



# 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:	22 October 2024
Centre ID:	OSV-0000141
Fieldwork ID:	MON-0045147

## 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 for both women and men over the age of 18 from low to maximum dependency needs. It can provide twenty four hour nursing care to meet a range of care needs including for residents with intellectual and physical disability, dementia, acquired brain injury, convalescence, palliative, long term care and short term stay. 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. Accommodation is provided in 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:	20
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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
Tuesday 22 October 2024	10:00hrs to 15:00hrs	Sinead Lynch	Lead
Tuesday 22 October 2024	10:00hrs to 15:00hrs	Sheila McKeivitt	Support

## What residents told us and what inspectors observed

The overall feedback from residents was positive. Residents expressed a high level of satisfaction with the quality of care, staffing levels and activities available in the centre. They said that the standard of care was excellent. Inspectors spent time talking with residents and staff to gain an insight into what it was like living in the centre. Inspectors also spent time observing the environment and interactions between residents and staff. Notwithstanding the progress made and the many positive comments from residents there were areas identified on the day of inspection in relation to fire safety that continued to require improvements. This was also highlighted on the last inspection in April 2024.

Hillview Private Nursing Home and Retirement Residence is a single storey building with 25 single bedrooms. Residents' bedrooms were found to have personal items on display and some residents who spoke with the inspectors said they were invited to bring in personal items from home if they wished. Each bedroom had a lockable locker and a wardrobe for their personal belongings.

Staff were observed providing care to residents in a person-centred, calm, unrushed manner. Staff were aware of residents' needs, and the inspectors observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the inspection. Residents residing in their bedroom had access to their call bell and they confirmed that when they called, staff came to their room promptly. They said staff were attentive and that there were always a good number of them on duty.

All residents spoken with stated that the standard of activities provided was good. They said that there was a wide variety of activities provided and that staff were ensuring that residents with higher dependency needs who did not wish to leave their room to attend activities had their care and social needs met within their bedroom.

Inspectors walked around the building with the office manager and nurse in charge. They viewed the new fire doors that had recently been installed on the corridors and saw evidence that a new 60 minute fire door had been ordered for the hot press. The inspectors saw that fire extinguishers had been placed in the maintenance shed and hot press and electrical fuse boxes in these areas had been made safe. A fire alarm panel had also been installed in the maintenance shed and all flammable materials and liquids had been removed.

Oxygen cylinders were safely stored in a cage at the back of the shed and the one oxygen cylinder within the centre was stored in a safe and secure place.

Residents said their rights were upheld. They explained how their feedback was sought at residents' meetings and any issues they highlighted were promptly addressed. Those spoken with said they had no complaints describing the centre as

a 'very proper' place to live. The complaints policy was on display and the inspectors were told that there were no open complaints.

Residents said the food was wonderful, they got lots of choice and it was always served hot. Inspectors observed lunch being served, it appeared hot and appetising with the different food groups clearly identifiable on the plate. Residents had access to a choice of drinks with their lunch and they had drinking water in their bedrooms. Staff were available to assist residents, however, independence was encouraged and promoted.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This unannounced inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and to follow up on the actions taken by the provider to address significant issues of non-compliance identified during an inspection in April 2024.

Following the last inspection the registered provider had given assurances that non compliance in relation to Regulation 23: Governance and Management, Regulation 31: Notification of incidents, Regulation 17: Premises and Regulation 28: Fire precautions would be addressed.

Although residents expressed a high level of satisfaction regarding the care and support provided to them, inspectors found that the registered provider had not implemented fully all the actions identified in the previous inspection report. Notwithstanding the vast improvements that were found on the day, there remained outstanding fire safety issues that were not completed within the assured time-frame as indicated in the compliance plan. These are discussed further under Regulation 28: Fire precautions.

The registered provider is Hillview Private Nursing & Retirement Residence Partnership. 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.

The registered provider had updated the statement of purpose and this now detailed the person nominated to be the review officer should a complaint arise.

Accidents and incidents were reviewed by the inspectors. A new system had been introduced to identify learning from all incidents to mitigate the risk of re-occurrence. It included learning which was then disseminated to the staff to assist

them in providing care in a safe and consistent manner. All notifications in relation to incidents were submitted to the Chief Inspector within the required time-frame.

