



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview Convalescence & Nursing Home
Name of provider:	Hillview Convalescence & Nursing Home Limited
Address of centre:	Tullow Road, Carlow
Type of inspection:	Unannounced
Date of inspection:	11 August 2021
Centre ID:	OSV-0000238
Fieldwork ID:	MON-0031618

## About the designated centre

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

Hillview Nursing Home is a family owned centre which opened in 2003. The registered provider is Hillview Convalescence and Nursing Home Limited. It is a purpose built centre located on the outskirts of Carlow town, within walking distance of many amenities such as shops and churches. The centre is surrounded by spacious landscaped gardens with access to a secure garden for residents. There is ample parking available to the front and side of the centre. The centre can accommodate up to 54 residents, both male and female over the age of 18 in its 32 single and 11 twin bedrooms. Bedroom and communal spaces are divided over two floors with access to the first floor via a passenger lift and stairs. Communal space includes a dining room, day room, sun room, activity room, quiet room, reminiscence room and seating areas in the reception and landings on the first floor. Services provided include 24 hour nursing care, visiting GPs, pharmacy, chiropody, occupational therapy, physiotherapy, dietetics, speech and language, optician, dental and audiology. A range of social activities are offered to meet the needs of all residents over six days each week. Religious and advocacy services are also available. The centre caters for residents with varying levels of dependency for long term, convalescence and respite care.

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

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 11 August 2021	09:10hrs to 17:10hrs	Manuela Cristea	Lead

## What residents told us and what inspectors observed

During this unannounced risk inspection, the inspector communicated with more than eight residents and four visitors, who all expressed very high levels of satisfaction with the care and service provided. Many residents told the inspector that this was their home, and they felt safe and comfortable living in the centre. They all praised the hard work and kindness of staff, who, they said, 'bent over backwards for you'. Residents said that they were happy with everything including the food, their bedrooms and their home in general. Similarly, visitors said that they trusted the provider and were assured that staff always 'put the residents first' and their loved one was thriving living in the centre. The inspector also spoke with a resident who made the choice to come into the centre on a long term basis based on their previous positive experience as a respite in the centre.

The inspector observed the interactions between staff and residents, which were all person-centred and respectful. There was plenty of laughter and light banter and it was evident that they had a trusting relationship. Residents were addressed with courtesy and respect and all interactions were empathetic and sensitive. The inspector spent time downstairs and observed residents engaging in various activities during the day, which included attending Mass, hairdressing, massage, imagination gym, story telling and chair exercises. An activity schedule was available and external events had begun to be organised for the residents including a circus group performance that visited the centre and live music sessions. There was great excitement about the upcoming visit from the animal farm.

There were two activity coordinators and residents had access to a busy programme of activities seven days a week. Residents said that there were always something to do and they did not have time to get bored. A quarterly newsletter was issued for residents and visitors detailing past and upcoming events. Residents had a voice and were consulted in the running of the centre and minutes from the residents' meetings showed that any suggestions or issues discussed were appropriately followed up and addressed. For example when residents suggested to change the type of bread to a preferred alternative, effective arrangements were made. Other suggestions made, including to split the bingo participants into beginners and advanced or to have stews more often on the menu were all promptly facilitated.

The premises is a two storey building with 19 residents accommodated downstairs and 35 residents on the top floor. Spacious communal and dining areas including access to safe outdoor space for residents accommodated downstairs, and the inspector observed that these residents enjoyed a calm and positive experience. However, at the time of inspection residents continued to be separated into hubs and, with the exception of Mass, the group activities had remained largely segregated per each floor as a precaution to prevent the spread of COVID-19 through the centre. While the communal areas located on the ground floor were spacious, bright and airy, there was limited communal space available for the many residents residing on the top floor, other than the dining area. In effect, the

communal recreational space on the top floor was mainly a corridor which acted as a transit area. As a result, the inspector observed a distinctly different atmosphere upstairs, which was loud and busy and not conducive to a relaxed experience. A review of this arrangement was required to ensure it aligned with current public health guidance on the prevention and management of COVID-19 in long term care facilities and that residents' rights to appropriate facilities and opportunities for meaningful engagement were respected.

Overall, the premises appeared homely and nicely decorated and residents' bedrooms were personalised with each door painted in a different colour to support way-finding. However, the inspector observed numerous areas that were not well maintained and were in need of refurbishment with visible signs of wear and tear, the specifics of which are detailed under Regulation 17.

