



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

## Issued by the Chief Inspector

Name of designated centre:	Hillcrest House Nursing Home
Name of provider:	Hillcrest Nursing Home Limited
Address of centre:	Long Lane, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	21 April 2022
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0034003

## 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 31 male and female residents. It provides long term, respite and end of life care including care to people with dementia. The philosophy of care as described in the statement of purpose ensures that residents can enhance their quality of life in a safe comfortable environment, with support and stimulation to help them maximise their potential physical, intellectual, social and emotional capacity. The centre is located in a residential area of Letterkenny, a short drive from the shops and Letterkenny University Hospital. Accommodation for residents is provided in single and double rooms. There is a range of communal areas where residents can spend the day and there is an outdoor courtyard garden that is easily accessible and safe for residents to use independently.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	30
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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
Thursday 21 April 2022	08:45hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead
Thursday 21 April 2022	08:45hrs to 16:45hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Overall, inspectors found that residents' needs were being met by staff who knew them well. Residents appeared content and they told the inspectors that they were very happy living in Hillcrest House Nursing Home.

While, there was an established management structure and the provider representative attended the centre on a daily basis, improvements were required in a number of areas including governance and management, staffing, infection prevention and control, assessment and care planning, the premises and notifications.

This unannounced inspection was completed over one day and the inspectors availed of the opportunity to communicate with several residents and a number of residents' visitors during the inspection. In addition to conversing with residents, inspectors spent some time observing residents' daily routines to gain insight into how their needs were met by staff and how residents spent their day in the centre. Feedback from residents and their families was positive regarding life in the centre, the care residents were provided with, the staff and the food provided for them. Inspectors observed that residents were very comfortable in the company of staff and staff were attentive to their needs for assistance and support. The inspectors found staff in this centre respected residents' rights, were attentive to residents' needs for assistance, were kind and respectful in their interactions with residents and staff and residents clearly enjoyed each others company.

Residents told the inspectors that staff were available when they needed their help and one resident spoke about this being something she valued a lot, when compared to living alone in the community. Several residents expressed their satisfaction with being able to continue to be close to the community they lived in and were familiar with before their admission to the centre.

On arrival to the centre, the inspectors were guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering residents' accommodation.

The centre was warm and comfortable. Open fires were burning from early morning in fireplaces in two of the sitting rooms. Residents told the inspectors that they 'love the open fire' and 'love the warmth'. One resident said they liked looking at the fire and it 'reminded them of home'. The atmosphere in the centre was relaxed and unhurried throughout the day of the inspection. Inspectors observed several residents' visitors calling to see residents and staff were observed encouraging and supporting residents to make choices about how they spent their day.

The premises is designed in a split level over three floors with stair and lift access between the floors. Residents' accommodation was on the upper ground floor level only. The lower ground floor consisted of mainly office accommodation and the first

floor was used for staff facilities and storage. Residents' bedroom accommodation was provided in 13 single rooms, 12 of which had en suite shower, toilet and wash basin facilities and nine twin bedrooms, seven of which had an en suite toilet and wash basin. There were three sitting rooms and a dining/sitting room for residents and all were used throughout the day by residents to suit their individual preferences. A seated area in the reception was well used by residents to meet their visitors. An oratory was also provided for residents' use.

Traditional memorabilia that was familiar to residents, displayed in the communal rooms helped to create a homely environment for them. Easter decorations and flower arrangements displayed on entering the centre added colour to the environment. Residents' bedrooms were personalised with their personal items such as their photographs, artwork, soft fabric blankets, books and ornaments. There was enough storage space for residents' clothing and possessions.

There was sufficient storage for residents' assistive equipment and for wheelchairs in the centre.

There was a spacious outdoor patio area immediately outside the front door entrance to the upper ground floor and residents' accommodation. Outdoor seating was provided and this area provided lovely views of the surrounding countryside and the town. The outdoor garden area was temporarily closed at the time of this inspection for landscaping works in preparation for residents' use in the Summer. Handrails were in place to support residents on inclined pathways around the centre.