The annual review for 2023 was available. It set out a quality improvement plan for 2024. It was evident that residents and their families were consulted in the preparation of the review.

Records reviewed included staff files and staff training records. Staff were provided with appropriate training to ensure safe and effective delivery of care to the residents living in the centre. All mandatory training was completed prior to the commencement of employment and refresher training was provided as per the in-house policy in relation to safeguarding vulnerable adults.

### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management and all staff had attended training in dementia care for residents.

There was good supervision of staff.

Judgment: Compliant

### Regulation 21: Records

Records requested were available for review. Those reviewed as evidenced in this report, were compliant with legislative requirements. These included, records of fire drills, staff training records, staff files and Schedule 5 policies.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had committed in a previous compliance plan submitted to the Chief Inspector ensuring that all required works in relation to fire safety would be completed by 30 July 2024. Not all of these works were completed within the agreed time-frame.

This is a repeated non-compliance.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre and contained the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents that were required to be notified to the Chief Inspector were notified within the required time-frame.

Judgment: Compliant

## Quality and safety

Inspectors observed that efforts had been made to improve the systems in place for overseeing the quality and safety aspects of residents' care to ensure that all residents living in the centre were protected by safe practices, which would promote a good quality of life. Inspectors saw that improvements had been made to the premises, fire precautions and infection prevention and control.

In relation to the issues identified by inspectors on the inspection in April 2024, the provider had a fire risk assessment completed in August 2024. The inspectors saw that this report was comprehensive. The issues highlighted were risk-rated and there was a recommendation in place for each action. Inspectors saw that most of the recommendations made in this risk assessment had been addressed. However, some remained outstanding as outlined under Regulation 28: Fire precautions.

Two compartmental fire drills had taken place since the previous inspection. The records of these detailed the scenario, number of staff and residents involved. The records also reflected the time it took for the compartment to be evacuated. The plan, as per the updated fire safety policy was to have a repeat fire drill within six months.

Evacuation plans were posted along the corridors and these identified the nearest fire exit and the external fire assembly point. Emergency lighting had been replaced



throughout the inside and outside of the building. Inspectors also viewed the new compartmental fire doors installed and saw evidence that a 60 minute fire door had been ordered for the hot press.

Overall, the premises was found to be in a good state of repair. The storage rooms had been reorganised, clinical and non-clinical items were now in separate areas, the sluice room had been refurbished and the shed re-organised. Garden furniture had been repaired and repainted and appeared suitable for residents use, exit doors were secure and new signage had been installed on all communal rooms. The flooring in one communal toilet was damaged.

Infection prevention and control practices were good. The issues identified on the last inspection report had been addressed in full and inspectors found all areas of the centre were clean, tidy, warm and free from clutter. Staff had access to hand sanitisers and although they did have access to wash hand sinks, these were not of the standard specifications.

The inspectors observed good recording practices in monitoring multi-drug resistant organisms (MDRO) and managing antibiotic use at the centre. Monthly antibiotic usage analysis informed the infection prevention strategies, and the centre's minimal use of preventive antibiotics aligned with national standards. Additionally, staff were engaged in the "skip the dip" campaign to avoid unnecessary urine dipstick testing, which could lead to needless antibiotic use and potential harm.

### Regulation 17: Premises

The registered provider, having regard to the needs of the residents of the designated centre, had not ensured that the premises conformed to all the matters set out in Schedule 6: For example:

- Flooring in one communal toilet was stained and worn.
- The hot-press continued to be inappropriately used to store clothing materials and towels. This area also housed a gas boiler, and was not suitable for the storage of these items as discussed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

### Regulation 27: Infection control

Infection control practices were good. The issues identified on the last inspection report had been addressed.

Judgment: Compliant

### Regulation 28: Fire precautions

Notwithstanding the fire safety works completed, some fire safety actions were not fully completed to comply with the regulations. The registered provider did not make adequate arrangements for detecting or containing fires. For example:

- Compartmentation of the hot-press which included a gas boiler was not effective. This room continued to store linen such as towels. A new fire-door was ordered but not yet installed in this area.
- Inspectors were not assured that there was fire protection measures in place along compartment lines in the attic above bedrooms. This was also highlighted on the previous inspection. The provider had sought the support of a fire professional who had recommended this action be completed within an agreed time frame of three months from the 22nd August 2024. The provider had given assurances to the Chief Inspector that this would be completed by the 30 July 2024. This was not yet complete and was a repeat finding.

