



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Private Nursing & Retirement Residence
Name of provider:	Hillview Private Nursing & Retirement Residence Partnership
Address of centre:	Rathfeigh, Tara, Meath
Type of inspection:	Unannounced
Date of inspection:	13 January 2021
Centre ID:	OSV-0000141
Fieldwork ID:	MON-0030782

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to 26 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents.

The centre is a single storey building located in a rural area.

The aim of the centre is to provide a wide range of nursing and care services to meet the individual needs of residents while actively encouraging residents to fulfil their own potential.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Wednesday 13 January 2021	11:00hrs to 17:00hrs	Naomi Lyng	Lead
Wednesday 13 January 2021	11:00hrs to 17:00hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

The inspection took place over one day, and inspectors communicated with over 50% of the residents living in the centre. From what residents told inspectors, and from what inspectors observed on the day of inspection, Hillview Private Nursing and Retirement Residence was a pleasant place to live and residents were offered choice in how they led their lives. Some areas were identified as requiring improvement on the day of inspection, including areas which had been identified on the previous inspection, and these are highlighted under the relevant regulations in the report.

The inspection took place during a period where increased national COVID-19 restrictions were in place, and residents and staff spoke of their eagerness for life to return to normal. Residents told the inspectors that they missed their families and loved ones, and that they were keen for visiting to reopen in the designated centre. Inspectors observed that scheduled window visits were available on request and that compassionate visiting was facilitated as required in line with public health guidance. One resident told inspectors that moving to long-term care had been a difficult decision, but that they felt safe and comfortable living in the centre and were grateful for the company during a very difficult and lonely time. A number of residents told inspectors that they were excited to receive the COVID-19 vaccine, and staff had reassured them that it would be available very soon.

The centre was laid out over the ground floor level, and inspectors observed that the design and layout promoted a good quality of life for residents. There were a variety of communal spaces for residents to enjoy, including three sitting rooms, a large dining room with attached conservatory, a visitor's room and an oratory. Inspectors observed that these were pleasant and comfortable spaces and residents were observed using them to watch television, chat together socially in small groups or partake in activities. Residents had access to an enclosed garden with outdoor furniture, attractive planting and vegetable patches. Staff told inspectors that residents were supported to grow vegetables during the year and assist with gardening if they wished. Inspectors observed that there was a smoking area in the garden, but that this was situated close to a resident's bedroom window. Inspectors also observed that screening in a communal bathroom facing onto the garden was not sufficient to ensure residents' privacy and dignity was maintained. These findings are detailed under Regulation 9: Residents' Rights.

Residents' bedrooms were observed to be clean, bright, comfortable and homely spaces. There was sufficient storage and seating available for residents, and inspectors were informed that all bedrooms had a television available. Inspectors observed that a number of residents had personalised their bedrooms with their own furniture, bedding, photographs and ornaments, and one resident told the inspectors that it was the nicest bedroom that they had ever had. Inspectors observed that one twin bedroom had been reduced to single occupancy during the COVID-19 pandemic, as the size and orientation of the bedroom did not allow for

adequate social distancing in line with public health guidance. Inspectors also noted that while an additional assisted shower facility had been installed in the centre since the previous inspection, there continued to be insufficient accessible shower and bath facilities available to meet residents' needs. This is discussed further under Regulation 23: Governance and Management.

Residents told inspectors that staff were friendly, kind and caring. One resident spoke of how staff had "filled the gap" when visiting restrictions were put in place, and that they could chat comfortably to anyone working in the centre, regardless of their role. Inspectors observed a number of positive and meaningful interactions between staff and residents, and observed that call bells were answered promptly and that staff knocked on bedroom doors prior to opening. Staff communicated with on inspection were knowledgeable of their role, and responsive to individual residents' needs. For example, the inspectors observed that a resident who had chosen to remain in bed on the day of inspection was checked on regularly by staff, and that when the resident informed housekeeping staff that they felt hungry, the staff member promptly arranged for the resident to have tea and toast as per the resident's wish.

Residents who communicated with the inspectors on the day of inspection reported that the food in the centre was "lovely" and that there was plenty of it. The menu was displayed in the dining room and inspectors observed that it offered residents a choice of meal options. Residents were facilitated to eat in their own bedrooms, or socially distanced in the dining room, and were observed to be assisted by staff in a discreet and respectful manner. There was a selection of refreshments and snacks available throughout the day, and one resident told inspectors that there was "always something nice to eat." A review of resident care plans showed that mealtimes were recognised as an important daily experience to improve the quality of lives for residents. For example, one resident's care plan informed staff that the resident might feel anxious if their meal was late, and that the ingredients of each dish offered should be listed to the resident when taking their order, so that they could make an informed choice.

Inspectors observed that there was a varied and interesting activity programme available in the centre, and that an activity schedule for the seven days was displayed in prominent locations. On the day of inspection, residents were observed taking part in a sing-a-long with hand instruments and it was evident that they were greatly enjoying themselves. Residents were also observed taking part in a quiz game, and the activity coordinator adapted the game to meet individual resident's abilities and promote engagement with the game. The inspector observed that residents had discussed their resolutions for the New Year and that these were displayed on a blackboard in one of the sitting rooms. One resident proudly showed inspectors an indoor football goal which they had helped to assemble, and spoke of the resident football games that were planned to be held in the coming weeks. Inspectors observed other residents watching a television programme together in a cosy sitting room and chatting companionably about the plotline. They informed the inspectors that it was their favourite show and they never missed it, and staff always ensured that the television was on the correct channel. Other residents were observed to prefer spending time alone reading the newspaper or listening to the

radio in one of the other sitting rooms or in their own bedrooms. Inspectors observed that activity records required improvement and this is discussed further under Regulation 21: Records.

Staff informed the inspectors that the Teach Brid day centre was usually available for residents to spend time in during the day but was closed during the COVID-19 pandemic, and inspectors observed that the facility was undergoing refurbishment at the time of inspection. The facility was a separate building situated on the grounds of the designated centre and was accessible via a path leading from the enclosed garden. Inspectors were informed by staff that the day centre gave residents the experience of a daily outing, and that recreational activities such as baking, and arts and crafts were offered there.

The centre was observed to be kept in a clean and tidy manner. Staff were observed to be compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Twice daily temperature checking of residents and staff was observed to be completed, and cleaning schedules had been adapted to ensure adequate PPE was available at all times. Residents were observed to be supported to complete good hand hygiene and cough etiquette practices. Some areas were found to require review to ensure they met infection prevention and control (IPC) standards, and are detailed further under Regulation 27: Infection Control.

In summary, this was a good centre and residents were observed to be supported to lead a meaningful and engaged life. Areas found on inspection that required improvement are discussed under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection to assess the centre's preparedness for a COVID-19 outbreak, and took place over one day. The centre has a good history of compliance, with findings on the previous inspection being mostly compliant with the exception of governance and management, premises, management of volunteers and the statement of purpose (SOP). While there was evidence on this inspection that the provider had made efforts to address these areas of non-compliance, the inspectors found that further improvements were required to ensure the premises was suitable for residents' needs. This is discussed further under Regulation 23: Governance and Management, Regulation 9: Residents' Rights and Regulation 17: Premises.

The centre had a clearly defined management structure in place with identified lines of authority and accountability. The registered provider representative (RPR) worked off-site, but visited the designated centre once a week or as required. The person in charge (PIC) facilitated the inspection, and demonstrated a clear understanding of her role and responsibilities and a comprehensive knowledge of the residents, and their health and social care needs. The person in charge was supported in the role

by an assistant director of nursing, who deputized in her absence, and a clinical nurse manager. There was an on call out-of-hours system in place that provided management advice if required.

Overall the inspectors found that there were adequate resources in the centre to ensure the effective delivery of care to residents in line with the centre's stated purpose. However, inspectors found that there were not sufficient bath/shower facilities for 26 residents. This was a non-compliance from the previous inspection and had not been adequately addressed by the provider.

The staffing number and skill mix on the day of inspection was appropriate to meet the needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. However, the inspectors observed that care staff were sometimes rostered to complete kitchen duties on the same work shift. This crossover of staff was not in line with public health guidance "*Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*". The PIC agreed to review the staff rostering immediately to stop movement of staff across work areas. In addition, inspectors found that staff records were not maintained in line with regulatory requirements. This is discussed under Regulation 21: Records.

The centre had not experienced a COVID-19 outbreak prior to the day of inspection, and the person in charge had developed a preparedness plan in the event of an outbreak occurring in the centre. Whilst this was a comprehensive document, it required further details to provide clear guidance to staff especially in relation to the contingency arrangements for staffing. For example, inspectors found that the number of staff nurses currently employed by the centre was not sufficient to ensure the adequate staffing of a separate area, should isolation of a resident with suspected or confirmed COVID-19 be required. The person in charge informed the inspectors that there were arrangements in place to ensure there was sufficient staff numbers to care for any resident who required isolation, and this included links with a local agency and arrangements with previous staff members who had agreed to return to work in the centre if required. This plan had not been tested to ensure it was effective in the event of significant staff shortages within the centre due to COVID-19 related illness or a requirement to self-isolate.

There were regular management meetings held via Microsoft Teams, where a very broad range of operational issues were included on the agenda. Electronic records of these meetings were maintained, however inspectors observed that these records lacked details of the issues discussed and any resulting action plans required. The person in charge informed the inspectors that there was daily communication with the provider and daily updates provided to the staff in relation to the COVID-19 pandemic, including contingency planning. Staff meetings were observed to be held but records of these meetings were not maintained. This is discussed further under Regulation 23: Governance and Management.

The centre had implemented an audit system and audits were carried out in areas

such as management of behaviours that challenge, safeguarding of vulnerable adults, use of restraint in the centre, care plans, medication management and nursing documentation. However, as discussed under Regulation 23, these audits did not consistently identify quality improvement plans as a result of the findings.

Staff were aware of the regulations, standards and up to date guidance relevant to the service, and copies of these were readily available in the centre. There was an induction system in place for all newly appointed staff which covered all aspects of the service requirements. Staff had access to education and training appropriate to their role, however inspectors found gaps in records of staff attendance in mandatory training sessions. This is detailed further under Regulation 16: Training and Staff Development.

The person in charge maintained very good communication with all the residents and their families, providing updates throughout the COVID-19 pandemic. Resident meetings were held and residents were facilitated to discuss a range of issues in the centre including COVID-19. This was verified in feedback residents on the day of inspection and a review of the recorded minutes of the meetings.

The person in charge carried out an annual review of the quality and safety of care in 2019 which was available to staff and residents. This review included a resident satisfaction survey which provided positive feedback about the centre.

Regulation 15: Staffing

The centre had sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents and having regard to the design and layout of the centre on the day of the inspection. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found significant gaps in training records for staff, including infection prevention and control, safeguarding vulnerable adults, managing behaviours that challenge and manual handling. While the PIC informed the inspectors that training provided by external providers had been postponed due to COVID-19 restrictions, the inspectors were not assured that alternative temporary arrangements, such as online training, had been made available for staff.

In addition, while COVID-19 training, including donning and doffing of personal protective equipment (PPE) and hand hygiene, was observed to have been made available and promoted in the centre, the records maintained did not provide

evidence that all staff had completed this training in 2020.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were insufficient shower/bath facilities available for 26 residents at the time of inspection, which was a non-compliance from the previous inspection in January 2019. The provider had made efforts to address this with installation of one additional shower room facility, however further work had been delayed due to the COVID-19 pandemic. The person in charge reported that the occupancy of the centre had been reduced temporarily to 24 residents during the COVID-19 pandemic, and to ensure that there were sufficient toilet and shower facilities available for residents' use.

In addition, the provider failed to ensure that a suitable sluice facility was available in the designated centre. This was a second, repeat non-compliance from the previous inspection and created a significant infection prevention and control risk.

The management of risk in the centre required improvement to ensure all potential risks were identified, and measures put in place to mitigate the risk. For example, on the day of inspection inspectors observed a number of risks that were not addressed:

- storage of plastic bags on hand rails along the corridor, which residents used to assist them walk through the centre
- unsecure storage of wound dressing materials, prescription nutritional supplements and chemicals
- movement of staff between two work areas during a work shift, for example working as care staff for part of the day and then assisting in the kitchen, presenting as a risk of transmission of the COVID-19 virus amongst the staff team

The inspectors found that audit systems in the centre required improvement. For example, inspectors observed that audits of some areas, for example the occurrence of repeated falls in the centre, did not contain evidence of evaluation or analysis, and therefore there were no actions, recommendations or quality improvement actions identified.

Records of management and staff meetings required review to ensure they contained sufficient detail in relation to the items discussed and resulting action plans and timeframes.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were no complaints recorded in the centre in 2020, and residents told inspectors on the day of the inspection that they had no concerns or complaints.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of staff records on the day of inspection and found that they did not consistently include all of the required prescribed information set out in Schedule 2 of the regulations. For example, three staff files did not include a full employment history record, and one staff file did not have the required two written references.

While inspectors observed a good selection of activities available on the day of inspection, and viewed records maintained by the activity coordinator of resident engagement and enjoyment of these sessions, records of resident participation and engagement in activities on the days when the activity coordinator was not working were not consistently maintained.

Judgment: Substantially compliant

Quality and safety

Inspectors observed that residents were facilitated to have a good quality of life in the designated centre, with good access to medical and healthcare services. Residents were supported to engage in a meaningful activity programme based around their own interests and preferences, and maintain communication with their loved ones despite the national COVID-19 visiting restrictions in place. However, significant non-compliances were found in Regulation 27: Infection Control and in Regulation 17: Premises. In addition, some improvements were required in Regulation 5: Individual Assessment and Care Plans on this inspection.

Inspectors observed that overall, the premises was well laid out to meet the needs of the current residents. However, there were not enough bath/shower facilities for 26 residents and there was no clear plan in place to address this repeated non-compliance. In addition, the premises did not have a suitable sluice facility which increased the potential risk of transmission of infections in the centre. The inspectors found that significant improvements were required in infection control

practices and this is discussed under Regulation 27.

Inspectors observed that residents had access to a GP of their choice, and there was evidence of timely phonecall reviews, videocall assessments, and on-site reviews in a review of residents' medical records. The centre had arranged for a physiotherapist to be available once a week in the centre, and while this had been temporarily discontinued during times of increased COVID-19 restrictions, inspectors observed that the physiotherapist attended residents on an individual basis as required. There was good access to chiropody, occupational therapy, dietician, tissue viability, palliative care and psychiatry of older age services in the centre. The centre also had access to specialist infection prevention and control nursing input, but this service had not been utilised on-site at the time of inspection. The centre had strong links with local pharmacy services, and inspectors observed that anticipatory medications had been made available for appropriate residents.

The PIC had arranged for all residents to have a comprehensive assessment of their health, mental and social care needs by an appropriate health care professional, and inspectors observed that validated screening tools and assessments were completed. Care plans were prepared within 24 hours of a resident's admission to the centre, and were updated every four months. Improvements in care planning records were required to ensure that staff had the correct information to provide care and support in line with the residents' needs and preferences. This is discussed under Regulation 5: Individual Assessment and Care Plan.

Inspectors observed that activity staff had completed a "Key to Me" style record of individual residents' interests, dislikes and ambitions for the year. These were detailed and comprehensive and allowed staff to facilitate recreational activities and events around residents' preferences. Inspectors observed a varied and interesting activity schedule, and residents were clearly enjoying themselves in different social circles on the day of inspection.

Staff demonstrated good knowledge of risk assessment and risk management. There was a risk register maintained which identified risks in the centre including COVID-19 related risks and the controls required to mitigate those risks. However, not all risks found by the inspectors had been identified and mitigated. Records showed that equipment, including hoists, beds and wheelchairs, were regularly serviced and repaired in a timely manner. An up to date safety statement was also available.

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place, and while this included most of the required elements as set out in Regulation 26, there was no available information on the measures and actions to control accidental injury to residents, visitors or staff in the designated centre.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors observed a number of areas on the day of inspection which required improvement to ensure that infection prevention and control (IPC) procedures were consistent with nationally mandated standards and implemented by staff. For example:

- Some soft furnishings and furniture were observed to have worn and damaged surfaces, and therefore did not facilitate effective cleaning processes
- Equipment cleaning procedures required improvement including wheelchairs and hoists
- Inappropriate storage of residents' equipment, for example specialised seating cushions and hoist slings
- Shared usage of hoist slings, presenting as a risk of cross contamination of a virus or infection
- Staff changing area was not kept in tidy manner to prevent potential environmental transmission of the COVID-19 virus
- There were no cleaning records available for the cleaning of frequently touched surfaces after 2pm
- There was no formal risk assessment completed for the risk management of legionella

Inspectors observed that the sluice facility was not suitable and did not meet IPC standards. For example, inspectors found there was inappropriate storage of hygiene products, resident equipment, soft furnishings and housekeeping equipment in the sluice facility. The sluice room was also observed to be kept in a poor state of repair, with damaged wall and door surfaces. This was a finding from the previous inspection which had not been addressed by the provider.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care plans and while they were generally observed to be detailed and person-centred, some areas were found to require improvement to ensure staff had up to date and clear information to meet residents' needs effectively. For example:

- COVID-19 care plans were observed to be generic and did not reflect residents' wishes if they were to contract the COVID-19 virus
- Restraint care plans did not consistently reflect that the least restrictive

- option had been trialled prior to the use of a restraint, for example bed rails
- Falls risk assessments were not observed to be consistently completed at timely periods, for example following a resident having a fall
 - Care plans reflected conflicting information, for example a mobility care plan for one resident did not correspond with the information provided in the resident's moving and handling care plan

Judgment: Substantially compliant

Regulation 6: Health care

Residents were observed to have good access to medical and allied health professional services, and these services were offered remotely via teleconference and videocalls when not available on-site.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and preferences being upheld and respected in the designated centre, and residents were supported to make informed choices in all aspects of their care.

Inspectors observed that the outdoor cigarette area was not suitable for residents' use. For example, it was located close to a resident's bedroom window and therefore impacted on the resident's privacy and access to fresh air in their bedroom. Inspectors also observed that there was a queue for the use of the smoking area at different times on the day of inspection as the space was not large enough for more than one resident to use at one time.

Inspectors observed that a net window curtain used in a communal bathroom facing onto the enclosed garden space did not provide sufficient screening to ensure residents' privacy and dignity was maintained while using the shower facility.

Judgment: Substantially compliant

Regulation 17: Premises

The inspectors observed that one shower facility in the centre did not have grab rails installed for residents' use, and therefore required review to ensure it was an

accessible facility for all residents.

There was not a sufficient number of shower facilities in the centre to meet the needs of 26 residents, as per the centre's current registration.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Hillview Private Nursing & Retirement Residence OSV-0000141

Inspection ID: MON-0030782

Date of inspection: 13/01/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>While all staff were provided with and attended training sessions in Covid-19 and the use of PPE in 2020, the staff did not sign a sheet to confirm attendance due to cross contamination risk at the time. These risks have now been mitigated and evidence of completion of all training sessions is and will continue to be available going forward.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since inspection of 2019, an additional shower facility was created and made available for use, allowing a total of 3 such facilities for 26 residents. The recommended guidance is 1 facility per 8 persons. There is a plan in place to create a further facility which was unable to proceed in 2020 due to the Covid-19 pandemic. This plan will ensure the recommended guidance is met. Unfortunately, as the provider was not available on the day of inspection, this plan was not available for review by the inspectors. In addition, the plan for the refurbishment of the sluice facility was also delayed due to Covid-19 and this too will be completed to ensure compliance.</p> <p>Risks identified on the day of inspection have all been addressed and added to risk register where applicable.</p> <p>Audit tools will be reviewed and where necessary will be amended to ensure actions, recommendations and quality improvements are documented.</p> <p>Records of staff and management meetings are maintained and will be reviewed to</p>	

ensure sufficient detail in relation to attendance, items discussed, actions plans and timeframes where applicable.	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All prescribed information is now included in staff files. Staff are allocated to ensure records are sufficiently maintained on the days that the activities coordinator is not working, and the nurse on duty will monitor same.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Hard copy of policy on the Control of abuse in situ in policy folder and available for use, and as requested by inspector, the policy was also emailed to the inspector on the day following inspection. Hard copy of the policy on the management and prevention of accidental injury is in place in the policy folder in Hillview. All staff are aware of the relevant policies in situ including all those specified under regulation 26 schedule 5.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Soft furnishings and furniture replaced where necessary to ensure effective cleaning. Cleaning procedures have been reviewed to ensure adequate cleaning and documenting of same. Hoist slings are now single person use only and are adequately stored in individual containers. Seating cushions are stored in an appropriate cupboard in store room. Staff changing area monitored daily to ensure continued tidiness. Cleaning records have been amended to reflect the continued regular cleaning of</p>	

frequently touched surfaces.
 Bedpan washer serviced in Feb 2020, as part of annual servicing schedule, and certificate of servicing in place electronically, however, this was not requested on the day of inspection.
 Legionella risk assessment and management completed and now in place.
 Refurbishment plan for the sluice room was delayed due to Covid-19 pandemic and will be recommenced to ensure all standards are met.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 All residents care plans are person centred and reflect the residents wishes if they were to contract Covid-19, ongoing review and any changes necessary continue as per regulations.
 Restraint care plans have been reviewed to ensure evidence of trialing least restrictive measures is documented for those residents who choose to use bed rails, with records fully maintained of those who choose to do so.
 Falls risk assessments will be reviewed in a timely manner where applicable.
 The care plan identified as containing information that did not correspond with the moving and handling plan, has now been amended to reflect same. All resident care plans are consistently reviewed as per regulations.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 Outdoor smoking area layout reviewed and altered to ensure adequacy for resident usage. Due to social distancing measures in place to lower the risk of transmission of covid -19, the number of people in the smoking area at one time was reduced, however, the revised layout can now facilitate more people, while maintaining social distancing.
 Additional window screening now in place ensuring effectiveness when showering.

Regulation 17: Premises	Substantially Compliant
<p data-bbox="172 208 1404 315">Outline how you are going to come into compliance with Regulation 17: Premises: Grab rails are now in place on the walls at the shower area, and are an addition to the shower chair with handles already in place.</p> <p data-bbox="172 360 1428 589">Since inspection of 2019, an additional shower facility was created and made available for use, allowing a total of 3 such facilities for 26 residents. The recommended guidance is 1 facility per 8 persons. There is a plan in place to create a further facility which was unable to proceed in 2020 due to the Covid-19 pandemic. This plan will ensure the recommended guidance is met. Unfortunately, as the provider was not available on the day of inspection, this plan was not available for review by the inspectors.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	24/05/2021
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		30/06/2021
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	Yellow	24/05/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre	Substantially Compliant	Yellow	30/06/2021

	has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	30/06/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Orange	04/05/2021
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	30/06/2021
Regulation 5(4)	The person in charge shall	Not Compliant	Orange	24/05/2021

	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.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	24/05/2021