building. This area is used primarily for day-time activities for residents with disabilities and consists of a kitchen/day room, activities room, storage and assisted toilet facility. It is not accessible by residents internally from the main building. This facility is not used by any of the older persons living at the centre.

A wheelchair-accessible minibus is available for transport to outings and other appointments.

Location

Hillview is located on the outskirts of the small village of Rathfeigh, Co. Meath. The centre is in a rural area and is not served by train or bus routes.

Date centre was first established:	31 October 2009 (this provider)
Number of residents on the date of inspection	22 (plus 2 in hospital)
Number of vacancies on the date of inspection	2

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	10	9	3

Management structure

The Provider is Hillview Private Nursing and Retirement Residence, a partnership consisting of Tara, Karl and Desmond Seepersad and John James Cahill. On behalf of the Provider, John James Cahill is the nominated representative and involved in the day to day management of the centre.

The Person in Charge is Rebecca Carolan who reports directly to the provider. The person in charge is normally supported in her role by an Assistant Director of Nursing. Nursing staff and the person in charge have taken on her roles and responsibilities and they report directly to the person in charge regarding the provision of care. The administration, maintenance, kitchen and domestic staff all report directly to the person in charge. The role of managing human resources including records is shared between the person in charge and the provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	4	2	2	0	2**

** two activities persons

Background

Hillview Private Nursing and Retirement Residence was first inspected by the Health Information and Quality Authority's (the Authority) on 12, 13 May and 21 June 2010. Inspectors found that overall Hillview Private Nursing and Retirement Residence provided a fair standard of care. However, a number of significant improvements were required to achieve compliance with the regulations.

A further two follow up inspections took place on 15 October 2010, and 2 February 2011. The purpose of these inspections was to follow up on the actions from the registration inspection, particularly with regard to medication management and the standard of documentation at the centre, which were found to be inadequate. The provider and the person in charge met with the Authority on 31 March 2011 and gave undertakings that they would meet the legislative requirements, and make the relevant improvements within the agreed timeframes.

The chronology of the Authority's previous inspections is set out at the end of this report.

Following the three inspections completed a number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider was required to complete an Action Plans to address areas where improvements were required. The inspection reports can be found at www.hiqa.ie.

This inspection report outlines the findings of a further announced follow-up inspection that took place on 3 June 2011.

Summary of findings from this inspection

This inspection was announced one week prior. The person in charge was on duty and a further registered nurse and four care assistants who were on duty. The inspector spoke to a number of residents. All were complimentary about the staff, the facilities and the care they were receiving. The provider was also available at the centre and attended the feedback following the inspection.

Further to the last inspection, the inspector had found that only two of the 10 requirements outlined in the Action Plan of the 15 October 2010 inspection report had been fully addressed. The remaining eight requirements had not yet been fully completed although one was still within the timeframe given as 7 March 2011. The provider and person in charge had also progressed two of the four issues raised in best practice recommendations in line with the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider told the inspector that he was considering the remaining two issues.

Overall the inspector found that the provider and the person in charge had made some changes since the previous inspection. The eight action plans not fully addressed at the last inspection had now been addressed in full.

The building and ground works had now been completed, residents meetings had commenced, some improvements had been made to documentation, a report on the review of quality and safety of care and quality of life within the centre had been submitted to the Authority within the timescales agreed with the provider. In addition, quarterly notifications had also been submitted as required by the relevant legislation and residents' care plans had been reviewed on a monthly basis.

Other issues covered on inspection:

Security

The practice of leaving the keys in the front door had ceased, a keypad entry system was in place. The visitors' book had been maintained.

Fire

The records of fire safety and maintenance were reviewed by the inspector and found to be up to date.

Complaints

The complaints procedures had been reviewed and details of an independent appeals process, was included. The complaints management process was included in the designated centre's policies and procedures, and the revised statement of purpose.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure residents' assessments are completed, and their needs are set out in an individual care plan developed and agreed with each resident.

The interventions required to meet the changing needs of residents to be continuously assessed, monitored and evaluated on an as required basis and no less frequently than every three months.

This action was fully completed.

The inspector reviewed a sample of residents' assessments and care plan documentation, and found some improvements had been made with regard to resident assessment. Each resident had been reviewed since the last inspection on 2 February 2011. Long term residents had new revised documentation in place. The standard and quality of completed documentation was improved and found to be adequate. There was documented evidence of resident or relatives' involvement or consultation with the care planning process and the person in charge has been involved with audit of care plans.

The new documentation used was comprehensive and detailed and included evidence-based assessment tools. All residents had an assessment of cognitive ability as part of their admission or ongoing care. The evidence-based tool in use was the MMSE.

2. Action required from previous inspection:

Implement the challenging behaviour policy in full and develop individual assessment and individual intervention plans for all residents that present with behaviour that challenges.

Review supervision systems and practices in place to manage challenging behaviour in communal and private bedroom areas which ensures safety and also respects the privacy and dignity of each resident.

Establish a system which audits and reviews the implementation of the policy and disseminates learning to all staff.

This action was fully completed.

The record and audit of incident and accidents for the last quarter of 2010 was reviewed by the inspector. Two incidents involved one resident with an acquired brain injury who had increased signs of agitation. The inspector reviewed the care records for this resident and noted that a detailed assessment and effective care plan was in place. The outcome of the risk management review was a plan to increase supervision when the resident showed any signs of agitation. In addition, review meetings had taken place with a case worker from the Health Service Executive (HSE).

The provider informed the inspector that training on the management of behaviour that challenged and restraint management had taken place.

The training records were detailed and included a copy of the presentation on 13 January 2011 which was based on the policy on the use of physical restraints by the HSE.

Medical notes reviewed by the inspector showed that the psychiatry of old age community team visited the centre to review a number of residents. The assistant director of nursing confirmed that regular contact was maintained with the community mental health team. For example, one resident had been admitted to the acute psychiatry services after a review and was still in hospital at the time of this inspection.

The person in charge told the inspector that each resident had been reassessed, in the last three months with regard to the use of restraint. This involved a detailed assessment for the use of bed rails, safety belts and a 'wander' alarm for one resident. The inspector found that residents were assessed for the use of restraint and there was documentary evidence that regular checks were carried out on the use of restraint and restraints were regularly removed. The person in charge confirmed that any restraint in use was reviewed daily.

3. Action required from previous inspection:

Review the accident and incident and near miss reporting process to incorporate more detailed information.

Establish a system which audits and reviews the accidents and incidents reported and the adherence of staff to accurately reporting same.

Establish a forum where staff meet to communicate and share learning following reviews of accidents and incidents at the centre.

This action was fully completed.

The record of accidents and incidents was reviewed by the inspector. Improvements were noted in the quality and accuracy of record keeping by the registered nurses since the last inspection. The person in charge was knowledgeable about the quarterly audit and review that was completed in the centre and told the inspector that the person in charge reviewed each accident and incident.

The person in charge told the inspector that audit findings were communicated at staff meetings.

4. Action required from previous inspection:

Establish and maintain a system for improving quality and safety of care and the quality of life of residents in the centre at regular intervals.

Report on the improvements identified and provide a copy of these reports within three months of receipt of this inspection report.

Such reports to address issues of communication, person-centred care, enablement, inclusion and involvement of residents and relatives or advocates in daily decision making and participation in their care and the organisation and delivery of services provided at the centre.

This action had been completed.

The provider and the person in charge submitted a review to the Authority on March 2011.

5. Action required from previous inspection:

Review prescription and administration practices within the centre and put in place a process which ensures the practice meets the requirements of the legislation and all relevant professional guidelines.

Ensure the process is supported by a policy which reflects contemporary evidence-based practice.

Review audit process and ensure regular audits are routinely and regularly carried out and that learning from such audits is disseminated to all staff.

This action has now been completed satisfactorily.

A new medication prescription chart had been put in place by the person in charge as of 1 February 2011. Six nursing staff had attended medication management training. A review of the MDA records and drug administration charts by the inspector was satisfactory. Administration of medication was observed and found to be safe and in line with An Bord Altranais (ABA) guidelines.

