



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hillside Nursing Home
Name of provider:	Mary Nuala Cormican
Address of centre:	Attidermot, Aughrim, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	15 October 2021
Centre ID:	OSV-0000347
Fieldwork ID:	MON-0034630

About the designated centre

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

Hillside Nursing Home is a single storey premises located in the village of Aughrim on the outskirts of Ballinasloe, Co Galway. Accommodation is provided in nine single, four double and three treble bedrooms. The centre provides residential, respite and convalescent nursing care to 25 residents from the surrounding catchment area. Hillside Nursing home's objective is to create a home facility that provides high quality care to residents; to meet residents mental, physical and spiritual needs in a safe, secure and comfortable environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
--	----

How we inspect

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
Friday 15 October 2021	09:00hrs to 17:00hrs	Noel Sheehan	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out on 15 October 2021. An outbreak of COVID-19 had been declared with a total of 11 confirmed cases, 7 of these cases affecting residents and 4 staff on the day of inspection.

The inspector observed that residents who had tested positive for the virus were isolating in their bedrooms, as per recommendations, during an outbreak of COVID-19. There were limited opportunities to engage with residents on an individual basis during the inspection. However, the inspector observed all COVID-19 positive residents in their rooms and spoke with three who all reported feeling well. Residents said that they were not happy being confined to their rooms for isolation purposes or that visiting had been restricted. They told the inspector that they were happy in the centre, but were looking forward to coming out of their bedroom soon. They praised the staff, stating that they would do anything for them and were very kind.

Staff were working hard in the centre. Staff spoken with told the inspector that they were extremely busy however they had adequate time to spend with residents. Some staff interviewed by the inspector had worked excess hours over the past week. They stated they did this because they wanted to be there for the residents, as they knew this was such a difficult time for them. They felt a duty of care to residents and the centre. The inspector observed a team of one registered general nurse working and one health care assistant assigned to the residents who were positive for COVID 19 on the day. The inspector was told and staffing rosters supported that there would be a dedicated team of registered general nurse and health care assistant allocated to COVID positive residents alone on a 24/7 basis for the duration of the outbreak.

Staff were diligent in their recording of residents fluid intake and output on fluid balance charts. Staff spoken with understood the importance of ensuring residents had adequate fluid and food intake. They informed the inspector that residents had normal appetites and were there to provide extra support and encouragement with their meals.

The inspector observed that the centre was not divided into physical zones in line with public health guidance from Health Protection Surveillance Centre (HPSC). Staff were appropriately allocated to care for COVID-19 detected and non-detected residents. Staff were observed sanitising their hands using hand gels. Correct use of PPE was also observed by inspector. Nevertheless in spite of good practices, the Inspector observed poor practices in relation to infection prevention and control, which did not facilitate effective containment of infection. PPE stations were set up on corridors, however, the inspector noted there was excessive supplies on tables, which would present a risk for cross contamination. Staff were observed to be disposing of clinical waste in domestic waste bags which is contrary to correct infection control procedures. There were only two clinical waste bins available in the

centre at the time of inspection.

Overall, the physical environment in the centre appeared clean and well maintained with some exceptions. Two cleaning staff were working on the day of inspection, however, some areas of the centre were cluttered and could not be cleaned effectively. The inspector observed that there were no clear systems in place for cleaning and the inspector was informed that there was no documentation regarding cleaning processes.

Visiting was suspended to the centre as per the HSE guidance, COVID-19: Normalising Visiting in Long Term Residential Care Facilities. Signage at the entrance to the centre informed the public of this. The Inspector was informed and observed that visiting was taking place on compassionate grounds.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection took place following the receipt of information that there was an outbreak of COVID-19 in Hillside Nursing Home and to follow up on concerns raised in relation to the governance and management of the centre from the previous inspection in August 2021 that could have an impact on the management of the outbreak. Non compliance regarding governance and management of the designated centre, clinical oversight, premises and infection prevention and control were evident on this inspection which also identified areas for improvement in residents assessment and care planning.