The inspector also observed that the maintenance issues identified in respect of premises impacted on staff's ability to adhere to and implement best practice in infection prevention and control. Nevertheless, all residents confirmed that they were satisfied with their living arrangements and the overall standard of cleanliness maintained in their rooms and in the communal areas of the centre. They said that staff were keeping them informed of public health advice and had regular talks on the importance of hand hygiene, social distancing and respiratory etiquette. Good signage and information leaflets were available in key locations throughout the centre.

The centre had experienced a large outbreak of COVID-19 after the residents' and staff had received their first vaccine in January 2021. More than 40 residents and over 30 staff testing positive with the virus, and sadly eight residents died during this outbreak. The residents spoke very positively about the care they received during the outbreak and staff's commitment to ensure they had everything they needed and they did not feel lonely. Similarly, all visitors generously praised the staff and the governance and management team for their efforts to keep them informed at a time of visiting restrictions. Staff reported it to be a good place to work and that they felt supported by the management team. The morale was good and a team approach to the provision of care was evident as staff described how they 'all pulled together' to ensure there were always sufficient staff to meet residents' needs.

There were no open complaints at the time of inspection and generally there was a low level of complaints in the centre. No complaints or concerns were raised by any resident on the day of the inspection and residents confirmed that they would not hesitate to speak with a staff member if they had any issues.

The next section of the report sets out the findings and judgments of the inspection. These are summarised under each pillar and then discussed under the relevant regulation.

## Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a stable team of staff committed to meet their needs and ensure their safety. There were no immediate risks identified on the day, however the inspection identified a number of areas that required improvement, specifically in respect of infection prevention and control, premises, staff supervision and oversight, governance and management, fire safety, healthcare, individual assessment and care planning as detailed under each respective regulations below. The inspector found that while the provider had been concentrated on managing the pandemic of COVID-19, the standards of care had dropped in a number of areas. The centre had a good history of regulatory compliance, however enhanced leadership, significant effort and improved focus and oversight was now required to achieve improved regulatory compliance and ensure a safe, appropriate and high quality service was provided to the residents living there.

The registered provider is Hillview Convalescence and Nursing Home Limited. A new person in charge had been appointed, who was not on duty on the day of inspection, and effective deputising arrangements were in place in her absence. There was a clearly defined management structure in place and in speaking with staff the inspector found that they understood their roles and responsibilities.

At operational level the person in charge was supported by an assistant director of nursing and the general manager who was also the owner and actively involved in the running of the centre.

The staffing levels and skill-mix of staff on the day of inspection was appropriate to meet the needs of the residents and there were no vacancies and no agency staff used at the time of inspection, which ensured good continuity of care for the residents. However, the inspector found that the governance and management structures in the centre had been weakened as the clinical nurse managers' role had not been replaced following the appointment of the new person in charge in June 2021.

The findings of the inspection also show insufficient oversight of staff practices and that the management systems to monitor the service were ineffective at identifying areas for improvement. The management team carried out a suite of audits for monitoring the service including environmental, care planning, medication management, mealtimes audit, residents' rights, safeguarding etc. These audits showed 100% results, which was not corroborated by the findings of the inspection. As a result the inspector was not assured that the quality management systems in place were effective.

Other relevant documents were reviewed during the inspection. These included Schedule 5 policies and procedures, staff files, the annual review and the provider's self-assessment questionnaires in COVID-19 preparedness and infection prevention and control. While regular observational audits and spot checks of staff knowledge and practices were carried out, the inspector found that enhanced oversight of cleaning practices was required to ensure staff implemented the local policies and

that standards of infection prevention and control were consistently adhered to.

Mandatory training and a suite of relevant courses were available and had been completed by staff to support them in providing care to the residents. Probation and induction processes were in place for new staff and annual appraisals had been completed for the existing staff. Staff had access to relevant guidance and policies to guide their practice, and there was evidence of regular and effective communication, including staff meetings, memos and email communication. There was a strong person-centred culture evident at the heart of care delivery and records showed that staff were supported to complete training in implementing a human rights approach to the care delivery. All registered nurses working in the centre had an active registration with the Nursing and Midwifery Board of Ireland (NMBI).

All residents and staff had been vaccinated against COVID-19 and there was a dedicated COVID-19 lead in the centre. Comprehensive contingency plans had been developed prior to the COVID-19 pandemic and evidence showed ongoing liaison with local public health teams. There were good arrangements for reviewing any accidents and incidents within the centre, which included identification, recording, investigation and learning from adverse events.

There was good oversight of the management of complaints.

