<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hillview Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000238</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tullow Road, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 913 9407</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@hillviewnursinghome.ie">info@hillviewnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Hillview Convalescence &amp; Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Catherine O'Byrne</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>52</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 30 November 2017 13:30  To: 30 November 2017 16:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This planned inspection was brought forward upon receipt of information received by HIQA relating to safeguarding issues and incident reporting. The inspector found no evidence to substantiate the concerns raised.

The inspector found that appropriate and robust safeguarding measures were in place. Staff had received training and was knowledgeable about the prevention of abuse of vulnerable persons. Where necessary, additional safeguarding measures were implemented.

The inspector found that the health and safety of residents and staff was promoted and protected and fire procedures were in order.

Residents had access to general practitioner (GP) services and to a range of other health services. Evidence-based nursing care was provided. Action required from the previous inspection relating to resident involvement in the review of their care plans had been addressed.

Some improvement was required to ensure that the use of restraint was in line with national policy. Work underway regarding the management of residents' pensions needs to be completed.

These are discussed further in the report and included in the action plan at the end.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It described the service that was provided in the centre and was kept under review by the person in charge.

**Judgment:**
Compliant

**Outcome 07: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused. Some improvement was required to monitor that safety checks were recorded when restraint was in use. Although progress had been made regarding residents’ finances, further improvement is required to ensure compliance with national guidelines.

Information had been received by HIQA in relation to safeguarding issues. The inspector reviewed the systems in place and was satisfied that residents were sufficiently safeguarded. Allegations of abuse were followed up and the inspector was satisfied that
the policy on safeguarding was fully implemented. There was evidence of consultation with the safeguarding team where appropriate. The inspector saw that residents had access to the national advocacy services.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Although usage of bedrails was high, efforts were underway to reduce this. The inspector saw that plans were in place to trial some residents without bedrails. Additional equipment such as sensor alarms and low-low beds had also been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint.

Detailed care plans were in place and these outlined the requirement to complete safety checks on a two hourly basis when bedrails were in use. However safety checks were inconsistently recorded. There was no documented evidence that these checks were completed for the previous two days in three cases reviewed.

This centre is currently a pension agent for six residents. Although ongoing improvements were noted and balances checked were correct, further improvement was required to ensure compliance with national guidelines. The inspector saw that individual accounts were in place but the pensions were not currently paid directly to a resident’s account. This was discussed in detail with the person in charge.

Pocket monies were managed for some residents. Detailed documentation including receipts was maintained. A monthly audit was carried out on balances. The inspector checked a sample of balances and found them to be correct.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. The inspector reviewed residents’ files and noted that a comprehensive assessment had been undertaken. Detailed care plans were in place and possible triggers and appropriate interventions were documented.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety. A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a regular basis.

Fire drills were carried out frequently and these included night-time scenarios. New documentation had been introduced and detailed records were maintained. When required action plans were put in place.

The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

The training matrix confirmed that all staff had attended annual fire training and all staff were trained in the moving and handling of residents.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. Temporary alternative accommodation was available should evacuation be necessary.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that a record was maintained of incidents occurring in the designated centre, and where required notified to the Chief Inspector.
The inspector reviewed the incident log and saw that adequate detail of each incident was included. This information was also collated to check for any possible trends or patterns.

Where necessary, HIQA had been notified of incidents in a timely manner.

**Judgment:**  
Compliant

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**Outcome 11: Health and Social Care Needs**  
*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/ her changing needs and circumstances.*

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

Action required from the previous inspection relating to the review of care plans at intervals not exceeding four months after consultation with the resident and where appropriate family had been addressed. The inspector saw that a summary version was printed out which enabled discussion with the resident or relative. This was then signed when completed.

As at the previous inspection, documentation in respect of residents’ health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre twice weekly. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

The inspector reviewed a sample of clinical documentation and found care plans were comprehensive and person centred. They had been updated to reflect the recommendations of various health care professionals.
The inspector reviewed the management of some clinical issues and found they were well managed. For example, the inspector reviewed the procedure for wound management and found that assessment and treatment plans were in place. Additional advice and support was available from tissue viability nurses if required. Appropriate equipment was also available.

**Judgment:**
Compliant

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/ her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the complaints of each resident and their family were listened to and acted upon and there was an effective appeals procedure.

A log was maintained and adequate details were recorded including the level of satisfaction or otherwise with the outcome. The inspector read a sample of complaints received and found that they were managed in line with the policy in place. The inspector saw that complaints had been received in line with the information submitted to HIQA. Investigations had taken place and the complainant had been informed of the outcome.

A summary of the complaints' procedure was on display.

**Judgment:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000238</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>30/11/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12/12/2017</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Safety checks were inconsistently recorded when restraint was in use.

1. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Management will ensure that 2 hourly safety checks on all residents who are using bedrails will be carried out and documented, as per Regulation 08(1). We will continue to carry out risk assessments in our efforts to reduce the number of bedrails currently in use.

Proposed Timescale: 01/01/2018

Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure compliance with national guidelines when acting as a pension agent for residents.

2. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
As of December 1st 2017 The State Pensions office has been instructed by letter to transfer weekly pension monies for our six residents that we are currently agents for directly into their individual bank accounts as per National Guidelines.

Proposed Timescale: 01/12/2017