

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Howth Hill Lodge
Centre ID:	OSV-0000142
Centre address:	Thormanby Road, Howth, Co. Dublin.
Telephone number:	01 839 1440
Email address:	howthhilllodge@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brymore House Nursing Home Limited
Provider Nominee:	Nicola Taylor
Lead inspector:	Sonia McCague
Support inspector(s):	
Type of inspection	Announced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	12

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 September 2017 09:45	12 September 2017 19:00
13 September 2017 07:25	13 September 2017 12:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant
Outcome 08: Governance and Management		Compliant
Outcome 09: Statement of Purpose		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. It also focused on outcomes related to the governance and management of the centre following an application to renew the centre's registration for 55 residents.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the

inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The table above compares the self-assessment and inspector's judgment for each dementia specific outcome.

On the day of inspection 21 of the 43 residents had a diagnosis of Dementia or Alzheimer's disease. The inspector met with residents, relatives and staff members and reviewed the care and services provided to residents including those with Dementia or Alzheimer's disease.

Care practices were observed and interactions between staff and residents were rated using a validated observation tool. Documentation such as care plans, medical records, operational procedures, recruitment and staff training records were reviewed. The inspector also followed up on the area of non-compliance found on the previous inspection on 14 July 2015 and found it was addressed.

Positive connective care was observed during the formal observation periods. The healthcare and nursing needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. Staff were working towards creating a restraint free environment. There was evidence of good approaches to residents with communication difficulties. The assessment and management of residents with behavioural and psychological symptoms of dementia also known as responsive behaviours was well maintained. Arrangements in place promoted choices, well-being and independence of residents. Satisfaction questionnaires received from residents (13) and relatives (11) were complimentary of the staff, food, activities and service. Some areas of improvement were highlighted and communicated to management.

The centre was homely and welcoming to all. The design and layout of the premises met the needs of existing residents. However, some improvements in the outlook from the main sitting room, the décor and refurbishment in parts were identified.

While adequate staffing numbers and skill mix were available during this announced inspection, a review of the staffing resources was needed to enhance one to one activities, and to ensure the needs of all residents were met in the evening and at night. The areas for improvement are discussed within the body of the report and outlined within the action plan for response.

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: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to assessments and care planning, access to healthcare, maintenance of records and policies available governing practice. The social care of residents including those with dementia is reported in Outcome 3.

The self-assessment tool (SAT) completed in April 2017 by the provider was rated moderately non-compliant in this outcome. The actions outlined to address the non-compliance related to Food and nutrition, and medicine management. Improvements required included a review of the menu by a dietician; ascertain residents' views, source moulds for modified diets and update medicine care plans. All had been completed.

The inspector focused on the experience of residents with dementia and reviewed their care from admission. Specific aspects of care such as nutrition, mobility, access to healthcare and supports, medicine management, end of life care and maintenance of records was also examined. At the time of inspection, none of the residents were being represented by a ward of court order and one resident had an enduring power of attorney.

Arrangements were in place to support communications between the resident and family, and or the acute hospital and the centre. The admission policy included that the person in charge gathered information from those involved in the care of a prospective resident and/or visited prospective residents to carry out an assessment prior to their admission. These arrangements gave the resident and or their family an opportunity to meet in person and the person in charge to provide information about the centre and assess or determine if the service could adequately meet the needs of the resident. There were resident admissions since the previous inspection. Some had visited or resided on a short term basis in the centre previously, therefore their needs and abilities were known to the person in charge prior to admission. On a review of the pre-admission template the inspector found the document to include all relevant information and it included as assessment of cognitive functioning, use of mobility aids and safety awareness.

Residents' files examined held a copy of their hospital discharge letters (medical and nursing). However, the files of residents admitted under 'Fair deal' did not include a copy of the Common Summary Assessments (CSARS), which details assessments undertaken by professionals such as a geriatrician, a medical social worker and nurse. The person in charge and deputy were to request a copy of the CSARS for future prospective residents.

Residents had a comprehensive nursing assessment on admission. A named 'linked' nurse was allocated to individual residents for assessment and evaluation purposes. The assessment process involved the use of validated tools to assess each resident's dependency level, risk of malnutrition, falls and their skin integrity.

An assessment of cognition using a validated tool also formed part of the admission, follow up and review process. Assessments and outcomes were linked to the care plans that were subject to a review four monthly thereafter or as changes occurred. Arrangements were in place to meet the health and nursing needs of residents with dementia. Access to a general practitioner (GP) and allied healthcare professionals including physiotherapy, dietetic, speech and language, tissue viability specialists, dental, ophthalmology and chiropody services were available and facilitated on a referral basis, if required.

The inspector was informed that residents had access to psychiatry of later life services on the referral basis. From the residents discussed and files reviewed, it was evident that this service had been available to some residents since their admission and to be available to others following a GP referral.

Functional and clinical assessments were carried out prior to and on admission of residents. Clinical observations such as blood pressure, pulse and weight and manual handling assessments were recorded on admission and assessed as required thereafter. A care plan was developed following admission based on the residents assessed needs. Evidence that residents and or family, where appropriate, participated in care plan reviews was available.

Although the centre had six twin bedrooms, all residents were the single occupant of their bedroom on this inspection. Staff told the inspector they provided end of life care to residents with the support of and in consultation with their general practitioner (GP) and community palliative care services, if required. 'End of life' or 'my advanced care plan' that outlined the wishes and needs of the residents, including residents' preferences and person to be involved in their end of life care were completed with residents and or family. Relatives or friends could be accommodated in a resident's bedroom or in the upper floor sitting/visitors room with refreshment facilities made available.

Staff and residents outlined how religious and cultural practices were facilitated within the centre on a regular basis. The sacrament of the sick was provided as required. Eucharistic ministers visited weekly and mass was celebrated each month.

Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and

cushions. There was no resident with an ulcer at the time of inspection. One resident had a healing wound sustained following a fall and a treatment plan was in place.

Arrangements were in place to meet the nutritional and hydration needs of residents including those with dementia. There were systems in place to ensure residents' nutritional needs were facilitated and monitored. Nutritional and fluid intake records when required were maintained. Procedures and care plans were in place in relation to nutritional risk and care interventions. The inspector saw records to demonstrate residents had been recently reviewed by a dietician.

The inspector saw that a choice of meals was offered and available to residents. There was a system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the adjoining dining rooms were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. Some residents choose to dine in their own bedrooms or at another location with family, and this was facilitated.

There were arrangements in place and described to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls and checked hourly including those using bedrails. Notifications including those of serious accidents reported to the Health Information and Quality Authority (HIQA) since the last inspection was followed up. Falls were plotted on an individual calendar to clearly show trends. Residents that sustained injury following a fall had made a good recovery at the time and following the incident. A system whereby each resident was reviewed and assessed following each fall was maintained. Medical and physiotherapy treatment were include in some of the interventions used post falls and measures were put in place to mitigate the risk of recurrence.

Residents had access to a pharmacist and pharmacy that supplied their medicines and to a general practitioner (GP) of their choice. The majority of residents opted for the services of their previous GP. There were a number of GP's attending to residents in the centre. Timely access to GPs was reported by staff and residents, and noted in the resident records reviewed.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Systems were in place for ordering, supply and dispensing methods. Medicines were supplied to the centre in a monitored dosage system following a prescription from the GP.

There were appropriate procedures for the handling, checking, return and disposal of medicines.

Nursing staff demonstrated safe practices in medication storage, administration and management. The inspector observed a staff nurse consulting with residents during the administration of medicines, recording appropriately and performing good hand hygiene.

All medicines were stored in within locked trolleys, presses or a fridge within the nurses office that was secured by a key code lock. All controlled (MDA) medicines were stored appropriately, and a register of these medicines was maintained with the stock balances seen checked and signed by two nurses at the end and beginning of a working shift.

A system was in place for reviewing and monitoring safe medicine management practices and reporting any errors. An audit and review system that included a member of staff from the management or nursing team, the resident's general practitioner (GP) and the pharmacist were involved in reviews to improve the overall management and review of medicines.

An arrangement for the regular review of prescribed medicines including PRN (as required) medicines by the GP was in place, and records were available to demonstrate this arrangement was implemented in practice. A low usage of PRN medicines was noted.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The self assessment tool (SAT) completed by the provider for this outcome was rated substantially compliant and the action plan included continuing to educate and update staff in relation to caring for residents with dementia and associated behaviours. Training dates in April and September 2017 were provided.

Measures were in place to protect residents from being harmed or suffering abuse. A policy which provided guidance for staff to identify and manage incidents of elder abuse was in place. Information on the various types of abuse, assessment, reporting and investigation of incidences was available. The provisions and availability of policies and procedures was known by staff spoken with by the inspector.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do the in the event of a disclosure about actual, alleged, or suspected abuse. The person in charge and staff were aware of the necessity to make referrals to external agencies, when appropriate.

During discussions with the inspector, residents confirmed that they felt safe and secure in the centre due to the measures taken, such as the secured entrance and support and care provided by the staff team.

Emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, the main entrance was controlled by staff and the arrangement for family or friends to report to staff when residents were leaving the centre on outings was observed. All parts of the centre or communal areas were accessible to residents. The inspector saw that there were facilities in place to assist residents to promote and retain their independence and mobility. For example, call-bell facilities, mobility aids, hand rails in communal and circulating areas and a passenger lift between floors were available for residents.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were seen in place for carrying out and documenting transactions associated with fees and charges. There were no cash transactions by staff or money held in safe keeping for residents as all financial matters were invoiced by the provider and paid for by agreement with the referral source and/or contract agent.

A policy reflecting the national guidance principles was available to guide restraint usage. The centre aimed to promote a restraint free environment that was reflected in the centre's policy. Bedrails were in use by 25% of residents. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative, staff member and general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. Records to demonstrate regular checks of bedrails as a restraint were included in the plan of care. Monthly reviews were undertaken and recorded in a restraint register.

The inspector was informed that various alternative equipment such as, low low beds, sensory alarms and floor mats, were available and tried prior to the use of bedrails. This formed part of the assessment and decisions recorded.

Due to their medical conditions, some residents displayed responsive behaviours that challenged them others. Support from the community psychiatry team was reported and observed in the records reviewed. During the inspection, staff approached residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff. The use of chemical restraint was rare.

Support and distraction techniques were seen used by staff for those with dementia and responsive behaviours. Education and training in this area was provided and planned to ensure staff could to identify antecedents and/or triggers of behaviours and to minimise the consequences or impact on others.

Staff spoken with were familiar with the interventions used to respond to residents behaviour that may challenge. Behaviour logs formed part of the assessment and care-plan process. Structured programmes of group activities were available and some time was provided for individuals. Activities were tailored to each resident's likes and interests

to promote positive behavioural support. However, a review of the hours dedicated for individual or personalised activities was required in association with the action plan for staffing. The role and responsibilities of the activity coordinator seen accompanying, assisting and supporting residents from their bedrooms to the main sitting room required review. This time could be better applied for meaningful one to one activities or recreation provision for those not joining the group for activities in the main day room.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The self assessment tool (SAT) April 2017 was rated substantially compliant in this outcome. The action plan included providing staff training and support for communicating with residents with dementia.

A communication policy that was reviewed June 2016 was comprehensive and included information to promote communication with residents and relevant others. It provided staff guidelines in relation to the governance and management of communications.

Arrangements for residents to be consulted with and participate in the organisation of the centre on a day-to-day basis were described. A system where each resident had a named link nurse responsible for assessing and reviewing their needs was in place and known by residents and relatives. The daily routine for some residents' was informed by their wishes and preferences communicated to staff each morning. Staff received daily communications and handover between shifts. Staff were allocated to care and support a number of residents on a daily basis. Staff knew residents and their relatives well, and residents were familiar with the person in charge and staff members. There was evidence that residents and relatives were consulted with as regards the organisation of the centre and included in decisions affecting residents.

A structured forum for residents to meet and discuss issues was described in the centre's policies and information documents. The residents forum was coordinated and chaired by the activity coordinator who minuted a summary of discussions and reported matters to management. A detailed relative/resident satisfaction survey had been undertaken in April 2017. While there was a low response rate (seven), the feedback was overall good. The results were concluded for review and available within a report. Areas for improvement were being progressed.

Arrangements were in place to promote residents' privacy and dignity, and many residents were supported to make choices and to be independent. There were opportunities for residents to participate in group activities that suited their interests. The quality of life for many residents in the centre was enhanced by their engagement with visitors on a regular basis and participation in meaningful activities such as arts and crafts or by external entertainers, school children and musicians. The quality of interactions between staff and residents using a validated observational tool showed mostly positive connective care in group activities. However, as referenced in outcome 2, the availability of staff to support individual resident's needs that had limited ability to participate in group activities could be enhanced by a review of the activity provision.

Facilitating the social needs of residents and their families was fundamental to the values of the centre. There was a variety of group activities available to residents in the centre, organised by the activities staff. The activity schedule included activities arranged for the mornings and afternoons and included music, knitting, board games, quizzes, arts and crafts and exercise to music.

The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. Most residents opted for breakfast in their bedroom and had other meals in the main dining rooms.

During the day residents were seen to move around the centre freely while others were supported by staff. There was signage to direct residents to bathrooms and features or pictures on bedroom doors to identify with the resident that occupied the room. Personal care was attended to in residents bedrooms and communal bathrooms and toilets were located nearby bedrooms or facilities that residents used.

There was a good relationship between staff and residents in the centre, and visitors were greeted in a welcoming manner. Overall, a culture of person-centred care was evident and staff worked to ensure that each resident received care in a dignified way that respected their privacy. It was clear that staff knew the residents well, including their backgrounds and personal history. A life story record was available that included stories and comments on each residents life, significant people and events. Communication aids and signage aimed at optimising communications between the resident and relevant others was available. For example, the menu advertised was available in written and pictorial formats for residents with communication difficulties. With the assistance of staff, residents were able to verbalise or express their preferences and wishes at the lunch observed. Residents had a section in their assessment and care plan that covered communication needs. Specific needs, means and methods most appropriate for communicating with residents were detailed.

A record of visitors to the designated centre was maintained. There were many visitors in the centre during this inspection and there were a number of areas where residents could meet with visitors in private. Family members told inspectors they were welcomed when visiting.

Clocks, communication aids and telephones were available to residents. Residents had

opportunity to have a private telephone in their bedroom for their personal use, while others used the centres telephone to communicate with their relatives.

There were notice boards available throughout the centre providing information to residents and visitors. Radio, television and newspapers were available for information about current affairs and local matters. Wi-Fi and computer access was reported as used by some residents. Staff informed the inspector that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities of living.

Independent advocacy services and contact details were also displayed to support all residents including residents' families to raise issues of concern.

Hairdressing arrangements were available on a weekly or as required basis to support residents personal grooming. Residents were seen to be well groomed and dressed in their own clothes with personal effects of their choosing. Residents who spoke with the inspector and those who completed questionnaires said they were respected, consulted with and cared for by kind staff. Residents' bedrooms were personalised with items and memorabilia. One resident had a fire place in her bedroom that was brought in by family and others had armchairs and items of furniture from home.

The inspector received a total of 24 completed questionnaires in relation to the quality of the service. Those who completed questionnaires were complimentary of the care and service provided, however, some highlighted the need for additional staff at night, more activities and need to refurbish parts of the centre. This was communicated to the management group for address and stated in the action plans for response.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector saw that there were policies, procedures systems and practices in place for the management of complaints.

The complaints procedure was on display, highlighted in the resident's guide and outlined in the statement of purpose which were freely available in the centre. Residents and relatives who communicated with the inspector were aware of the process and identified the person with whom they would communicate with if they had an issue of

concern.

Both the provider nominee and the person in charge stated that they were open to receiving complaints or information in order to improve the service.

There were no formal complaints received in 2017 and those recorded for 2016 had been addressed at local level to the satisfaction of the complainant.

Since the last inspection, unsolicited information was received by the authority in 2017 highlighting issues of concern in relation to the management of an incident/fall involving a resident. The issues were communicated to the person in charge and provider nominee who told the inspector that a complaint of this nature had not been received.

The matters outlined in the unsolicited information were considered in the overall context of this thematic inspection and not substantiated. In the incident records reviewed, communication with the resident, family and GP was maintained. Incident reporting, falls management and follow-up with relevant persons was managed in accordance with the centres policies and procedures described.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The self assessment tool (SAT) received in April 2017 was rated compliant in this outcome.

The inspector found there were sufficient staff levels and skill mix on duty during the inspection to meet the needs of 43 residents. Residents' dependencies were determined using a validated tool. Thirteen residents were maximum dependency, 11 were high, nine were medium and 10 were assessed as low dependency. Residents, relatives and staff agreed that there were adequate care staff on duty by day. However, some reported deficiencies in levels for activity provision by day and inadequate staff numbers and skill mix at night. The inspector reported this feedback to the person in charge, deputy and provider nominee who agreed to review staffing arrangements.

A planned and actual staff roster was maintained to clearly identify each staff by name, role and working times. There were appropriate numbers of healthcare assistants and nurses on at the time of the inspection. However, the inspector was not assured that

staffing late in the evening and three staff at night could adequately meet the needs of 43 residents. Up to ten residents required assistance of a hoist with two staff, most were prescribed medicines and 49% (21) residents had a diagnosis of Dementia or Alzheimer's disease. Management were informed that an evening into night inspection would be required to determine activities and evaluate staff response to residents needs. The person in charge and persons participating in management gave assurances to undertake a review of the staffing levels and provisions following this feedback.

Staff confirmed that they had sufficient supervision and direction, and had time to carry out their duties and responsibilities by day but at night staffing was inadequate particularly between 8pm and midnight that sometimes resulted in delays in responding to residents requests or needs.

Recruitment procedures included the requirements of schedule 2 records in place in the samples of staff files reviewed. The person in charge told the inspector that all staff had completed Garda vetting prior to their commencement. The supervision of staff was maintained by induction, probation and appraisal arrangements. Staff were seen to be sufficiently supervised and were supportive of residents and responsive to their needs in a timely manner during this inspection. Residents were complimentary regarding the staff team, responses and numbers available.

Staff handovers, allocation and meetings formed part of the operational management and communication systems that afforded staff to report and raise issues with management and discuss areas to be developed or improved.

Evidence of professional registration for all rostered nurses was available and current.

Staff training and development was promoted. A staff training programme was in place and a record of training for rostered staff was available. Mandatory training such as moving and handling, fire training and the prevention, detection and management of abuse had been provided. Manual handling practices observed were safe and appropriate, with assistive equipment available for use.

A range of other relevant training was completed by staff that included care for residents with dementia, medicine management, nutrition, end of life, responsive behaviours, infection control and health and safety. Training in cardio pulmonary resuscitation (CPR) and safeguarding was to be updated for those with gaps identified.

Staff were seen to work in a calm atmosphere and were friendly towards all residents and respectful towards their privacy and dignity, for example, knocking on residents' bedroom doors and waiting for permission to enter. Staff were heard offering residents the choice to join others for music or meals and to attend activities. Staff also respected residents' choice to refuse to join others and treatment plans recommended.

A number of volunteers were involved in the centre. The provider nominee and person in charge told the inspector that all staff and volunteers had completed Garda vetting and their roles were communicated and understood. On examination of one volunteers records held, it was noted that an agreement in relation to their role and evidence of Garda Vetting had been completed.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The self assessment tool (SAT) was rated substantially compliant in this outcome. The action plan included improvements in lockable storage the sluice, cleaning and laundry areas which staff confirmed as complete.

The centre did not have a dementia specific unit. Residents with a diagnosis of dementia or alzheimers made up 66% of the residents in April 2017 and 49% of the resident group at the time of this inspection.

The location, design and layout of the centre was adequate for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. Those accommodated had chosen this centre and some described it as 'home from home' or 'my second home'.

The arrangements of the premises and allocation of residents to rooms took account of their needs and abilities, in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Upgrading and ongoing refurbishment and improvements to the premises were planned.

There were 43 residents accommodated as the single occupant of bedrooms at the time of this inspection. The centre is registered to accommodate up to 57 residents. An application to renew the centre's registration for a maximum of 55 residents was made by the provider prior to this inspection. The provider nominee said that two twin bedrooms were used as single bedrooms reducing the maximum numbers to 55 in six twin sized bedrooms and 43 single bedrooms. Forty-one bedrooms were located on the upper ground floor and eight single bedrooms were located on the lower ground floor level. Five bedrooms were vacant. One was out of commission for refurbishment and decorating.

The inspector was informed that the centre was established as a nursing home in 1999. It is located on the outskirts of the village where a range of community facilities were available. It appears as a single storey on arrival via the front entrance but it is a two storey building with graded/ramped levels internally on the upper ground floor and lower floor externally. In addition to stairwells, a passenger lift was provided to support the movement of residents, staff and visitors between the two floors.

A mature rear garden and internal secure courtyards and garden areas were available with suitable furniture, planting and interesting/visual features. A car park was available at the front and side of the centre. Entry was via the main front door in to the reception area. Entry and exit via this door was controlled by staff.

The centre was warm, comfortable and clean. Sitting rooms, lounges and dining rooms were spacious and decorated to a good standard with colourfully co-ordinated furnishings, flooring and appropriate fittings. In addition to the main sitting room, a variety of small day space/areas were available on the upper ground floor that included a conservatory that lead out to an enclosed outdoor courtyard, the balcony area that overlooked an internal garden accessible from the lower ground floor and family/visitors/recreational room that had a view of outdoors. The majority of residents congregated in the main sitting room that was centrally located and had natural lighting and a view outdoors from a standing position due to the height of the windows. A review of the window level should be considered to provide a view outdoors. Many residents using this room were unable to stand independently and spent much of their day in this room where activities were held.

The centre was reasonably well maintained. The inspector was told that the refurbishment of areas that included plans to replace carpet floor covering had been postponed due to this announced inspection and out of respect for the changing needs of a resident.

Areas for refurbishment and improvement that were acknowledged by staff and management included the following:

- The floor surface under carpets along corridors and circulating areas was uneven in parts
- The floor covering/carpet was stained and discoloured in many parts which was highlighted on inspection
- Parts of the architrave, arm chairs and bedroom furniture was worn and in need of repair or replacement
- A light was not functioning in a main corridor to the right off the hall entrance
- Paint and decor in parts was worn and in need of improvement.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control devices, hoists and mobility aids were seen in use by residents that promoted their independence. Residents and their relatives had free access to the breakfast kitchenette to avail of drinks and snacks at a time of their choosing.

Service contracts were in place for the maintenance of all assistive equipment provided in the centre. Corridors and door entrances used by residents were adequate to facilitate movement and aids seen used and required by residents. However, a review of the number of linen skips, linen and cleaning trolleys needed in any one area was required so as not to obstruct the passage or hand rail for those circulating.

Bedrooms in use by residents were spacious to accommodate personal equipment and

devices required by existing residents. Handrails and grab rails were provided where required. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. Storage provision for residents clothing was adequate.

At the time of this inspection the premise met residents' individual and collective needs and was structured to maximise their independence in a homely fashion. The governance of admissions in association with the accommodation available was assessed and subject to reviews in accordance with the building design and layout. Emergency admissions were not catered for, as outlined in the admission policy. Staff described how consideration to resident assessed need and changing needs sometimes resulted in a change of room which was discussed and agreed with all relevant parties.

An insurance certificate was available and current.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had policies and procedures relating to health and safety that included a health and safety statement and risk management policies to include items set out in Regulation 26(1).

There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for investigating and learning from audits, incidents and adverse events involving residents. Measures and actions were taken to prevent incidents included increased supervision, activity and support equipment.

A risk register was maintained that assessed/rated identified risks (actual and potential). Control measures were put in place following assessments and implemented to promote resident safety.

Reasonable measures were in place to prevent accidents to persons in the centre and within the grounds. The management and staff team had completed a review of incidents and accidents involving residents to identify trends, the key cause or likely factors in order to inform control measures.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to hand washing facilities and hand sanitisers were available on corridors. Staff were seen using these facilities appropriately and between resident contact. The standard of cleanliness throughout the centre was good.

Catering and management staff confirmed that the main kitchen had been inspected by an environmental health officer recently.

Suitable arrangements were in place in relation to promoting fire safety. The action required from the previous inspection in relation to displaying fire procedures was completed. The fire alarm system was serviced on a quarterly basis and fire safety equipment including the emergency lighting and fire extinguishers were serviced on an annual basis.

Fire safety and response equipment was provided and readily available throughout the centre. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Corridors were compartmented and magnetic release devices were in place to facilitate door closures and containment. Fire evacuation procedures were prominently displayed throughout the building.

Staff were trained in fire safety and those who spoke with the inspector confirmed this. Weekly tests of the fire alarm and daily checks of exits and escape routes were also completed.

A personal emergency evacuation plan for each resident that identified the resident's mobility levels and requirements for assistance such as a ski sheet in the event of an emergency evacuation was maintained and known by staff. Staff and records reviewed showed that they had completed fire drills in the centre and lessons from each event were communicated to all staff to bring about improvements. Some staff had not been involved in simulated evacuation using the equipment identified as required by some residents such as a ski evacuation sheet. This was to be addressed following this inspection feedback.

Judgment:

Substantially Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care were unambiguous. There were no changes to the person in charge or within the management team since the previous registration.

Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that staff were approachable, kind, friendly and helpful.

Comprehensive auditing and management systems were in place to capture statistical information in relation to resident outcomes, operational matters and staffing arrangements.

