



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

Issued by the Chief Inspector

Name of designated centre:	Hazel Hall Nursing Home
Name of provider:	Esker Property Holdings Limited
Address of centre:	Prosperous Road, Clane, Kildare
Type of inspection:	Unannounced
Date of inspection:	13 July 2023
Centre ID:	OSV-0000049
Fieldwork ID:	MON-0040410

About the designated centre

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

Hazel Hall Nursing Home can accommodate up to 46 female and male dependent adults, aged over 18. The majority of residents are aged 65 and over, and can provide for the following care needs: General (Care of the Older Person), Dementia, Physical Disability, Intellectual Disability, Acquired Brain Injury and Young Chronic Care. Hazel Hall Nursing Home is purpose built and set in its own secure grounds with car parking facilities and is monitored by CCTV. It contains 44 bedrooms (42 single and two twin rooms). Each room is equipped with Cable TV (Flat Screen) and call bell system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 July 2023	08:30hrs to 18:00hrs	Sinead Lynch	Lead
Thursday 13 July 2023	08:30hrs to 18:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of care from staff. The inspectors met with many residents living in the centre and spoke with 11 residents in more detail. Residents provided positive feedback regarding their life in the centre. Residents told the inspectors that they were very 'happy and content' and that 'staff were very kind and caring'.

Inspectors observed that staff engaged with residents in a respectful and kind manner. Residents who could not speak with the inspectors in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

Residents' rights were very much at the forefront in this centre. Residents' opinions and their preferences were taken into account in all decisions involving the centre and their lived experiences.

There was an enclosed garden available to residents and their relatives. This had colourful flowers and a vintage car on display. A pergola was available for residents to have protection from the sun. There was a thatched cottage on display that had animal characters to the front which was used mainly for the purpose of reminiscing.

The inspectors were informed that residents had held a crafts fair where they produced crafts and sold them to visitors and the general public on an allocated day. Residents were fully involved in this event and took responsibility for their dedicated areas, for example some sold flowers, pottery, crafts while others manned the tea and cakes section. The residents reported that they really enjoyed this event.

The centre was divided into two units. Each had their own dining room and inspectors observed residents dining experience in each of the rooms. Meals were well presented and looked wholesome and nutritious, and a selection of choices were available to residents. The dining experience appeared calm and relaxed. Residents were very positive about the meals they received and the choice made available to them. There was a selection of drinks available and adequate staff to support residents who requested assistance. However, inspectors also observed that one of the dining facilities had two tables with signs indicating that they were only to be used by staff. This arrangement was not appropriate as residents should have full access to facilities as registered.

While touring the premises, the inspectors observed that a planned programme of refurbishment was ongoing in the centre. Some of the bedrooms that had been vacant for short periods of time had been renovated to a high standard. The provider informed inspectors that they plan to continue the renovation of all bedrooms over a scheduled time-frame. The building was well-laid out to meet the needs of the residents, however the inspectors observed that the registered provider

had made some changes to premises, which included the creation of a private room for meetings and visitors and the conversion of a quiet room into an office. These changes were not in line with the premises detail outlined in the centre's statement of purpose. The inspectors received assurance that these will be promptly addressed.

Inspectors also observed that privacy screening was not available in one of the twin bedrooms. The inspectors discussed with the two residents and were assured that this arrangement was in line with their preferences. However, should any of the residents change, appropriate curtains and privacy arrangement would be required in this room.

There was a varied schedule of activities displayed on the activities boards throughout the centre. Residents appeared to be enjoying activities on the day of the inspection. However, health care staff were providing these activities over the past number of weeks due to a staff vacancy in the activities department. In addition, staffing shortages in the nursing department meant that key people assigned with governance and management responsibilities were working in front line care capacity, as observed by inspectors on the day. The provider also informed the inspectors that this was an interim arrangement and that they had been actively recruiting and were awaiting the commencement of a new activity staff member to increase the activity team, and three additional nurses.

There was an information board available for residents and visitors in reception. This included numerous booklets developed by the management team on various topics in relation to the advocacy services available, complaints procedure, infection prevention and control and many topical leaflets providing health information. In addition, the inspectors observed records of health promotion meetings held with the residents where topics such as safety awareness and falls prevention measures, 'enjoying summer weather safely' and 'your guide to arthritis'.

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

Overall, the inspectors found that the registered provider was striving to deliver a high quality service and there were effective management systems in the centre to ensure that residents were provided with good quality care. However, this inspection also found that the registered provider used areas of the designated centre that were not in line with their stated purposes, as per the centre's certificate of registration. The provider had failed to communicate the changes to premises to the Chief Inspector using established processes, and assurances were accepted that those spaces will be returned to residents' use immediately.

