



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Mount Hybla Private
Name of provider:	Mount Hybla Nursing Home Limited
Address of centre:	Mount Hybla House Estate, Farmleigh Woods, Castleknock, Dublin 15
Type of inspection:	Announced
Date of inspection:	25 and 26 September 2018
Centre ID:	OSV-0000744
Fieldwork ID:	MON-0022377

About the designated centre

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

Mount Hybla Nursing Home Limited, operates Mount Hybla Private a modern purpose-built centre situated in Castleknock, Dublin 15. The centre is located in a residential development a short distance from shops, cafes and pubs. General nursing care is provided for long-term residents, people living with physical disabilities and acquired brain injury. Respite and convalescence care can also be provided for people aged 18 years and over.

The person in charge, assistant director of nursing and clinical nurse managers lead a team of nurses and healthcare assistants and support staff to provide all aspects of care. Palliative and dementia care can also be provided and there is access to a specialist geriatrician, psychiatry and a physiotherapist. The centre can accommodate up to 66 residents, in single en-suite bedrooms available over two floors. Lavender is a 16 bed dementia care unit on the ground floor which has a central courtyard and its' own communal space.

The following information outlines some additional data on this centre.

Current registration end date:	07/02/2019
Number of residents on the date of inspection:	64

How we inspect

To prepare for this inspection the inspector or 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
25 September 2018	09:30hrs to 16:30hrs	Leone Ewings	Lead
26 September 2018	09:30hrs to 15:30hrs	Leone Ewings	Lead

Views of people who use the service

Residents spoke positively about the care they received in the centre. The majority of residents were very satisfied with the overall service. They said staff attended to their needs promptly and they were gentle, kind and caring. Care was described as being second to none for people with dementia with suitable one-to-one activities available. Residents confirmed they were involved with their care plans and any decision-making concerning their planned care.

Residents also said that their needs were well met and they were supported to retain their independence. They said there was a good choice of activities during the day, and they enjoyed engaging in the activity programme which included morning club, music sessions and films. Attendance at a personal celebration and group events were also enjoyed by residents.

Fifteen questionnaires were reviewed and the majority were very complimentary of the services and staff in the centre. The food service and dining was enjoyed by most residents, two people would like more choice at mealtimes and commented about the texture of vegetables. This information was communicated to the provider for monitoring. The inspector also spoke to a number of relatives in terms of their experience of the centre and this feedback was very positive in terms of their relatives experience of life at the centre.

Capacity and capability

A good service was being provided to residents. There were clear lines of accountability between the registered provider representative and the person in charge. Overall, the governance systems in place were found to be effective and promoted the safe delivery and oversight of this service. The 2018 annual report of quality and safety and quality of life was detailed and showed ongoing monitoring and service improvement.

The systems for audit and review of care in place promoted service improvements. The person in charge was appointed in December 2017 and she was managing the service well. She has the appropriate qualifications and experience. She is fully supported by an assistant director of nursing who deputised for the person in charge. All notifications as required by legislation had been submitted within the timeframe required. Residents were aware of the recent changes in management.

The person in charge confirmed that formal weekly meetings took place with the registered provider representative and a weekly report of key performance indicators is submitted to inform this meeting. The actions required to address the compliance plan following the last inspection were completed. The service being provided to residents was reflective of the statement of purpose.

There were adequate resources allocated to the delivery of the service in terms of equipment, laundry, household and catering arrangements in place. There was an appropriate allocation of staff in a varied skill-mix available daily and at night to meet the assessed needs of residents. Staff turnover levels closely monitored by the provider and human resources manager. Staff were supported and supervised by senior staff and they worked well as a team.

Policies and procedures were in place to inform and guide staff, and the person in charge was developing a centre-specific policy on parenteral nutrition which was evidence-based.

Care was described as being second to none with activities available which included one to one. Residents confirmed involvement with care plans and decision-making. Staff on duty were familiar with residents' needs. Staff training records were up-to-date and planning was in place for future training dates and professional development informed by staff appraisals. Volunteers working in the centre were suitably .

Residents were protected by good recruitment practices and An Garda Síochána vetting disclosure disclosures, which also included volunteers working at the centre. Staff were observed to engage with residents in a person-centred and respectful manner at all times.

Residents had access to the statement of purpose, resident's guide and the complaints policy which were all on display for them to read.

Registration Regulation 4: Application for registration or renewal of registration

The required information for registration purposes was submitted by the provider for renewal.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge commenced in the role in December 2017. She meets the

regulatory requirements, has a post registration palliative care qualification, and has been part of the management team in the centre for five years.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staff numbers including skill-mix to meet residents' needs were in place for each shift.

This was in line with the staffing details outlined in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training including mandatory training was up-to-date, a training plan was in place and planned for by the person in charge.

Judgment: Compliant

Regulation 21: Records

Records reviewed were clear and kept up-to-date.

Records of An Garda Síochána (police) vetting disclosures were in place for all staff working at the centre.

Judgment: Compliant

Regulation 22: Insurance

Insurance cover was in place.

Judgment: Compliant

Regulation 23: Governance and management

Systems in place ensured a safe, appropriate, consistent and effectively monitored service was provided. The registered provider representative works as the general manager and both he and the person in charge were involved in gathering feedback from residents and relatives to inform the annual review which had been submitted prior to the inspection.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place which clearly outlined services available and additional charges in line with the regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been submitted and meets all requirements of the regulation.