Most residents had a routine where they liked to join in to a Mass streamed from one of the churches on the televisions in the sitting rooms while, others started their days with reading the daily newspapers provided for them. Residents were provided with opportunities to participate in a variety of social activities taking place during the day in the communal sitting rooms. A live music session was planned for the afternoon on the day after the inspection and the musician called to chat with residents about the songs they would like to hear or wished to sing themselves. Residents personal choices regarding the clothes they wore was promoted by staff and the inspectors observed that one resident wore a colourful wool wrap as part of their outfit and another resident wore a hat. Hairdressers from the community came into the centre to style residents' hair in the centre's hair salon. When the inspectors arrived, the person in charge was refreshing one resident's hair style in the salon before they joined the other residents in one of the sitting rooms.

It was evident that staff knew residents very well in the centre. Staff who spoke with the inspector discussed several residents' preferred routines and preferences and were able to describe how they respected resident's individual choices and preferences for care and daily routines. Residents confirmed that they felt safe and secure living in the centre. Several residents spoke about the kindness of the staff towards them and feedback included 'they are the best', 'very helpful', 'good to me' and that the staff were 'special people'. The inspectors observed that staff were present and interacting with residents in the communal sitting rooms at all times. However, residents who chose to spend their day in the dining/sitting room were left

for long periods without a member of staff to supervise their safety and ensure their needs were responded to promptly.

Overall equipment viewed was generally clean with some exceptions. Efforts had been made to address a number of infrastructural and maintenance issues. An additional bathroom had also been provided since the last inspection in May 2021. Flooring had been replaced in the laundry and the furniture was generally clean and intact with few exceptions. However, the tile flooring in some bedrooms and bathrooms did not facilitate effective cleaning.

Dedicated hand wash facilities were available for staff use. However, the inspectors observed that the available facilities did not comply with the recommended specifications for clinical hand wash basins.

The inspectors observed that mealtimes were social occasions for most residents where they chatted and laughed together. Residents told the inspector that they enjoyed the food in the centre. The menu displayed on the day of inspection did not offer a choice of hot meal but residents confirmed that they could get an alternative to the menu if they did not like what was offered. On the day of the inspection residents were offered chicken, mashed potatoes and vegetables with bakewell tarts and cream for dessert. There was sufficient staff available to assist residents with eating their meals as needed.

Residents knew the person in charge and the provider representative well and confirmed they would talk to them or any of the staff if they were worried about anything or were not satisfied with any aspect of the service. Residents said that they believed they would be listened to and any issues they raised would be addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

The findings of this inspection are that the provider has made some improvements since the last inspection in May 2021, however further focus and effort was required to address the findings of this inspection in order to ensure that they build on the work to date. A focus on fire safety in the centre had achieved compliance with regulation 28 ensuring that residents were protected from the risk of fire. However further action was required to address the shortcomings in care planning, the premises and to improve the prevention and control of infection.

The registered provider of Hillcrest House Nursing Home is Hillcrest Nursing Home Limited. The director of the company is also the person in charge of another designated centre operated by the provider. The person in charge has been in the

role for several years and works full-time in the centre but their role as person in charge was not clearly defined with the post holder frequently working in the designated centre as the only nurse on duty providing direct resident care rather than the supervisory duties of a person in charge. In addition, the person in charge did not have day-to-day support from the provider as they worked full-time as the person in charge of another designated centre. Although there were on-call arrangements set out in the centre's Statement of Purpose, the deputising arrangements were not clearly set out as they identified the provider who was working as a full-time person in charge in another designated centre. This finding is discussed further under Regulation 23, Governance and Management.

While there was a system of auditing key areas of the service and evidence that areas identified for improvement were being addressed, this required review as it failed to identify the need for improvements in cleaning procedures, hand hygiene, residents' assessment and documentation.