The management of the designated centre consisted of the registered provider who is also the person in charge. This dual role is supported by a person participating in management who is the administration manager and also by a deputy person in charge. There were no formal deputising arrangements in place for when the person in charge/registered provider, who is a sole trader was absent. This is particularly pertinent in the context of an outbreak of COVID-19, as it meant that there would be no effective contingency plans in respect of the governing arrangements in the absence of the registered provider/person in charge. The person in charge was available on call and provided management advice in the evenings and weekends if required. She was a visible presence in the centre and many of the residents informed the inspectors they were very familiar with her. While there was a management structure in place, the person in charge did not have any additional supports at operational level and all departments reported directly to her. In addition, there was no clerical or administrative support in the centre. This structure required review to ensure the person in charge had effective support to allow for consistent oversight and monitoring of the service and to allow for appropriate contingency planning in the event of the registered provider/ person in charge being

absent from the centre.

The monitoring and oversight of the centre by management was not effective in all areas. For example, there was no auditing system in place, to monitor the service provision, or quality and safety of care delivery to residents. Suspected cases or confirmed positive cases among staff were not reported to the Chief inspector as required by the regulations. For example, the inspector found that further oversight was required in:

- Updating of the centres policies and procedures
- Systems of risk identification
- Inadequate auditing systems
- Infection prevention and control.

The Inspector found that the governance and management systems in the centre required significant improvement. There was no documentary evidence of management meetings, staff meetings, clinical and environmental audits, infection control systems and records of resident's care needed improvement to support resident care, specifically in respect of the management of COVID-19. Management systems in relation to regulatory notifications also required improvement.

Similar to the previous inspection, the inspector found that systems to assess, evaluate and improve the quality and safety of the service provided to residents were not in place on the day of the inspection. For example:

- There was no audit schedule in place and consequently there was no system to identify the areas of non-compliance found by the inspector on the day of the inspection.
- There were inadequate systems in place to monitor and report on infection prevention and control activities and to identify opportunities for improvement to the safety and quality of care provided, taking into account the standards, national guidance and best available evidence.
- Contingency arrangements in place to respond to an outbreak of infection were not thought out or properly planned.

The inspector reviewed the staffing rosters and found that the number and skill mix of staff on duty was appropriate to meet the needs of the current residents on the day of inspection. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff confirmed to inspectors that the person in charge ensured that planned and unplanned leave was covered. Staff whom inspector spoke with demonstrated their understanding of their role and responsibilities and were aware of the policies and procedures to be followed. The team providing direct care to the residents on the day of inspection consisted of two registered nurse on duty at all times and a team of healthcare assistants. The nurse on duty held responsibility for the provision and coordination of direct care to residents and reported directly to the person in charge. The registered provider had increased staffing in response to the outbreak and the centre was staffed with two housekeeping per day and catering staff. Laundry was outsourced to a company that provided a service for linen and residents' personal

clothing.

Throughout the outbreak the inspector was in regular contact with the provider, nursing management and the Health Service Executive (HSE), about the situation evolving in the centre. The inspector was informed that IPC nursing specialists from the HSE had offered to visit the centre to assess and advise on infection control practices, however, management had at the time of inspection declined on a number of occasions to accommodate this visit. This was of concern to the inspector as the person in charge did not show a clear understanding of their role in containing the outbreak as detailed under Regulation 27 below. A key concern during the outbreak was the provider's ability to maintain staffing levels. Therefore, there was a potential risk centre that adequate numbers and skill mix of staff to meet the needs of residents living in the centre could be maintained. The provider had been in contact with the HSE and other agencies to secure extra staff and as a result had continued to have the appropriate resources to maintain the safety of the residents.

Regulation 15: Staffing

The number and skill mix of staff on duty during the inspection was appropriate to meet the needs of the current residents. In response to the outbreak of COVID-19 the registered provider had increased the staffing compliment. There were a minimum of two registered nurses on duty at all times who were supported by a team of healthcare assistants. A registered nurse and health care attendant were rostered to be on duty on a 24/7 basis to meet the needs of residents who were positive for COVID-19 for the duration of the outbreak.

Staffing rosters evidenced that the centre had a stable workforce and this had a positive impact on the residents care needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to education and suitable training in infection prevention and control appropriate to their role and in line with National, HSE and HPSC guidance and which included infection prevention measures, including the use of and steps to properly put on and remove recommended personal protective equipment (PPE).

Judgment: Compliant

Regulation 23: Governance and management

Similar to the previous inspection, the lines of responsibility and accountability in the centre were fully centralised with the individual in the dual role of provider and person in charge responsible for all facilities and services. This arrangement was not sustainable and did not ensure effective oversight of care and service was available at all times including weekends. Inspectors found that the systems to assess, evaluate and improve the quality and safety of the service provided to residents was not in place. For example, an audit schedule had not been developed and consequently there was no formal assessment of areas such as the cleaning procedure. As a result the inspectors found that the oversight of a number of key areas was not robust and the areas of non-compliance found on this inspection were not identified by management. In addition, there were no governance and management meetings held on a formal basis and therefore minutes of these meetings were not available to review. The introduction of deputising arrangements was required to support the person in charge.

Judgment: Not compliant

Regulation 31: Notification of incidents

The registered provider had failed to notify the office of the chief inspector of confirmed and suspected cases of COVID-19 as required by the regulations.

Judgment: Not compliant

Quality and safety

The inspector observed that the COVID-19 outbreak was posing a challenge to management and staff, due to the numbers of residents that tested positive for the virus, and the increased care needs of these residents. Dedicated staff in the centre worked very hard and were very committed to providing care to residents during the outbreak. They worked to the best of their ability, with the assistance of staff from the HSE to care for residents. Improvements were required in the areas of infection prevention and control, premises and care planning.

General Practitioners (GPs) were initially available remotely for advice and guidance including nights and weekends, however none had visited the centre to medically review residents that were positive for the COVID-19 virus.

Improvements were required in relation to assessment and care planning to guide

and direct staff in caring for residents. The inspector reviewed care plans for a number of the residents that had tested positive for COVID-19 which showed that very little detail to direct care when the resident had tested positive for COVID-19. End of life preferences were reflected in care plans.

Significant improvements were required in relation to the systems in place for the oversight and review of infection prevention and control practices. In the days prior to this inspection communication by the inspector with the person in charge indicated that they had liaised with the HSE Crises Response Team (CRT), Public Health and local infection prevention and control (IPC) nursing specialists. The inspector was informed that IPC nursing specialists from the HSE had offered to visit the centre to assess and advise on infection control practices, however, management had at the time of inspection declined on a number of occasions to accommodate this visit. The registered provider explained that they wanted time to put in place as much IPC measures as possible before such a visit. Immediately after the inspection the person in charge invited the HSE infection prevention and control to visit the premises and advise.

While the identified areas for improvement are detailed under Regulation 27 below, the inspector also observed examples of good practice, which included:

- staff had completed training in infection prevention and control and hand hygiene
- staff had access to PPE and there was up to date guidance on it's use
- staff were observed to be wearing surgical face masks as per the relevant guidance
- staff were observed to be donning and doffing PPE per the standards for infection control
- alcohol gel dispensers were available and observed in use throughout the building
- individual resident slings for manual handling purposes were available so that residents did not need to share equipment
- the bed pan washer was recently serviced
- carpets had been recently steam cleaned.