### Regulation 15: Staffing

There were appropriate number of staff with the required skill-mix to meet the needs of the residents. A minimum of two registered nurses were on duty at any time.

A sample of staff files were reviewed by the inspector and found that they included all required information, including a valid An Garda Síochána (police) vetting

Judgment: Compliant

### Regulation 16: Training and staff development

The oversight and supervision of cleaning processes and staff practices required further strengthening. For example, ensuring that staff consistently adhered to the uniform policy or that the deep cleaning schedules were carried out and documentation completed as required.

Judgment: Substantially compliant



## Regulation 23: Governance and management

Although the lines of accountability and responsibility in the centre were clear, at the time of inspection the role of clinical nurse manager had not been filled. This had weakened the governance and management structures in the centre, which was evident in the decreased level of oversight observed on the day.

While there was a large suite of audits that were completed regularly by the management team, they were not effective at identifying areas for improvement. For example environmental audits, infection prevention and control audits or care planning audits achieve 100% scores and had failed to pick on any issues identified during the inspection. As a result these audits did not meaningfully inform the quality agenda of the service and missed opportunities for improvement.

Judgment: Not compliant

## Regulation 34: Complaints procedure

Complaints were managed well in line with the complaints procedure, which was widely displayed in the centre and met the regulatory requirements.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Schedule 5 policies were all available and had been updated in the past three years. Evidence showed that staff had signed and read the policies. Relevant policies had been updated to include COVID-19 guidance.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were well-cared for and comfortable in the designated centre. While good practices were observed, the inspection identified gaps in the care provision which had the potential to negatively impact the quality of care and the safety of the residents. Significant improvements were required in

respect of premises and infection prevention and control. This was particularly relevant as these non-compliances were interdependent and contingent on each other, as further expanded below and under their individual regulations. The provider informed the inspectors that due to the emergence of the COVID-19 pandemic all non-essential refurbishment plans had been on hold as the main focus had been the protection of the residents. The findings of the inspection show that action was required to ensure resident's safety was promoted.

Residents' accommodation was provided in 32 single and 11 twin rooms, all of which had en-suite facilities. Overall the layout and design of the centre met residents' needs, however some improvements were required, specifically in respect of storage, staff changing facilities, cleaning facilities for kitchen staff, the layout of one bedroom and the communal space available to the residents located on the first floor as described under regulation 17. Vaccination rates among residents and staff was at 100% rate and therefore, the continued segregation of residents' communal activities per floor required review in line with updated guidance from Health Protection and Surveillance Centre (HPSC).

While systems to support infection prevention and control practices were in place, enhanced oversight was required to ensure they were implemented in practice. There was an infection prevention and control committee which met on a quarterly basis. The environment appeared largely clean on observation with few exceptions, notably the kitchen staff changing room on the lower ground floor which was not fit for purpose. The inspection identified that significant improvements in infection prevention and control were required to ensure adherence to regulatory requirements and the National Standards for Infection Prevention and Control in community services (HIQA, 2018) as specified under regulation 27.

Improvements were also required in respect of healthcare and care planning arrangements to ensure that timely and appropriate action was taken when needs were identified on clinical risk assessments. For example the weekly weight checks had not been timely completed for eight residents assessed as in need of enhanced monitoring of nutrition status.

Admissions to the designated centre were based on pre-assessment to ensure the centre could meet the needs of the residents. The care plans inspected were comprehensive, person-centred, reviewed at four monthly intervals or more frequently and shared with the resident and families as appropriate. However, the care plans did not always reflect residents' current condition and were not consistently and timely updated to proactively inform the nursing interventions and guide staff in the delivery of care.

A regular physiotherapist visited the centre once a week and access to dietetic service, speech and language therapist, occupational therapist, tissue viability nurse, Psychiatry of Old Age, chiropody services and dentist was available when required, via referral. Improvements were needed to ensure that where additional clinical expertise was required to manage residents with complex needs, that this was accessed in a timely manner.

Throughout the pandemic, staff made efforts to ensure residents and their families remained in contact by means of scheduled window visits, telephone and video calls. At the time of inspection the visiting restrictions had been lifted and visitors could come freely to see their loved one. A risk assessment was however carried out and appropriate protocols were in place to prevent the transmission of COVID-19. implemented at the time of inspection.

Residents were provided with good quality, nutritious food according to their choice and systems were in place for consultation in respect of choice and preferences. Residents were unanimous in their high levels of satisfaction with the food menu and confirmed that the food was excellent.

