



## Office of the Chief Inspector

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

Name of designated centre:	Howth Hill Lodge
Name of provider:	Brymore House Nursing Home Limited
Address of centre:	Thormanby Road, Howth, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	27 May 2019
Centre ID:	OSV-0000142
Fieldwork ID:	MON-0023453

## About the designated centre

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

Howth Hill Lodge is a two storey nursing home located on an elevated site on the outskirts of Howth, Co. Dublin. The designated centre provides care and support to meet the needs of both male and female persons who are generally over 65 years of age. It provides twenty-four hour nursing care. While registered for 55, it can accommodate up to a maximum of 49 residents. Both long-term (continuing care) and short-term (convalescence and respite care) are catered for. A variety of communal facilities for residents use are available and residents' bedroom accommodation consists of a mixture of 47 single and one double room. All bedrooms had single occupants and most bedrooms have en-suite facilities. A variety of outdoor patios and garden areas are available. The philosophy of care is to provide person centred care, promote resident choices, rights and respect them as individuals.

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

Number of residents on the date of inspection:	43
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
27 May 2019	10:55hrs to 16:10hrs	Sonia McCague	Lead

## What residents told us and what inspectors observed

The inspector established from speaking with residents and visitors that opportunities to maintain personal relationships with family and friends in the wider community was very much encouraged.

Residents and relatives were complimentary regarding the staff, care services and facilities available. They were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Residents told the inspector they had control over their daily lives and their choices were respected. Residents told the inspector about their daily routines, activity plans and interactions with staff and visitors. They expressed satisfaction regarding food and mealtimes and were happy with the support and assistance provided by staff.

## Capacity and capability

This was a good centre. There was a good atmosphere and residents and staff interacted well.

Overall of this centre has demonstrated its sustained capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There were no changes to the leadership, governance and management arrangements since the previous inspection. Systems and arrangements were in place to obtain feedback which contributed to residents experiencing a good service and quality of life.

The statement of purpose and function had been reviewed and updated since the previous inspection. A further review was required and a revised copy was to be submitted to include additional schedule 1 data along with an updated floor plan to reflect the layout and internal reconfiguration of the premises made, such as the addition of en-suite facilities to a number of bedrooms (29 and 30) that resulted in the reduction in resident numbers and available bedrooms (loss of bedroom 28). Single occupancy levels were to be maintained within 47 of the existing 48 bedrooms available.

Records to be maintained in respect of Schedules 2, 3 and 4 were available as required and were stored securely. Notifications were maintained and submitted as required. A current insurance policy was active, and staff files were maintained as

required.

A contract of care was available outlining residents' terms and conditions of stay. This document had been revised since the previous inspection and was easy to read and understand. Choices and consultation with residents and families in this regard was confirmed with residents and family members, and the provider representative.

A complaints process was in place and records of investigations and outcomes available. Consultation forums were held with residents, and family meetings were facilitated.

The numbers of staff and skill mix on duty was sufficient. Residents were satisfied with the staffing arrangements and timely responses they provided. Staff were sufficiently experienced and suitably trained to meet each resident's needs, to support their abilities and promote general well-being.

The Inspector was informed that volunteers were not involved in the centre.

### Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff the Inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, cardio-pulmonary resuscitation, moving and handling, infection prevention and control, responsive behaviour and protection of residents from abuse. Staff were appropriately supervised.

Judgment: Compliant

### Regulation 21: Records

Records were maintained safely and were accessible.

A sample of staff files reviewed against the requirements of schedule 2 were compliant. Information on display in the reception area included the complaints

procedure and the registration certificate.

Staff rosters were available and records to be maintained in respect of each resident and otherwise as described by Schedules 3 and 4 were available and were stored securely.

Judgment: Compliant

### Regulation 22: Insurance

A record of a current insurance policy was available. This policy was due for renewal at the end of this month.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided and the fees.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents and events were submitted to the Office of the Chief Inspector, as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents were satisfied with measures put in place in response to any complaint.

Judgment: Compliant

### Regulation 3: Statement of purpose

While a Statement of Purpose and function was available in the centre and it had been updated since the previous inspection, it required further review and updating to reflect the recent reconfiguration of the premises and include all matters outlined in Schedule 1.

Judgment: Substantially compliant

### Quality and safety

The residents in this centre had a good quality of life, were content and receiving a good standard of nursing care and support.

Residents had care plans based on a range of validated assessments. Plans and interventions were implemented following an assessment of needs and abilities, evaluated and reviewed periodically as changes occurred and at intervals that did not exceed four months.

The health and well-being of residents was promoted and they were given appropriate support and access to health professionals to meet any identified health care needs. The inspector discussed with management the need to link and plan with other health care services in relation to the needs, risks and support requirements of one resident. Management assured the inspector that access to additional professional expertise and supports would be available and put in place. A case review and management plan for the resident was to be completed in consultation with all relevant parties.

An effective social programme with a variety of meaningful activities for occupation and engagement was being implemented. The activity programme enhanced the health and quality of life for residents. Activities, outings and functions enhanced meaningful social engagement that had community interaction and involvement on a regular basis.

The nursing home was clean throughout with suitable infection prevention and control systems in place and practices observed.

The nursing home was homely, well maintained, decorated and comfortably furnished. Improvements to the premises had been completed since the previous inspection and painting and re-decorating was on-going to address other parts of

the centre.

Residents were consulted with in relation to bedroom choice and had opportunities to personalise their bedrooms with furniture, pictures, photos, artwork and memorabilia of their choosing. A variety of furnished and well maintained secure garden courtyards were available and accessible. All parts of the centre were accessible.

A passenger lift was available between floors and a secure key code system that staff managed controlled the entrance to and exit from the centre to promote resident safety and security. CCTV was in seen in communal areas.

The main kitchen, where meals were prepared and cooked in, adjoined the main dining rooms and day room. Other separate sitting rooms and lounge areas were also available and used by residents and visitors. A kitchenette for residents and their visitors was available separate from the visitor's room with superb outlook and expansive views of the surrounding area and coastline.

### Regulation 11: Visits

Adequate arrangements were in place for a resident to receive visitors.

Judgment: Compliant

### Regulation 17: Premises

The premises of the designated centre was appropriate to the number and needs of the existing residents.

All areas in the premise met the privacy, dignity and well-being of each resident's assessed needs.

The centre was homely and accessible and provided adequate physical space for residents to have their individual assessed needs and preferences met. Residents were encouraged to bring in personal mementos, souvenirs and photographs, many had availed of this opportunity.

Bedrooms previously laid out as twin/double bedrooms had single occupants. Space within these rooms had been optimised by the removal of a second bed. The provider representative told the inspector bedroom 19 would be the only bedroom to occupy two residents and all other bedrooms were to have single occupants going forward. The centre has a total of 48 bedrooms many of which have en-suite facilities following that were recently completed since the previous inspection. Areas previously identified for refurbishment and improvement were completed and an on-

going refurbishment and decoration programme was in place.
Judgment: Compliant
<b>Regulation 25: Temporary absence or discharge of residents</b>
Relevant information about the resident was provided to the centre, hospital or place for a temporary absence or discharge of residents as discussed, planned for and agreed.
Judgment: Compliant
<b>Regulation 27: Infection control</b>
There were adequate procedures and standards for the prevention and control of healthcare associated infections
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Adequate precautions had been taken against the risk of fire.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were subject to regular reviews.
Judgment: Compliant

Regulation 6: Health care

Appropriate nursing, medical and allied health care was available and provided.

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	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Howth Hill Lodge OSV-0000142

Inspection ID: MON-0023453

Date of inspection: 27/05/2019

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>We are currently reviewing &amp; updating our Statement of purpose in line with current guidelines &amp; this updated version will contain all schedule 1 requirements.</p> <p>We have had new floor plans drawn up to include the reconfigured bedrooms &amp; inclusion of new en-suite bathrooms. This updated floor plan will be included in our statement of purpose.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	15/07/2019