Clinical audits were carried out that analysed accidents, complaints, medicine management issues/errors, skin integrity, care plans, nutritional risk and dependency levels. This information was available for inspection. A low turnover of nursing staff was confirmed and a low level of serious incidents, accidents and complaints was reported.

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. However, a review of the evening and night time staffing resources was required as outlined in other outcomes.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017. Identified improvements such as satisfaction surveys, life story books and audits had been completed. A further proposal was to simplify the contract of care document was highlighted by the provider nominee that was to be completed by October 2017.

Discussions with residents during the inspection and satisfaction surveys completed by or on behalf of residents were in the main positive in respect to the provision of the care, the facilities and the services provided. Residents and relatives said they were involved in decisions and care planning.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and via a formal resident forum that was held every two to three months. Residents reported that they were listened to, knew their rights and who to raise a concern with.

Opportunities for consultation was afforded when staff were engaged in reviewing and assessing the needs of residents and completing the care planning process, during social and recreational activities and in discussions at meal times. Issues identified or suggestions made by residents were managed communicated to management to ensure improvement or corrective action was taken.

Judgment:

Compliant

Outcome 09: Statement of Purpose

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Howth Hill Lodge
Centre ID:	OSV-0000142
Date of inspection:	12/09/2017 and 13/09/2017
Date of response:	12/10/2017

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 05: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Deficiencies in staffing levels for meaningful activity provision by day and inadequate staff numbers and skill mix at night for 43 residents of varying dependency, impaired mobility and cognitive functioning required review.

The role and responsibilities of the activity coordinator seen accompanying, assisting and supporting residents from their bedrooms to the main sitting room required review.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

This time could be better applied for meaningful one to one activities or recreation provision for those not joining the group for activities in the main day room.

1. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

A review of staffing levels has been completed & increased during twilight hours by 2 persons. This will be kept under review & amended as necessary due to residents changing needs & requirements.

Our activity coordinator is not the sole provider of activities for our residents. We have external providers on a daily basis who do both group & individual sessions with our residents. The role & function of all staff is to engage with those that live here with us & we constantly seek feedback from our residents on activity provision & make adjustments as necessary.

Proposed Timescale: 12/10/2017

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Training in cardio pulmonary resuscitation (CPR) and safeguarding was to be updated for those with gaps identified.

2. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

As discussed a staff member was undergoing a CPR trainer course on September 21st & 22nd, which is completed & once she is certified, she will be updating all staff in CPR.

All staff have on-going safeguarding sessions & 2107 sessions were booked for September 14th & November 6th.

Proposed Timescale: 31/12/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Areas for refurbishment and improvement that were acknowledged by staff and management included the following:

- The floor surface under carpets along corridors and circulating areas was uneven in parts
- The floor covering/carpet was stained and discoloured in many parts which was highlighted on inspection
- Parts of the architrave, arm chairs and bedroom furniture was worn and in need of repair or replacement
- A light was not functioning in a main corridor to the right off the hall entrance
- Paint and decor in parts was worn and in need of improvement.

A review of the number of linen skips, linen and cleaning trolleys needed in any one area was required so as not to obstruct the passage or hand rail for those circulating.

A review of the window level in the main day room should be considered to provide a view outdoors for residents unable to stand independently.

One bedroom was out of commission for refurbishment and decorating.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The small area of uneven floor surface which was due to pipe replacement has been repaired & as discussed the planned re carpeting of all corridors had been postponed due to respect for a residents changing condition. This is now completed.

We have an extensive repair & replacement programme & all rooms are redecorated when vacant which includes painting & re-flooring. All other areas / rooms are refurbished on an on-going basis.

One bulb in the ceiling spotlight strip had blown & was replaced the following morning.

The number & location of linen skips / trolleys has been reduced & all staff have been reminded to be mindful of not obstructing hand rails.

We will engage an Architect to examine the possibility of lowering the window but as we are located in the centre of the Special Amenity Area, we are bound by particular planning restrictions. We do however have many other areas with large & some include floor to ceiling windows, so a choice of sitting area is always available.

The redecoration of this bedroom is complete.

Proposed Timescale: 31/12/2017

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some staff had not been involved in simulated evacuation using the equipment identified as required by some residents such as a ski evacuation sheet. This was to be addressed following this inspection feedback.

4. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:

Staff have completed a simulated evacuation using ski sheets & this now forms part of staff training.

Proposed Timescale: 12/10/2017