Staff were trained in fire safety and participated in regular drills to ensure they had the required skills to maintain resident's safety. Assurances were received immediately after the inspection of save evacuation times of the largest compartment with night-time staffing levels. An L1 alarm system was in place and all doors were fitted with self-closing devices and records showed that daily and weekly safety checks were carried out. However, some improvements were required as listed under Regulation 28.

### Regulation 11: Visits

Visits took place in line with current public health guidance, both indoors and outdoors. Residents and families were satisfied with visiting arrangements in place and each resident had a visiting care plan in place.

The inspector was satisfied that there were clear procedures and protocols in place to ensure safe visiting arrangements. Infection control precautions were in place for visitors, including the provision of personal protective equipment (PPE) and recording visitor's temperature. All visits were informed by a completed risk assessment and the latest Health Protection Surveillance Centre, *COVID-19 Guidance on Visitations to Long Term Residential Care Facilities*.

Judgment: Compliant

### Regulation 17: Premises

This inspection identified that certain aspects of the premises did not meet the requirements of Schedule 6 and the *National Standards for Residential care Settings* (2016) and this had a direct impact on staff's ability to adhere to best standards in infection prevention and control. A proactive maintenance programme was now required to address the following areas identified as requiring improvement:

- The staff changing facilities on the ground floor in the centre were not

appropriate and staff did not have access to safe lockable facilities; as a result inappropriate storage of personal belongings was observed in communal areas or stores posing a cross contamination risk.

- While adequate sitting, recreational and dining space was available in the designated centre as a whole, due to the continued separation of residents to prevent the spread of COVID-19, residents accommodated on the first floor did not have access to appropriate facilities for recreation and were confined to limited communal space, which impacted their quality of life.
- The cleaning room used by catering staff required full review to ensure it was fit for purpose and was aligned to National Standards (this included lockable safe storage for cleaning chemicals, a stainless steel sluice sink that was not rusty and appropriate ventilation).
- Premises were not in a good state of repair internally as observed on the day: chipped wood on the grabrails along the corridors, scuffed painting on the doors and walls, marked ceilings and damaged walls in some of the communal bathrooms.
- A full inventory of equipment was required to ensure it was fit for purpose; for example the inspector observed rust on equipment including commodes, grabrails, drip stands, one bed frame, inappropriate waste bins that were not foot operated, torn and damaged cushions.
- Damaged floor covering was observed in a number of areas; in the bathrooms the floor lining was lifting near the drain posing an infection control risk and a trip hazard.
- The layout of a twin bedroom (30) required review to ensure the privacy curtains surrounding one of the beds provided adequate space around the bed. This bedroom was single occupancy at the time of inspection.
- Storage facilities in the centre required review as hoists were observed stored in residents' bedrooms or communal bathroom.
- Although sluice facilities were available on each floor, access to the sluice area was restricted by very narrow doors, which posed a risk to safe infection control practices

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were complimentary of the choice, quantity and quality of meals available in the centre. All meals were freshly prepared and cooked in the centre's own kitchen. The inspector observed a lunch time meal served in the dining room. There were enough staff available to ensure that residents were supported to eat and enjoy their meals. Staff were observed to assist residents discreetly and respectfully and residents' choices were respected.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy in place which reflected the requirements of the regulations including the management of specified risks. The centre had an up to date risk register, safety statement, health and safety policy and associated risk assessments in place.

There was a clear and comprehensive COVID-19 emergency plan and policy in place which included the details of key relevant persons to be contacted in any emergency situation. A serious incident review had been completed following the outbreak of COVID-19 in the centre, which clearly identified the learning and the measures to be put in place in the future.

Judgment: Compliant

## Regulation 27: Infection control

While there were many examples of good practice observed on the day, the following areas require improvement to ensure residents are protected by safe infection prevention and control practices;

- The cleaning room for catering staff was unhygienic and required immediate review; furthermore, catering staff used this room as a changing facility and to store their personal belongings, which was not appropriate.
- The cleaning equipment and cleaning processes did not support best practice; for example a mop head system was in place and staff told inspector that the water from the buckets was used for several rooms before being changed; this practice was not appropriate to prevent the spread of infection.
- The cleaning trolley was not lockable, and all items exposed on the lower shelves were at risk of cross contamination; personal items were also observed stored on the cleaning trolley.
- The arrangements in place for linen and laundry management required review; The segregation of linen did not take place at the point of use and uncovered dual purpose linen trolleys were in use, which was not appropriate. A one way system was not in place in the laundry facility to segregate the clean and dirty processes and the area identified for handling, decanting and sorting used/contaminated linen blocked the access to handwashing sink.
- The general housekeeping and waste management practices required improvement; overfilled bins and an unlocked clinical waste bin were observed in addition to inappropriately dumped equipment which blocked access to the waste bins.
- The use of shared items such as communal slings for hoists was not appropriate and the decontamination procedures in between each use were not clear; there was no system in place to identify whether items had been