On the day of the inspection there was sufficient staff available to meet residents' needs but the staffing numbers and skill mix found on the day of inspection was not consistently maintained. Staff were facilitated to attend mandatory training and professional development education including education and training in infection prevention and control practice. Staff had been trained on the use of standard precautions, including the use of and steps to properly put on and remove personal protective equipment (PPE).

Inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Barriers to effective hand hygiene practice were identified during the course of this inspection and the supervision and oversight of cleaning practices also required improvement. The centre had a comprehensive infection prevention and control guideline which covered aspects of standard precautions including hand hygiene, waste management, sharps safety, environmental and equipment hygiene and Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. However, cleaning techniques, chemicals and equipment were not used in line with the centres own infection control guidelines. These findings are discussed further under Regulation 27.

Records were held securely and records required by Schedules 2, 3 and 4 were maintained and held in the centre.

Arrangements for recording accidents and incidents involving residents in the centre were in place but not all specified incidents were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures.

## Regulation 15: Staffing



Although, the numbers of residents remained generally unchanged, the numbers of staff nurses rostered on duty each day varied. As a result, inspectors found that the person in charge was regularly the only nurse on duty to provide direct care to residents. This reliance on the person in charge limited the time that the person in charge was available to carry out the role and duties of a person in charge such as staff supervision and oversight of care. The inspectors also found that staff nurses had not consistently completed some residents' assessments and care planning to direct and inform residents' needs and care.

For example, the staffing roster for the period 28 March to 24 April 2022 showed that;

- a second registered nurse was only on duty on eight days during this period, seven of which was from 09:30 to 14:30hrs
- the person in charge was the only nurse on duty on eight days during this period
- the person in charge replaced a nurse on unplanned leave on night duty and as a result, there was no person in charge in the centre on the following day.

Judgment: Not compliant

## Regulation 16: Training and staff development

While, all staff working in the centre were facilitated to attend up-to date mandatory training which included fire safety training, safe moving and handling procedures and safeguarding training, staff training regarding COVID-19 infection prevention and control needed improvement.

Staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by;

- the person in charge and provider representative confirmed that staff were allocated to supervise residents at all times in the communal rooms. However, inspectors observed that staff were not supervising residents in one communal room on two occasions and this was not identified by senior staff on the day of inspection.
- cleaning and infection prevention control needed improvement as some staff practices were not in line with the centre's policies.

Judgment: Substantially compliant

## Regulation 21: Records

The following record as required by Schedule 4 was incomplete;

- The staff duty roster made available to inspectors for review did not contain the full names of some staff who were working in the centre.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 were not effective. Following the last inspection a condition requiring the provider to address non-compliances in relation to Regulation 17; Premises, Regulation 23; Governance and Management and Regulation 27 by 30 September 2021 was attached to the registration of the centre. The findings of this inspection are that the registered provider remains non-complaint with these regulations.

The designated centre's Statement of Purpose document (Version 5.0 effective from 03/12/2021) did not contain all required information.

The nursing staff levels were not adequate in the centre which required the person in charge to regularly work as the only registered nurse in the designated centre including weekends and sometimes on night duty. This impacted on the overall governance and management of the designated centre as it reduced the time that she was available to carry out the role and duties of the person in charge, including staff supervision and the oversight of care.

In addition, the management structure was not clear. The registered provider representative was identified on the roster and in the statement of purpose (Version 5.0 effective from 03/12/2021) as part of the management team. However this person worked full time as the person in charge in another designated centre.

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and recorded as recommended in the centres own infection prevention and control guidelines and the National Standards for Infection Prevention and Control in Community Services (2018). This would enable the provider to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance.
- Disparities between the consistently high level of compliance achieved in local infection control audits and the observations on the day of the inspection indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures.