The designated centre had been through an unsettling period of high staff turnover and the inspectors saw evidence that arrangements were in place to recruit additional staff. Nevertheless, at this time of inspection, the governance and management structures had been significantly weakened as a result, which meant that the oversight of service and staff could not be sustained. The provider representative was working in the centre on a daily basis, to ensure a good service continued to be provided and cover unexpected vacancies in the catering department. On the day of inspection, the person in charge had been rostered as a staff nurse to provide direct resident care. While a staff nurse came in at short notice to support the centre on the day of the inspection and release the person in charge, this arrangement was not sustainable in the long term. The inspectors accepted the assurance provided by the registered provider that this was a contingency arrangement agreed until garda vetting was obtained for two staff nurses which had already been recruited and were awaiting the clearance. The shortage in staffing resources was compounded by the fact that the clinical nurse manager was on planned absence at the time of inspection, and was due to return within the next two weeks.

This unannounced inspection was carried out following receipt of an application by the registered provider to renew the centre's registration, and receipt of unsolicited information of concern. The centre has a history of good compliance with the regulations and this was echoed in the findings of this inspection. However, the registered provider had made changes to the premises without informing the Chief Inspector of Social Services. On the day of the inspection, the provider was actively amending these changes. The provider was responsive to issues as they arose during the inspection, and was proactive in offering solutions to achieve compliance. The provider was required to re-submit the floor plans and statement of purpose to reflect the changes that had been made to the premises.

The person in charge worked full-time in the centre and was supported by a clinical nurse manager (CNM), a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff as per organisational structure. The registered provider is Esker Property Holdings Limited. A provider representative was on site for the day of the inspection.

The provider and person in charge had notified the Chief Inspector of Social Services for most of the required notifications as per Regulation 31. However, notifications in relation to two residents that required transfer to hospital for medical review had not been notified, as required.

A sample of staff files reviewed showed that there were regular staff appraisals in place which gave staff opportunities to identify areas for improvement and be provided with additional training options. Records viewed by the inspectors confirmed that there was a good level of training provided in the centre. The training records confirmed that all staff had received training in safeguarding vulnerable adults and fire safety. All staff had An Garda Siochana (police) vetting disclosures prior to commencing employment.

Regulation 14: Persons in charge

The person in charge met the required of the regulations. They were a registered nurse, working full-time in the centre and had the required qualifications, experience and knowledge to fulfill the role.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were sufficient staff on duty to meet the needs of the residents present in the centre. However, the person in charge was working as the staff nurse and was also responsible for the oversight of the health and social care delivery in the centre. While a staff nurse arrived at the centre to release the person in charge, a review of the rosters found that the person in charge had been allocated to nursing duties for the previous two weeks to compensate for staffing shortages. This impacted on the oversight and monitoring of the service.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Mandatory training had been delivered to staff. This included training related to safeguarding and fire safety. In addition staff were provided with other relevant training that was required to fulfill their role.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a well-maintained directory of residents living in the centre. This included all the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the active plans in place to recruit, at the time of inspection, the registered provider did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example;

- The full time staffing levels in the statement of purpose did not reflect the staffing levels available in the centre due to staff vacancies, especially in the areas of nursing staff. The inspectors were not assured that contingency arrangements in place were sustainable as the person in charge was working day and night shifts to cover staff nurse shortages and as a result could not provide ongoing oversight and monitoring of staff and service. This arrangement also did not ensure that the lines of accountability and responsibility for the service were clearly maintained at all times.
- There were other vacancies that the provider was actively trying to fill such as; a physiotherapist, a chef and an activity staff. These added additional pressure on the available resources, which were severely stretched.
- The communal space available to residents had been changed and was not in line with the statement of purpose. Inspectors were satisfied on the day with providers' assurances that these areas were being returned to residents' use.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider did not ensure that the resources and facilities available to residents were in line with the statement of purpose, as registered by the Chief Inspector of Social Services. The statement of purpose submitted with the application to renew the registration of the designated centre did not provide all the required detail as per Schedule 1 and the provider was asked to resubmit.

Judgment: Substantially compliant

Regulation 30: Volunteers

There was one volunteer in the centre who had their roles and responsibilities set out in writing. An Garda Siochana (police) vetting was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector of Social Services with regards to two incidents that had occurred in the centre.

Judgment: Substantially compliant

Regulation 32: Notification of absence

The registered provider was aware of their obligation to give notice in writing to the Chief Inspector of Social Services about a proposed absence of the person in charge, should the need arise.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Inspectors were assured on the day of the inspection that the provider was aware of the notice to be given to the Office of the Chief Inspector in the absence of the person in charge from the centre.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Residents had good access to recreational opportunities which were mainly delivered

by health care staff, until additional activities staff were being recruited.

Residents were seen to be treated in a respectful manner. Staff and residents had a familiar approach with each other. Kind banter was heard in the communal areas and residents appeared happy. Residents who spoke with the inspectors were very complimentary about the quality of care they received from both management and staff.

The inspectors saw that a range of snacks were provided to residents including fruit and freshly baked cakes. Residents had access to fresh drinking water and drinks were provided regularly throughout the day. The daily menus had options for residents to choose from. A cooked breakfast was available on request. Staff would ask the residents what their preference for each meal was.