decontaminated and were ready for use

- A full review of all equipment, fixtures and furnishings was required to ensure it supported effective cleaning
- Storage and segregation practices in the centre were not appropriate; items were observed stored on the floor, the clinical room was cluttered.
- Appropriate cleaning records were not maintained; there were gaps in the deep cleaning records, and where rooms had been signed off as deep cleaned they were not cleaned to the required standards
- Additional wall mounted hand sanitisers at key locations on the corridors and throughout the building were required to support staff and residents with the hand hygiene needs

Judgment: Not compliant

### Regulation 28: Fire precautions

While there were fire arrangements and fire precautions in place, further improvements were required as the inspector observed:

- Obstructed evacuation routes which had not been identified in the regular fire safety checks; for example the new visitors' area created at the back of the communal room included tables, chairs and a Perspex screen that were blocking access to the evacuation route into the garden. Control measures were not in place.
- Although emergency lighting servicing and checks had been completed and signed off the previous week, on the day of inspection several emergency lights were observed to be faulty.
- An outdoor canopy that staff used for smoking in the internal courtyard had not been risk assessed for fire safety.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While care plans were largely person-centred, improvements were required to ensure they reflected residents' current condition and that where a need was identified in the clinical risk assessment, it informed the plan of care for the resident. For example, the inspector saw evidence that a resident who had developed a wound in the designated centre, did not have a wound care specific plan of care. Nevertheless, the inspector was satisfied from a review of the daily notes that the wound was changed and reviewed on a regular basis. Tissue viability nurse support was available, and records showed that specialist input was followed.

In addition, records showed that the agreed plans of care were not consistently implemented as the weekly weights required for eight residents identified at risk of malnutrition had not been timely carried out.

Furthermore, the care plans required to be streamlined as there was a lot of duplication and outdated information which did not support effective care provision. For example, outdated care plans were not discontinued where no longer relevant, and in some instances there were two or three distinct care plans for the same identified problem.

Judgment: Substantially compliant

### Regulation 6: Health care

Although validated assessment tools were completed by the nursing staff on a regular basis, in the sample of care records reviewed, the inspector found gaps in how assessments informed the care provided. For example, residents at risk of losing weight were monitored using MUST (Malnutrition Universal Screening Tool). In one instance, the increased risk identified via assessment did not lead to a referral to dietetic support services, or trigger enhanced monitoring. Furthermore, where enhanced monitoring was triggered by the assessment, weekly weights were not carried out accordingly to support timely and appropriate interventions.

In addition, due to the pandemic, one general practitioner (GP) had restricted the visits to the designated centre to a monthly basis, which did not ensure sufficient and effective clinical oversight in respect of residents' healthcare needs.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents' rights were respected and all residents said they were happy living in the centre. Residents had access to television, radio and daily newspapers and said that they were maintained informed of any changes.

Residents were observed to be well-groomed and neatly dressed. Feedback from residents and their families was sought on a regular basis, and evidence showed that suggestions were acted on. Residents meetings were well-attended and took place on a regular basis. Residents were well-known to staff and the care provided was person-centred and tailored to suit the residents' individual needs. There were good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and capacities. Residents had access to independent

advocacy services if required.

While there were plenty of opportunities for activities and residents' rights were upheld by the centre, the communal facilities for the residents accommodated on the top floor were not appropriate to meet the needs of all the residents living there. This is being addressed under Regulation 17.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hillview Convalescence & Nursing Home OSV-0000238

Inspection ID: MON-0031618

Date of inspection: 11/08/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Meeting held with Domestic staff to discuss the inspection findings. Deep clean schedules had been utilized previously but failed to have been documented on the two vacant rooms that were inspected. Deep clean inspection and documentation reviews have been added to the infection control and cleaning audit to prevent future oversight.</p> <p>Staff meeting held post inspection to inform staff of inspection findings. Uniforms / shoes have been removed from the premises by staff and extra staff lockers will be provided for staff going forward.</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> <p>Since inspection an acting CNM has been appointed in the interim until the new CNM returns from maternity leave.</p> <p>To prevent future oversight our current audit schedule is currently being reviewed by management and inspection findings in relation to environment, care planning &amp; infection control will be incorporated into our audits to improve the quality of the service going forward.</p>	

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 A maintenance programme action plan is currently being comprehensively reviewed by management and maintenance department. Renovations were due to take place earlier in the year but due to Covid 19 and vaccination status of contractors plans were put on hold.

The kitchen staff changing facilities are currently being painted and renovated and staff lockers will be installed.

Residents who are accommodated upstairs are encouraged as much as possible to come downstairs daily in pods, activities continue to take place upstairs for residents who do not wish to come downstairs.

The cleaning room in the basement is currently being renovated and will facilitate safe storage.

As part of the maintenance action plan repairs to the premises have now commenced and are in progress by maintenance department.

A review of the inventory of equipment has taken place and various new equipment has been ordered since inspection.

Trip hazards on flooring at showers are in the process of being repaired.

General housekeeping including storage of hoists has been discussed with staff post inspection and the health & safety representatives will supervise these housekeeping issues so that these oversights are monitored to prevent further reoccurrence.

The layout of room 30 has been reviewed and the current layout within the room will be altered to make more space around one of the beds.

The sluice room door will be changed to a larger size during renovations.

To further prevent these oversights all inspection findings will be added to the environmental audit and all premises non compliances have been added to the maintenance check programme.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Staff meetings held with all staff disciplines following inspection to highlight inspection findings

The cleaning room in the basement as stated above is being renovated by maintenance department

New lockable cleaning trolleys have been ordered and domestic staff made aware not to store personal items on trolley at any time.

New covered linen trolleys have been ordered

Laundry layout has been reviewed and the layout for linen and laundry management will be changed to facilitate one way system for linen management to avoid the sink access being blocked, shelving in the laundry will be covered in with presses.

A new lockable clinical waste bin has been ordered

The waste management company has been contacted to improve on collection times of bins.

Old equipment from waste area has been disposed.

General housekeeping will be monitored regularly and incorporated into the auditing schedule to prevent future oversight.

Extra individual slings have been ordered and disinfectant wipes have now been secured to all hoists for staff to use between residents.

A full review of equipment, fixtures and furnishing has taken place and new equipment has been purchased.

The clinical room and storage room downstairs has been decluttered and extra shelving will be added for storage to avoid storage on floors.

Deep cleaning of rooms will be monitored by management, doors will be marked by domestic staff to communicate to staff that the room is deep cleaned and not to be entered until a new admission arrives.

Deep cleaning records will be reviewed as part of the auditing process

Additional wall mounted hand sanitizers have been installed in corridors and throughout the building.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A fire risk assessment has been carried out on the sunroom post inspection.

The sunroom off the dayroom had to become our visiting room during the pandemic. This room has a fire exit to the garden but there are also 2 other fire exits off the dayroom in the event of an evacuation from the dayroom.

The table location has been rearranged in the sunroom and the fire exit is now accessible. Sunroom fire exit checks have been added to the daily fire checks.

Emergency lights have been reviewed by an electrician since the inspection as many bulbs had blown in the lighting. Faults identified have been rectified. Emergency lights will continue to be inspected daily as part of the daily fire safety checks.

The outdoor canopy was risk assessed for fire safety. Staff were instructed that smoking is not permitted in the canopy and a fixed steel ashtray was installed at the rear of the building.

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:  Named nurses have been assigned to residents care plans and assessments to ensure care plans are reviewed and follow up is done in a timely manner.  A wound care plan was commenced following inspection and will be reviewed when any changes occur to wound care.</p> <p>Residents care plans are currently being reviewed by nursing staff to rectify any duplication and delete old information from care plans.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Meeting held with Nursing staff post inspection to highlight findings  As stated above named nurses have been assigned to monitor and review residents care plans and assessments and ensure that follow up is carried out when necessary.  Weekly weights will be done on the day due or no later than the next day.  CNM will supervise that timely and appropriate interventions are followed up where risk is identified.  The resident who failed to be referred for follow up has since been referred to the Dietician and was reviewed.</p> <p>The Gp has been requested to attend Hillview more frequently and as requested.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/08/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	08/11/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	24/09/2021
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	10/09/2021

	systems are in place to ensure 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	29/10/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	10/09/2021
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	30/09/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate	Not Compliant	Orange	27/08/2021



	<p>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.</p>			
Regulation 6(2)(c)	<p>The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.</p>	Substantially Compliant	Yellow	27/08/2021