Visiting to the centre was suspended in line with national guidelines, however, visiting on compassionate grounds was facilitated. Staff demonstrated respect and empathy in their interactions with residents. Activities for residents were suspended as residents were self-isolating in their bedrooms at the time of inspection. The inspector found that residents' rights were upheld in as far as was possible during the COVID-19 outbreak. Residents' rights in relation to freedom of movement and to communicate freely were impacted by the restrictions, imposed to contain the spread of COVID-19 in the centre, in line with national guidance at the time of the inspection. Residents and their families were informed about the outbreak and residents who spoke with the inspector understood why restrictions were necessary. For residents that could not isolate in their bedrooms, arrangements had been put in place for staff to supervise these residents in the sitting room.

Regulation 11: Visits

Visiting was suspended to the centre as per the HPSC guidance, COVID-19: Normalising Visiting in Long Term Residential Care Facilities. Signage at the entrance to the centre informed the public of this. The Inspector was informed and observed that visiting was taking place on compassionate grounds.

Judgment: Compliant

Regulation 17: Premises

There was ongoing non compliance from the previous inspection in August 2021 and a number of issues identified had not been addressed by the provider. These included:

- A number of items of furniture were in a state of disrepair and required replacement or refurbishment including chair, bed tables, bed frames, lockers and commodes.
- Due to the layout of a number of the bedrooms and the position of furniture, there was insufficient space to allow for a chair, appropriate of the needs of the resident, at the bedside.
- There was a lack of storage for equipment in the centre resulting in wheelchairs being stored on the corridors, hoists were observed in residents' bathrooms.
- There was lack of sufficient daylight and ventilation in room 5a which only had a skylight.
- There was no janitorial sink in the housekeeping room.
- The layout of the dining room would not facilitate adequate social distancing for the residents at mealtimes .

Judgment: Not compliant

Regulation 27: Infection control

Inspectors found that residents were at risk of infection as a result of the provider failing to ensure that procedures, consistent with the standards for infection prevention and control were implemented by staff. In particular the provider did not demonstrate adherence to and compliance with the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units, a guideline issued by the Health Protection (HPSC) to safeguard and protect residents from

infection.

There was ongoing non compliance from the previous inspection in August 2021 and a number of issues identified had not been addressed by the provider. These included:

- The inspector was not assured that the cleaning process was in line with national guidelines.
- The inspector was not assured that the layout of the sluice room and the laundry room provided sufficient separation necessary to avoid the risk of cross contamination.
- The housekeeping trolley was not fit for purpose.
- There was a lack of appropriate bins in a number of areas.

In addition a number of issues which had the potential to impact on effective outbreak management were identified during the course of the inspection. These issues collectively presented a risk particularly in the context of the ongoing outbreak of COVID-19 at the time of the inspection. For example:

- There was an Infection Prevention and Control policy available on the day of the inspection, however there was no indication that this was shared with or signed off as understood by staff.
- The contingency plan in place was inadequate and did not address staffing or potential management issues during an outbreak of COVID-19.
- There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was effectively cleaned and decontaminated.
- Some equipment observed during the inspection was visibly unclean and was not being fully cleaned in accordance with national and evidence-based guidelines.
- PPE was inappropriately stored at PPE stations along the corridors.
- Some surfaces, finishes and flooring were poorly maintained and as such did not facilitate effective cleaning.
- Due to a lack of appropriate storage space in the centre inappropriate storage practices were observed in respect of equipment; for example commodes, hoists and used linen trolleys were stored along corridors.
- There were no dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment.
- Ancillary rooms including the dirty and clean utility rooms were small sized, poorly ventilated and did not facilitate effective infection prevention and control measures.
- Clinical hand wash basins were not available for staff use.
- Appropriate signage was not in place to prompt staff, visitors and residents to perform frequent hand hygiene
- Doors did not have appropriate signage to inform staff of the COVID-19 status of residents.
- Suitable arrangements were not in place for the segregation and flow of soiled laundry
- Adequate systems were not in place to oversee cleaning and environmental hygiene. The provider outlined how they were was in the process of

reviewing existing cleaning systems and had identified some improvements required to further enhance infection prevention and control. They advised that they were about to introduce a flat mopping system for floors. These matters had not been addressed since the previous inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documents were not in place, up to date, and reviewed for all residents, for example:

- COVID care plans in place did not provide sufficient information to direct care.
- Residents did not always have care plans updated four monthly, as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Resident healthcare needs were being met in line with a high standard of evidence based nursing.