Judgment: Compliant

Regulation 30: Volunteers

All volunteers and work experience staff had An Garda Síochána (police) vetting disclosures in place. Suitable supervision and support arrangements were in place.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications had been submitted and received as required by regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints process was in place and clearly communicated throughout the building. Residents confirmed they knew what steps to take if they wished to make a complaint.

The complaints records were clear and detailed steps taken to address the complaint and the level of the complainants' satisfaction with the outcome clearly recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures required by regulation were in place.

Judgment: Compliant

Quality and safety

The inspector found there were good healthcare outcomes for residents using the service, staff demonstrated a high standard of evidence-based care practice.

There was multidisciplinary care team approach to providing health care to residents. Residents with complex healthcare needs were well managed and supported in the centre. Residents were consulted with regarding the development of their individual care plans which included assessment of needs and treatment plans. They received the care which they needed. Staff liaised with the referring services or individuals regarding appropriate admission and discharge arrangements. Residents had timely access to most health care services based on their assessed needs including access to audiology, optical, chiropody and dental services.

Arrangements were put in place to assist residents to support them to make decisions consistent with their capacity. Residents with communication difficulties were facilitated to communicate with staff. The approaches used were reflective of good practice.

Residents had opportunities to participate in meaningful activities in accordance with their interests, abilities and capacities. The group social and recreational programme

was well established and was relevant and meaningful to the residents. Residents individual right not to participate or engage with group activity was respected. An individual assessment based on preferences was made and some residents were identified as benefitting from one-to-one interactions. The choice of activities available promoted their physical and mental health and wellbeing. Some examples observed included reminiscence, music, singing and a harvest party which took place. Staff were trained in sensory communication activities and smaller group sessions of imagination gym and SONAS were part of the programme for residents with cognitive difficulties.

Residents meetings were held and some residents confirmed that they had been consulted with about the day-to-day running of the centre. Resident had access to an independent advocate service and this was advertised. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were warmly welcomed on arrival and encouraged to participate in residents' lives. The Hybla Cafe beside reception area was well used throughout the day where residents and relatives could help themselves to hot and cold drinks and snacks in a comfortable homely environment.

Policies and procedures were implemented they ensured residents were protected from abuse. The inspector was informed that all staff and volunteers had An Garda Síochána (police) disclosure and a sample of randomly selected staff files confirmed this information. Staff members who communicated with the inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre.

A restraint free environment was promoted and any physical restraint was used in line with the national policy. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure. Records regarding physical restraint were maintained in accordance with the regulations regarding restraint. Records reflecting the use of psychotropic medications to manage responsive behaviours had improved since the time of the last inspection.

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents and was in line with the centre's statement of purpose. The provider had reviewed communal space on Lavender unit and improvements had taken place to ensure that residents from Lavender could access and choose to use appropriate dining space.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy in place which had been implemented by managers and staff. The policy included the plan in place for responding to major incidents and evacuation of the centre. Staff demonstrated a good awareness of risk management in relation to their roles.

There were clear processes in place to identify, record, investigate and learn from incidents and adverse events involving residents and staff.

Judgment: Compliant

Regulation 28: Fire precautions

The building features allowed for safe detection and containment in the event of a fire. Staff were up to date in their fire safety training and regular evacuation drills were held in the centre to keep staff up to date on their procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that safe practice and comprehensive policies and procedures were in place for the handling of medicines, including controlled drugs. A review of the use and oversight of psychotropic medicines had taken place since the last inspection and documentation had improved.

Policies and procedures were safe and in accordance with current professional guidelines and legislation. Staff had been trained on all the policies and procedures. Nursing staff followed safe and appropriate practices when administering medicines to residents.

There were appropriate processes in place for the handling and disposal of unused and out-of-date medicines.

Resident's prescribed medicines were reviewed by their General Practitioner every three months or if their needs changed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments and care plans were reflective of care delivered for a sample

of residents reviewed. They were person-centred and had been reviewed within a four month period with the clear involvement of the resident or their representative.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and healthcare was being provided to residents, in line with their identified health and social care needs. A small number of residents with complex care needs had a high standard of care planned and in place to meet these needs. Access to psychiatry and a weekly visit from a geriatrician took place where medical care was reviewed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in line with the national policy. Arrangements were in place to ensure that where any restrictions were used in the centre, they were individually assessed as being appropriate and the least restrictive option. For example, staff were trained to offer individual sensory communication techniques, which were effective in reducing levels of agitation for any residents whose preference was not to take part in group activity. Where psychotropic medicines were prescribed on an (as required) prn basis, the use and indication was clearly outlined in care plans and was only used by staff as a final option, when all other measures had not worked.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including effective recruitment practices, policy and training in relation to detecting, preventing and responding to allegations of abuse.

A number of reports had been received by the Office of the Chief Inspector and the investigation and outcomes were reviewed by the inspector. The provider and person in charge had taken appropriate actions in all cases to safeguard residents and ensure any learning from all reports was used to inform future practice.

The provider was seen to protect residents' financial interests in terms of small

amounts of money kept for safekeeping, systems in place were subject to audit. The provider did not act as a pension agent for any resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant