



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Private Nursing & Retirement Residence
Name of provider:	Hillview Private Nursing & Retirement Residence Partnership
Address of centre:	Rathfeigh, Tara, Meath
Type of inspection:	Unannounced
Date of inspection:	19 October 2022
Centre ID:	OSV-0000141
Fieldwork ID:	MON-0035608

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents. The centre is located in a rural area. The centre is all located on one floor with an additional activity area located in a basement area accessed by residents via the garden. There are 25 single bedrooms some of which have en-suite facilities. The aim of the centre is to provide a wide range of nursing and care services to meet the individual needs of residents while actively encouraging residents to fulfil their own potential.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 October 2022	09:00hrs to 15:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents who were willing and able to converse. The feedback from residents was very positive; that they were well looked after by staff and felt that the staff knew them well. One resident said 'I have always lived on my own and didn't think I would settle here but I am happy now I made the move'. Another resident said 'staff are kind and that's the main thing, there is always someone there when you need them'.

Residents' rooms were nicely decorated and were personalised with possessions that were meaningful to the residents and reflected their life experiences. Each resident had adequate storage space. Some residents had brought in their own items from home.

The centre was laid out over the ground floor level and the design and layout promoted a good quality of life for residents. There were three sitting rooms, a large dining room with attached conservatory, a visitor's room and an oratory. Residents had access to an enclosed garden and an outdoor smoking area.

Visitors were welcomed in the centre with no restrictions observed. The inspector spoke with one visitor, and they were very positive about the service being delivered. They said they were 'very happy with the care their relative received and that staff are so kind'

Resident consultation was sought through surveys and face to face interactions. One resident informed the inspector that they are regularly asked where they would like to go and what would they like to do for day outings.

Interaction between staff and residents was observed to be in a calm and kind manner. Staff were seen to be patient and gentle with the resident on approach. Staff were seen assisting residents to the dining room while other staff were observed assisting residents in their bedrooms with their meals.

Call bells were answered promptly and assistance was offered when required. Residents spoken with knew who they could approach if they had any concerns and spoke very positively about the staff and the person in charge.

There was an activity co-ordinator that worked full time in the centre. They had a file on each resident indicating what hobbies they had and their likes and dislikes. The residents' attendance and interaction in each activity was documented.

There was signs around the centre to indicate the availability of an external advocacy group and their contact details were made available.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under

the relevant regulations in each section.

Capacity and capability

The current management systems in place at the time of the inspection assured the inspector that there was a strong robust governance of the service in place. There were systems in place to monitor the quality, safety and oversight of service delivery that ensured compliance with most of the regulations. This centre had a good history of compliance. The register provider is Hillview Private Nursing & Retirement Residence Partnership.

The person in charge (PIC) was a registered nurse and worked full-time in the centre. They were supported in their role by an assistant director of nursing (ADON).

There was a team of nurses and healthcare assistants working in the centre on the day of the inspection that knew their residents well. They were very knowledgeable about their residents needs and preferences.

There was a directory of residents made available to the inspector. This identified the resident's name, date of birth and other required information in relation to each specific resident.

Each resident had a contract for the provision of services. This indicated the service that would be provided to the resident and any charges that the resident may incur.

There were volunteers available in the centre. These volunteers had An Garda Siochana (Police) vetting in place prior to commencing in the centre. Their roles and responsibilities were clearly defined.

The person in charge had notified the Chief Inspector of Social Services of any incident or accident in the centre. On the day of the inspection the inspector followed up information and found that learning was identified in relation to any incident or accident that occurred.

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the

designated centre.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was an annual review of the quality and safety of care delivered to residents in the centre.

However, the management systems were not in place to ensure the service was safe from a fire safety perspective.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The registered provider had a contract for the provision of services for each resident in the centre. The included all the requirements as set out in the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Those involved on a voluntary basis with the designated centre had their roles and responsibilities set out in writing and received the supervision and support outlined when in the designated centre. They had An Garda Siochana (police) vetting in place.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents that required notification to the Chief Inspector of Social Services had been notified in a timely manner.