There was effective communication systems to relay current residents health care requirements, for example, residents advanced care planning and resuscitation status as documentation was in place and updated.

Review of nursing records evidenced appropriate response, observation and record keeping of residents that were positive for COVID 19. However, temperature checks were recorded in the morning and evening. The person in charge had informed the inspector that checks were happening three times daily.

While residents had a choice of general practitioners (GP) and most residents had been recently reviewed by their GP, the inspector was informed that the residents currently positive for COVID 19 residents had not had a recent medical review. The person in charge stated that contact had been made with the relevant GP services but they had declined to come to the centre as no deterioration in resident health as a result of COVID 19 had been reported to them.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights in relation to freedom of movement and to communicate freely were impacted by the restrictions, imposed to contain the spread of COVID-19 in the centre, per national guidance at the time of the inspection. Residents and their families were informed about the outbreak and residents who spoke with the inspector understood why restrictions were necessary.

Judgment: 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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillside Nursing Home OSV-0000347

Inspection ID: MON-0034630

Date of inspection: 15/10/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As per discussions with HIQA stakeholders (Noel Sheehan and Fiona Cawley), we are sharing the Management structure changes submitted as part of the compliance plan for the Aug 11th inspection, these changes put in place clear deputizing and delegation of responsibility across a number of key stakeholders at Hillside.</p> <p>The goal for the Management team is;</p> <ul style="list-style-type: none"> • Ensure effective oversight of care and service is available at all times, including weekends • That there is system and personnel delegated to constantly evaluating and improving the quality and safety of the service provided to Residents • That all areas of non-compliance are managed and mitigated with the upmost urgency <p>The management structure at Hillside Nursing home has been revised and optimized to better support the following;</p> <ul style="list-style-type: none"> • Roles and Responsibilities of key stakeholders within Hillside • Accountabilities for medical, Resident well being, staffing/rostering, process and procedures • Good and prompt decision making and effective risk management • Decentralized responsibilities with clarity in chain of command and escalations, this facilitates delegation of activities such as audits and training to senior Staff Nurses and Senior Care Assistants <p>The Person in Charge / Provider of Care will be supported by the following management team; Deputy Person in Charge, Suport/Administration Manager and Senior Staff Nurses</p> <p>Deputy Person in Charge – will deputize for the Person in Charge in all aspects of medical</p>	

and day to day Resident well being with support from senior nursing staff. Included (but not exhaustive)

- Ensure the delivery of the highest standard of care to Residents
- Always represent the nursing home as a senior manager and act in the best interest of the nursing home and its residents
- Support Person in Charge in the collaborate, consultation and communication with staff regarding the appropriate nursing assessments, diagnosis, planning, interventions, and evaluation of resident care.
- Deputize for Person in Charge when required, maintaining at all times the delivery of care to the highest standards to all Residents
- Work with the management team to drive specific quality improvements
- Work as part of a wider team with the senior nurses and provide support/mentoring for the staff nurses and HCAs

It is expected that the Deputy Person-in-Charge role will be equivalent to half working day per week, this time will be adjusted in the roster and staff changes will be made to account for time needed.

Support/Administration manager

The role of the Support Manager is to provide oversight of process and procedures across Hillside and to work at all times with Person-in-charge to evaluate and improve the working processes with an aim to continually optimize, facilitating the wider staff to deliver the highest standard of care to Residents

Included (but not exhaustive)

- Ensure Person-in-Charge, Deputy-Person-In-Charge are facilitated with all required processes and procedures that enable them to deliver the highest standard of care
- Management and co-ordination of annual review and associated process, all of which are done in consultation with Resident and/or their representatives
- Point of contact for all updates of procedures and policies across Hillside, including all quality plans, all processes and all required input to HIQA in relation to updates to Statement of purpose and other related documentations
- Co-ordination of all staffing requirements in collaboration with Person-in-charge and Deputy Person-in-Charge
- Management of all hiring activities are required
- Co-ordination for all financial management, in co-ordination with Person-in-Charge and outsourced Accountant/Financial advisor stakeholder

It is expected that the Support/Administration Manager role will be equivalent to 1 working day per week, this effort will not be rostered but will be agreed between Person-in-Charge and Support Mgr. on a weekly basis

To facilitate greater transparency, inclusion and appropriate delegation of responsibilities a rhythm of business will be managed through the following meeting structure;

- Weekly Care meeting
 - o Person-in-Charge and Deputy Person-in-Charge
 - o Dealing with ongoing care plans for all Residents, any escalations and priorities for the coming week

- Weekly Support meeting

- o Person-in-Charge and the Support/Administrator

- o agenda items will include, staffing, rostering, and on-going evaluation of policies and procedures.

The Deputy Person-in-Charge will be requested to attend at least monthly

- Monthly meetings

- o Person-in-Charge, Deputy Person-in-Charge, Support Manager and Senior Nursing Staff

- o Agenda - this will deal all aspects of nursing care and Resident well being

All meeting minutes will be available for review by management team and HIQA representatives

As part of the review of the all up Governance structure clear delineation of responsibility is now in place between Household Catering and Care Assistances, this includes;

- Roster template calling out each area specifically

- Clarity on R&R of Cleaning staff and specific daily tasks laid out in cleaning template with oversight from Nurse on Duty

- Clarity on R&R of Catering staff

All communication on above has been shared with Staff

Details of Management structure has been circulated to all staff. Meeting rhythm has been kicked off and minutes are available in management journal

Audit Framework

Management at Hillside have reviewed the all up structure and framework on the quality system, central to this is the audit structure which has been optimize to provide greater transparency on the process as well as delegation of accountability for each area. The all up audit framework will be reviewed regularly by Management and a yearly report will be created by the Support Manager which will be shared among Staff and will be available for review for HIQA stakeholders if required. The follow areas will be included;

- Medical Audits – this will be lead by a Senior Staff Nurse, each month a Staff Nurse will be audited and feedback provided, this feedback will be reviewed with Person-in-charge and Deputy

- Hand Hygiene – Weekly audits will take place, this will be lead by a Senior Staff nurse, the goal is to continue to provide awareness, education and continuous feedback on hand hygiene to all staff

- IPC – weekly cleaning audits will take place with all parts of Hillside Nursing Home audited by end of each calendar month. Audits will be lead by a Senior Care Assistance in collaboration and oversight of Staff Nurse on duty. Regular reviews of IPC process will be carried out by Management and discussed in Staff meetings

- Care Plans – Audits are being carried throughout the year, lead by a Senior Staff Nurse

- Manual Handling – Audits are planned as soon as onsite refresher training is carried out (TBD)

- Staff Training – A framework on all staff training is in place, the Support Manager will update and discuss additional requirements with Person-in-Charge, Deputy Person-in-Charge and Senior Staff Nurses

- Vaccination Audit – this has been completed for Calendar Year 2021

- Resident Satisfaction Audit – Requests for feedback has been made to Residents and their representatives through a simple form shared, audit details will be available at year