The premises were found to be very clean and uncluttered. Some rooms had been renovated and there was a plan in place to continue this renovation throughout the centre. However, communal spaces registered for residents' use required full review as described in the previous part of the report and under Regulation 17; Premises.

There was access to an external advocacy service for residents. There was information regarding advocacy services displayed around the centre. All staff had received training in relation to detection and prevention of and responses to abuse. The registered provider was the pension-agent for eight residents. There were clear and transparent documents made available to the inspectors providing assurances that residents finances were protected.

Residents' health, social care and spiritual needs were well catered for. It was evident that staff knew the residents very well and this knowledge was reflected in the resident's individualised care plans which were developed with the residents or their representative where required. Care plans were implemented and reviewed on a regular basis, reflecting residents' changing or additional needs. Residents had access to a general practitioner (GP) of their choice. There was appropriate access to other health care professionals such as speech and language therapist and a dietitian.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in a variety of areas of the service provision.

Regulation 11: Visits

The provider had suitable arrangements in place for residents to receive unrestricted visits from their families and friends. There were suitable facilities in place for visits to happen in private.

Judgment: Compliant

Regulation 13: End of life

The person in charge had ensured that where a resident was approaching the end of life, appropriate care and comfort, which addressed the physical, emotional, social, psychological and spiritual needs of the residents concerns were provided.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises were in line with the statement of purpose. For example;

- The quiet room had been converted in to an office, reducing communal space available to the residents.
- The seated area near the reception was converted to a meeting room. Inspectors were informed that this was would be for visitors' and residents' use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents had access to a safe supply of fresh drinking water at all times. Residents were seen to have choices for both drinks, and at meal times.

There was adequate staffing available to assist residents when required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication was stored and dispensed in line with the regulations. Residents were given a choice in relation to what pharmacist they preferred to use.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were assessed in line with regulatory requirements and appropriate interventions and treatment plans were implemented and reviewed accordingly.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in the centre. Residents had regular access to both General Practitioner (GP) services, allied healthcare services and other specialist services. Residents were supported, where appropriate, to access national screening services.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. All staff in the centre had received training in relation to the detection and prevention of and responses to abuse.

The registered provider was a pension-agent for eight residents. There were clear and transparent records made available to the inspectors.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities and opportunities in the centre for residents to engage in recreation and to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers and to the internet. There was an external advocacy service available to residents in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Hall Nursing Home OSV-0000049

Inspection ID: MON-0040410

Date of inspection: 13/07/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: On the day of Inspection, the Registered Provider Representative and Person in Charge reviewed the situation with regard to staff recruited to the Centre but not cleared to work in the Centre. Clearance is now received and appropriate numbers of staff are now available for the roster.</p> <p>The Centre continues its commitment to robust recruitment systems to ensure the care and service needs of the Residents of the Centre are met. The Registered Provider takes its obligations with regard to obtaining Garda Clearance very seriously and will not allow any staff member to commence employment until a Vetting Disclosure is obtained.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider employed its contingency arrangements for the least amount of time possible and there is no further requirement for same as Garda Vetting disclosures are received for all recruited staff. The Person in Charge has resumed normal duties and is supported by the Clinical Nurse Manager.</p> <p>The Registered Provider continues its robust recruitment systems to ensure the care and service needs of the Residents of the Centre are met.</p> <p>The Visitors Room is now reflected on the Statement of Purpose and Floor Plans submitted to the Inspectorate and continues to be available for Residents of the Centre</p>	

to allow for private meetings. The Quiet Room is available to Residents and Relatives/Representatives of the Centre.	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Registered Provider resubmitted the Statement of Purpose to the Inspectorate on 25th July 2023 along with revised floor plans, as required.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Registered Provider wrote to the Inspectorate to seek further clarity on Regulation 31: Notification of Incidents on 11/08/2023. At this time, the Registered Provider confirmed to the Inspectorate the rationale behind the notifications that were overlooked and also its commitment to ensuring all required NF03 Notifications were submitted in the future as appropriate.</p> <p>The Registered Provider continues its commitment to submitting appropriate notifications promptly and within the required timeframe.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Visitors Room continues to be available for Residents of the Centre to allow for any private meetings and the Quiet Room is available to Residents and Relatives/Representatives of the Centre.</p> <p>The Visitors Room is now reflected on the Statement of Purpose and Floor Plans submitted to the Inspectorate and continues to be available for Residents of the Centre to allow for private meetings. The Quiet Room is available to Residents and Relatives/Representatives of the Centre.</p>	

Privacy screens continue to be provided for use in twin bedrooms and the voiced wishes of the Residents within the twin room identified will be respected. The Privacy Screen for this twin room continues to be kept on site and available for use should any of the Residents change or the preferences of the existing Residents change.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	14/08/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	14/08/2023
Regulation 23(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	14/08/2023

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	14/08/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	25/07/2023
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.	Substantially Compliant	Yellow	11/08/2023