- A formal review of the management of the February 2021 outbreak of COVID-19 to include lessons learned to ensure preparedness for any further outbreak had not been completed as recommended in national guidelines.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The information in the designated centre's Statement of Purpose document (Version 5.0 effective from 03/12/2021) did not contain all required information. Examples of some of the information required included;

- The conditions of registration as referenced were not reflective of the centre's current conditions of registration.
- The arrangements for the management of the centre where the person in charge is absent from the centre.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Some residents at risk of leaving the centre unaccompanied wore bracelets that activated an alarm when they exited the centre and these bracelets were not notified in the quarterly reports as restrictive equipment in use for residents in the centre.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies and procedures regarding COVID-19 infection prevention and control were updated to reflect evolving public health guidance.

Judgment: Compliant

## Quality and safety

Overall, residents' clinical care needs and preferences for social engagement and meaningful occupation were met but routine assessment of residents' needs including their levels of dependency and risk of deterioration in their health and wellbeing and associated documentation needed improvement. Residents rights including their privacy and dignity were for the most part respected. Several examples of good practice were found on this inspection and there was a person-centred culture promoted and evident in the centre.

Significant improvements were made to ensure residents are protected from risk of fire in the centre and practice drills with the three staff on night duty ensured their evacuation needs would be met in the event of a fire in the centre. Regular fire safety checking procedures and servicing of fire safety equipment was in place.

The designated centre experienced two outbreaks of COVID-19 infection over the course of the pandemic. While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. The outbreaks in the centre were successfully identified and contained to limit the spread of infection and although, recovered on the day of this inspection, a formal review of the management of the outbreak to include lessons learned to ensure preparedness for any further outbreaks had not been completed.

The centre had a number of assurance processes in place in relation to the standard of environmental hygiene. These included the use of colour coded mops and cleaning cloths to reduce the chance of cross infection. The provider had substituted traditional unprotected sharps/ needles with safer sharps devices. This practice aimed to reduce the risk of a needle stick injury. However sharps bins were unlabelled and the temporary closure mechanism was not in place as recommended in the centres infection control guidelines.

Visits were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and national guidance on visiting was being followed. However visiting care plans identifying residents nominated support person were not in place. In addition, residents were supported with keeping in contact with their families by telephone and other social media. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Staff were familiar with residents' needs and residents' clinical care ensured their needs were met with person-centred care that reflected their usual routines and preferences. Residents' care plan documentation was generally well documented and guided staff with providing person-centred care interventions. Although, there was no evidence found that residents' care and support needs were not being met, two residents with care plans in place to address their unintentional weight loss did not have a documented nutritional assessment completed to inform the care interventions they needed from staff. In addition, the inspectors' found that completion of assessment of needs were reactionary and not proactive and routine assessments to identify and monitor residents health and wellbeing such as

dependency assessments, falls risk assessments, moving and handling assessments and risk assessments of pressure related skin injury were not completed to screen all residents for potential health problems.

The provider ensured that residents had timely access to their general practitioner (GP), specialist medical and allied health professionals including a dietician and they were supported to attend out-patient appointments as scheduled.

Residents were supported to participate in meaningful social activities that were in line with their capacities and interests. Care staff supported the activity coordinator with facilitating and supporting residents to take part in social activities that suited them. Inspectors were assured that those residents with higher levels of cognitive and physical needs were able to join in if they wished to do so.

Overall the layout and design of the centre met residents' individual and collective needs. However, repairs were not completed following works to replace doors in the centre and the floor covering was missing at the base of a number of bedroom and a communal shower/toilet door frames on one corridor. One bedroom did not have a window and this negatively impacted on the ventilation and natural light in this bedroom. Three en suite toilets, two of which had wash basins in them were not suitable for residents with mobility problems as these facilities measured less than two square meters floor space.

Measures were in place to ensure residents were safeguarded from abuse at all times. Residents' meetings were convened and issues raised as needing improvement were addressed. Residents had access to local and national newspapers and radios.

## Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection.

Judgment: Compliant

## Regulation 17: Premises

Although the provider had made improvements to the premises since the last inspection, inspectors found that the further improvements were required as follows;

- The paint on the surfaces of wooden storage units in some residents' en suite facilities was worn and missing

- Grab rails were not in place by one toilet which inspectors were told was a visitor's toilet
- The floor covering was missing at the base of a number of bedroom and a communal shower/toilet door frames on one corridor.
- Three en suite toilets, two of which had hand wash basins fitted in them were not suitable for residents with mobility problems as these facilities measured less than two square meters floor space.
- Bedroom 16 did not afford suitable lighting and ventilation as there was only a high velux window available in this room.

Judgment: Not compliant

## Regulation 27: Infection control

Improvements were required in some practices to ensure effective infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections. This was evidenced by;

- Inspectors observed that staff did not routinely wear respirator masks for all resident care activity as recommended in HPSC guidelines.
- Inspectors were informed that the contents of commodes/ bedpans were manually decanted into the sluice and manually cleaned prior to being placed in the bedpan washer for decontamination. This practice will increased the risk of environmental contamination and cross infection.
- A disinfectant was used for routine environmental hygiene contrary to the centres own infection control guidelines. Furthermore cleaning was not done prior to disinfection as advised on the product label. Dust control methods were not in line with best practice. A sweeping brush was used in resident's bedrooms. The use of a vacuum or dust-attracting dry mop was not used prior to wet moping.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The door to the external laundry was fully open over the course of the day. This meant that laundry facilities were accessible to animals and birds.
- The dirty utility (sluice) room was small sized and did not facilitate effective infection prevention and control measures. For example there was insufficient space available for commode chair decontamination and storage. There was no clinical waste bin in room. Basins were stored on top of the bedpan washer. Apron and glove dispensers were not available in this room for ease of access to PPE.

Equipment and supplies were not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example,

- Reusable nebulisers were not rinsed with sterile water and stored dry after each use as recommended in the centres infection control policy.
- The covers of several mattresses were worn or torn. These items could not effectively be decontaminated between uses.
- Two cleaning trolleys were visibly unclean.
- Inspectors noted that the detergent in the bedpan washing machine had expired a number of years previously and inspectors were informed that the bedpan washer did not effectively clean utensils.
- The inside of mounted soap dispensers viewed were stained and some of the soap had passed its expiry date. Alcohol gel dispensers were inappropriately refilled and topped up as required.

Judgment: Not compliant

### Regulation 28: Fire precautions

Measures were in place to protect residents from risk of fire and an up-to-date fire safety policy for the centre was available. Each resident's evacuation needs were assessed, documented and regularly updated. Simulated emergency evacuation records confirmed timely evacuation of residents with four staff as rostered on duty each night. All emergency exits were free of obstruction. Fire safety checking procedures were regularly completed and the records viewed were complete. The centre's fire alarm was sounded on a weekly basis to ensure it was operational. Regular servicing of the fire alarm and emergency lighting systems were completed.

Staff were facilitated to attend fire safety training and staff who spoke with the inspector were aware of the evacuation procedures in the centre. A floor plan of the centre clearly identified the centre's fire compartments to inform evacuation procedures.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs completed on admission and for the most part the information in residents' care plans to direct staff on their care interventions was person-centred and reflective of their individual routines and preferences. However, some residents did not have assessment of their needs and potential clinical risks thereafter including their dependency levels, skin integrity, risk of malnutrition and risk of falls assessed. For example, two residents with low body weights and evidence of some weight loss did not have a nutritional risk assessment completed to inform their needs.

Improvements were also required to ensure that care was delivered in line with each resident's care plan. For example some residents' care plans recorded the recommended amount of fluid they should drink over each 24 hour period to mitigate their risk of dehydration, however, no records were maintained to ensure they drank the amount prescribed.

Although the inspectors were assured that residents' care plans were reviewed in consultation with residents or their families, records of this consultation, including any changes made to their care plan information was not available.

Judgment: Not compliant

### Regulation 6: Health care

The inspectors observed from reviewing a number of resident records that the residents had access to medical assessments and treatment by their General Practitioners (GP) and the provider and person in charge confirmed that GPs were visiting the centre as required.

Residents had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

Judgment: Compliant

### Regulation 8: Protection

Arrangements were in place to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

### Regulation 9: Residents' rights

Semi-obscured glass in a window in the wall between the en suite in a twin bedroom and a communal shower did not protect a resident's privacy when they were using



their en suite facility.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

The layout of bedroom number one did not ensure one of the two residents in this twin bedroom could reasonably access or maintain control of their clothing because their wardrobe was located in an alcove at the bottom of their bed and there was not enough room between the bottom of their bed and the wall to access their wardrobe easily.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant

# Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0034003

Date of inspection: 21/04/2022

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Modified Barthel Index will be used and updated monthly to assess residents' dependencies and the staffing roster will be adjusted accordingly.</p> <p>The Registered Provider Representative (who is a senior nurse manager) continues to have a daily presence to provide support to the Person in Charge (PIC). Nevertheless, an additional senior clinical staff member will now be rostered alongside the PIC to enable protected time for administrative governance and management duties.</p>	
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>The Modified Barthel Index will ensure that the staffing complement rostered daily meets the assessed needs of residents and supervision requirements in communal rooms.</p> <p>The centre's infection, prevention and control policies will be reinforced to all household/cleaning staff through handover and additional one-to-one managerial support sessions.</p>	
Regulation 21: Records	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 21: Records: The staff roster will have full names of all staff on duty with effect immediately.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A COVID-19 review will be completed to assess learning from our recent outbreak.</li> <li>• Surveillance on antibiotic use, number and type of infections will commence immediately</li> <li>• Environmental hygiene and IPC audits in use in the centre will be updated to include items raised by the inspector</li> <li>• A senior clinical staff member will be rostered to work alongside the PIC to enable protected time for administrative governance and management duties</li> </ul>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose was revised to reflect building use changes and existing staffing complement and is submitted to the Office of the Chief Inspector on 13 June 2022 for agreement in compliance with Condition 1 of the Centre's Certificate of Registration.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Security alarm bracelets will now be added to the centre's quarterly notifications with immediate effect.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Paintwork and missing floor coverings have been repaired/ replaced.</li> <li>• Grab rails have been installed in the visitors WC.</li> <li>• Suitability of residents' bedrooms/ en-suite facilities will be reassessed as part of their assessment and care plan reviews every four months</li> </ul>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Areas identified for improvement have been added to the centre's environmental hygiene and IPC audits</li> <li>• Cleaning products and method of cleaning have been changed to a dry flat mop system and a combined detergent and disinfection product and are audited daily by senior management</li> <li>• A stock rotation system has been introduced to ensure that products are only used when in date</li> <li>• New detergent has been added to the bedpan washer and the practice of decanting and manual cleaning has now ceased</li> <li>• An additional sluice room has been created with additional shelving and PPE dispensers</li> <li>• Soap and alcohol gel dispensers will no longer be topped up</li> <li>• Staff have been reminded of the policy in relation to rinsing nebulisers</li> </ul>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• Gaps in the nursing assessments identified have now been addressed</li> <li>• Modified Barthel Index will be completed monthly for all residents</li> <li>• Signed records of resident/ relative participation in their four monthly care plan reviews will now be kept</li> </ul>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The glass in the window has been replaced to be fully opaque.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  The bedroom layout will be reconfigured in line with the residents' wishes to ensure each resident has full access to their clothing and personal possessions.</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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/06/2022
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	30/06/2022



	ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2022
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.	Substantially Compliant	Yellow	31/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2022
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	16/06/2022
Regulation 23(b)	The registered provider shall ensure that there	Not Compliant	Orange	16/06/2022

	is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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.	Not Compliant	Orange	16/06/2022
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	31/07/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	16/06/2022
Regulation 03(2)	The registered	Not Compliant	Orange	16/06/2022

	provider shall review and revise the statement of purpose at intervals of not less than one year.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	31/07/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	31/07/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/07/2022

Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/07/2022
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	31/07/2022