<p>end. This will be lead by the Support Manager</p> <ul style="list-style-type: none"> • Fire safety – Monthly audits are in place to identify gaps, this will be lead by Nurse on duty and will be signed off by Person-in-Charge • Wound Care – Audits in place at end of 3 months, in line with notification management 	
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>Under the new Management rhythm, notifications of incidents will be discussed within the management team regularly, making sure that all notifications have been filed within compliance with the regulation, while full accountability of notification of incidents sits with the Person-in-charge the wider management team will provide support to make sure the Person-in-charge has followed up appropriately.</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"> • All items of furniture repair have either been re-upholstered or replaced • Reconfiguration of bedrooms will continue in outstanding rooms work to be fully completed by Jan 15th 2022 • Storage space is being addressed by redeploying room 5A as storage room, this reduces the capacity at Hillside to 24 Residents. This action has been taken to facilitate storage of equipment allowing more space in clean room and enhance infection prevention and control. • The layout in dining room has been reconfigured to allow adequate social distance at mealtimes 	
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"> • All Staff have undergone further training on Infection Prevention and Control online and from HSE directly, to enhance their ability to enforce more robust infection control 	

measures. The Management at Hillside are confident that this has facilitated a more robust and structured approach to IPC onsite.

- The interim Public Health IPC guidelines have been further enhanced with more details to deal with COVID 19 outbreak at local level as specific isolating procedures are outlined.
- The Infection Prevention and Control Policy and Procedure has been revised and implemented. The policy has been shared with all Staff and the Management at Hillside are confident that all Staff are fully up to date and adhering to all IPC Policy and Procedures.
- The Contingency Plan for COVID 19, part of the overall Preparedness Plan for COVID 19 is being reviewed and updated, based on the actual events of the COVID outbreak, the plan has become more robust enhanced based on actionable tasks, the Management at Hillside are confident the plan will not address staffing or potential management issues. The updated plan will be shared with HIQA by Dec 13th.
- The cleaning schedule has been revised and new measures implemented;
 - o A comprehensive checklist will be used by all Staff to manage the daily cleaning schedule with checks from both Cleaning Staff and Staff Nurse on duty.
 - o A weekly cleaning audit is also in place where areas of the Nursing Home will be audited each week
 - o All areas in Hillside Nursing home will be fully audited each calendar month
- All environment and equipment is included in checklist and cleaning Audit
- All areas have received deep clean during and after outbreak and will continue to be included in cleaning checklist and subsequent audit
- PPE is stored appropriately; it should be noted that storage observed on HIQA inspection was to facilitate immediate impact of bedrooms in isolation
- All surfaces are currently being reviewed/checked and any flooring/furniture on surfaces will be replaced by Jan 15th included in reconfiguration of bedrooms
- Storage space is being addressed by redeploying room 5A as storage room and reducing capacity to 24 Residents. This action has been taken to facilitate storage of equipment allowing more space in clean room and enhance infection prevention and control.
- Clinical wash hand basins are available in office/treatment room, clean room, sluice room, staff room, kitchen and now in new storage room (previously 5A)
- There are signs at all sanitizing units and additional sanitizing units have been installed with signage alongside.
- Additional signage is now available and will be displayed if further outbreak of COVID 19 is detected
- There is a clearly displayed notice for all Staff attention re flow of all soiled laundry
- As additional storage has been provided the risk of infection spread/contamination is less. A clear laundry flow is outlined and displayed for all Staff
- The housekeeping trolley has been replaced
- Additional bins have been acquired for all areas and Staff have been clearly advised of disposal of waste inhouse

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All Care plans were updated with COVID specific care by end of week Oct 16th, these provide all information needed during the outbreak</p> <p>All Care Plans are being regularly audited to ensure quality and safety and maintain the high quality of care known at Hillside.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Temperature checks are being recorded twice daily (and 3 times daily during a COVID outbreak) as part of standard practice. All Residents who received COVID positive test result during the October outbreak at Hillside Nurising Home have had medical reviews carried out by their GP since the COVID outbreak restrictions lifted on Noveber 22nd.</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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	15/01/2022
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	29/11/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	15/11/2021

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	13/12/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	11/10/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/11/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	20/11/2021

	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 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	20/11/2021