Staff nurse turnover at the centre had reduced and there were seven registered nurses on the staffing roster, with one nurse on maternity leave. All had completed medication management updates in recent months and had a competency review by the person in charge. Staff were familiar with the written policies in place at the centre and ABA guidelines and standards. The person in charge had commenced medication management audit at the centre the last audit was dated 31 March 2011. A bi-monthly audit was also completed by the pharmacist. The person in charge told inspectors there had been no medication errors noted on her audit or reported to her by nursing staff.

6. Action required from previous inspection:

Develop and provide a more varied choice of activities and things to do, based on the individual preferences of residents.

Ensure that such choices are offered in the evenings and weekends and to all residents.

Revise current programme in place for older persons, and develop meaningful activity which is specific to residents needs and is inclusive of residents with cognitive impairment living at the centre.

This action was fully completed.

Inspectors reviewed activity assessments for each resident. The person in charge told inspectors this would be completed on admission and reviewed at three-monthly intervals. The inspector reviewed the records and found that activities and pastimes had been discussed at residents' meetings.

All residents had their pastimes and likes and dislikes documented on admission and a programme was now in place over the seven day week including evenings.

From a review of the activity programme and the record of residents' participation in activities, the inspector, concluded that planned and organised activities for residents with cognitive impairment and/or dementia were limited. The activity schedule had not been further developed in any meaningful way since the last inspection on 15 October 2011. The person in charge said they were continuing to develop more appropriate activities which may be of interest to residents. Senior nursing staff had attended a course on best practice in dementia care in February 2011.

8. Action required from previous inspection:

Ensure all staff working at the centre attend a pressure ulcer prevention and management update.

This action was now fully completed.

The pressure ulcer prevention and management training was rearranged for 5 January 2011, facilitated by a tissue viability nurse tutor and the record of training were reviewed by the inspector.

9. Action required from previous inspection:

Completion of ground works and landscaping to allow for access for all residents

This action was fully completed.

The provider had completed gardening and landscaping works, including planting. The provider said the lawn and secure garden would be furnished with seating and ready for full use in spring 2011.

The inspector found that the major ground works had been completed, with some planting. The secure garden area was found to have a grassed lawn in place and wooden palisade fencing. However, the area was furnished with seating and residents were seen outdoors planting seedlings into the raised beds. The grounds and grassed areas were well maintained.

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
<p>Standard 2 Consultation and Participation</p>	<p>The person in charge facilitates the establishment of an in-house residents' representative group for feedback, consultation and improvement on all matters affecting the residents.</p> <p>Particular consideration is given to residents with dementia and other cognitive impairments with regard to opportunities for participation in meaningful and purposeful activity.</p> <p>Provider's response: This had been addressed.</p> <p>Findings: A resident representative group had been established at the centre.</p>
<p>Standard 6 Complaints</p>	<p>The person in charge ensures complaints and comments are raised at team meetings for feedback and future learning. Measures required for improvements are put in place.</p> <p>Provider's response: The person in charge has and will ensure complaints and comments are raised at both individual and staff meetings to ensure awareness and improved practice where necessary.</p> <p>Findings: No records were available at the time of this inspection. The person in charge was also not available to discuss the outcome of this recommendation in detail.</p>
<p>Standard 25 Physical Environment</p>	<p>Repair or replace public telephone available to residents. Consider re-locating the telephone to a more private space.</p> <p>Consider a cold drinking water system where residents can help themselves in a communal area.</p>

	<p>Provider's response: Awaiting a visit from telephone provider regarding public telephone (delay due to bad weather). We have the facility to provide a private telephone in a residents room should this be required.</p> <p>Findings: Not yet fully addressed by provider.</p> <p>Update on 3 June 2011 Cold water dispenser available in dining room.</p>
<p>Standard 29 Management Systems</p>	<p>The person in charge ensures that professional development plans are in place that are supported by training and education programmes.</p> <p>Provider's response: Training plan for 2011 under construction.</p> <p>Findings: No evidence available in the form of the 2011 training plan at the time of the inspection.</p>

Report compiled by:

Leone Ewings

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date 29 August 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
15 October 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
12 and 13 May, and 21 June 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
2 February 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Any comments the provider may wish to make:

Provider's response:

None Received

Provider's name: John James Cahill

Date: 30 November 2011