Judgment: Compliant

Quality and safety

Overall, this was a good service and a well-managed centre, where a high quality of care was provided. Residents' needs were being met through good access to healthcare services and opportunities for meaningful and varied social engagement.

However, some action was required to maximise the safety of the residents, specifically in respect of fire precautions and premises, as detailed under their respective regulations.

Residents' care records were well maintained. Staff used a variety of accredited tools to complete residents' clinical assessments on admission and these were observed to be reviewed when required. The inspector reviewed a resident's end of life care plan and found that it reflected the resident's wishes which had been discussed and planned prior to the resident deteriorating. Where specialist interventions were prescribed, such as symptom control medication, these were recorded in the resident's care plan and provided by staff.

Most residents were seen to have sufficient space for personal belongings in their bedrooms and locked storage for valuable items.

Residents' had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. However, improvements were required in relation to door closures on residents bedrooms and the laundry room. On the day of the inspection the centre was using rubber door stops to keep the doors open. These were removed immediately by the person in charge and assurances were provided regarding alternative arrangements

to be made.

Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies and procedures and had been involved in simulated fire drill evacuations. However, the inspector observed that for one fire exit door, the staff did not have access to a key or alternative to exit in this area. The person in charge addressed this promptly and placed the key in an accessible location and made staff aware of this on the day of the inspection.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms, and sluice facilities inspected appeared clean and well-maintained. However, some areas in relation to premises and safe storage required review. This is discussed further under Regulation 17: Premises.

All staff have completed their Garda (Police) Vetting prior to commencing employment and in their conversations with the inspector they demonstrated knowledge of what to do should they suspect or witness an incident of abuse.

There was an advocacy service made available to all residents and signs were clearly displayed around the centre with contact details if required.

Regulation 11: Visits

Visiting was not restricted in the centre. There were suitable communal facilities available for residents to receive a visitor, and private visiting in residents' bedrooms was also facilitated.

Judgment: Compliant

Regulation 13: End of life

Residents had care plans in place which indicated their preference as to his or her location at the end of life. The religious and cultural preferences were also documented.

Judgment: Compliant

Regulation 17: Premises

The premises were observed to be clean and suitably decorated. However, improvements were required in relation to suitable storage, as required by Schedule

6 of the regulations. For example;

- Oxygen concentrator was observed inappropriately stored in the wheelchair storage area
- The storage units in the assisted bathrooms were not in a good state of repair

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents informed the inspector that there was a good choice of food available to them and that they have access food and snacks whenever they want. The consistency of the food served to residents was reflective of that referred to in their nutritional assessment and care plan. This information was available to the catering and healthcare staff in the dining room.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions against the risk of fire and the arrangements were not in place to evacuate the residents from one zone of the centre. For example;

- The laundry door, treatment room and some bedrooms were observed open with a door stopper-this was immediately addressed on the day
- A fire exit door was locked and there was no key within close proximity-this was addressed on the day
- The bedroom doors did not have automatic door closures in the event of a fire-this was an action plan from the last inspection

Judgment: Substantially compliant

Regulation 8: Protection

Staff were facilitated to attend training in recognising and responding to a suspicion, an incident or disclosure of abuse. All staff were appropriately vetted prior to

working in the designated centre.

The inspector spoke with residents that stated they felt safe and would have no problem approaching staff if they had any concerns.

The centre was not a pension-agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was a range of activities available to residents to ensure that all residents had access to participate in activities in accordance with their interests and capacities.

The residents had access to advocacy services and were frequently consulted in the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview Private Nursing & Retirement Residence OSV-0000141

Inspection ID: MON-0035608

Date of inspection: 19/10/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management systems in place include ongoing audit of fire safety within the home and areas identified as needing attention are actioned accordingly, to achieve a high level of safety.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Oxygen concentrator machine now stored in appropriate storage area.</p> <p>Storage Units – new units have been researched and purchase arranged.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Automatic door closers/releasers are currently being researched and quotes obtained from providers with timeframes for installation. • Risk assessments completed to identify those residents who by choice like to keep their bedroom door open at night, and this is identified on their Personal Evacuation Plan. • All staff are aware of the fire safety management procedure which outlines the need to 	

close all doors in the event of a fire.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/11/2022

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022