Judgment: Not compliant

### Regulation 26: Risk management

The registered provider had a risk management policy in place which included the measures and actions in place to control the risks such as; abuse, unexplained absence of any resident and accidental injury to residents.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 26: Risk management	Compliant

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

Inspection ID: MON-0045147

Date of inspection: 22/10/2024

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider had committed in a previous compliance plan submitted to the Chief Inspector ensuring that all required works in relation to fire safety would be completed by 30 July 2024. Not all of these works were completed within the agreed time-frame. This is a repeated non-compliance.</p> <p>Areas of compliance plan yet to be completed:</p> <p>The provider confirms required works in relation to fire safety have been completed . An outstanding item noted by the insepctors during insepction was a fire proof Hot press door which was installed on 15/11/2024 . The installation was initially postponed by the manufacturer due to their production delays.</p> <p>Following the Fire Risk Assessment completed by a Fire Consultancy in August 2024 which included an assessment of measurements to limit spread and development of fire, the Fire Consultant recommended the installation of Fire BreakWalls in the Roofspace and awarded the recommendation a priority ranking of 3, affording Hillview three months to implement same.</p> <p>Critically the Fire Consultant made this recommendation without inspecting or visualising the Roof Space and Hillview confirms that there are pre-existing Fire Break Walls in the attic space which the Fire Consultant omitted to inspect/note.</p> <p>An Attic Survey Fire Risk Assessment 2024 was conducted on 27/11/2024 and a report evidencing the review was issued and signed off by a fire engineer.</p> <p>Please be advised that the attic fire assessment recommended that the two existing block walls 1-1 and 2-2 be fire stopped at roof level using a suitable fire sealing material to give 60 mins protection and additional firewalls should be provided as shown on the general floor plan: -Wall 3-3 above Bedroom 25 and Bedroom 3; and Wall 4-4 above Bedroom 22 and Bedroom 6. These new firewalls will be constructed of Fireline plasterboard designed to provide 60 mins fire protection and sealed with suitable fire-resistant materials again to provide 60 mins fire protection.</p>	

In compliance with the requirement to ensure that a SMART timeline is specified we confirm that on 29/11/2024 we engaged a recommended contractor provided to us by the Fire Assessor . We also confirm that works will commence on 16/12/2024. These works should take approximately 7 days . Upon completion, we will notify HIQA on 23/12/2024. In the event of any issues arising with these works that fall outside of our control we will notify HIQA immediately.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 The registered provider, having regard to the needs of the residents of the designated centre, had not ensured that the premises conformed to all the matters set out in Schedule 6: For example:

1. Flooring in one communal toilet was stained and worn.
2. The hot-press continued to be inappropriately used to store clothing materials and towels.
3. This area also housed a gas boiler, and was not suitable for the storage of these items as discussed under Regulation 28: Fire precautions.

We have addressed each of the above 1- 3 to ensure compliance.

The flooring in the identified communal toilet has been removed and replaced.

The Proprietor has obtained storage units for the towels in each assisted bathroom, and additional storage press in the storeroom directly beside the laundry. Linens have been removed from the hot-press.

A 60-minute fireproof door was installed on 15/11/2024 ensuring compliance with regulation 28 fire precautions.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 The provider had committed in a previous compliance plan submitted to the Chief Inspector ensuring that all required works in relation to fire safety would be completed by 30 July 2024. Not all of these works were completed within the agreed time-frame

The provider confirmed all required works would be completed by 30th September 2024

Areas of compliance plan yet to be completed:

The provider confirms required works in relation to fire safety have been completed . One outstanding item noted by the inspectors during inspection was a Fire Proof Hot-press door which was installed on 15/11/2024 . The installation was initially postponed by the manufacturer due to production delays.

The Provider has obtained additional storage for linens and towels in bathrooms and laundry room. The towels and bed linen from the hot-press have been transferred to these units.

The Fire Risk Assessment completed by a Fire Consultancy in August 2024 recommended installing Fire Walls in the Roofspace and awarded this recommendation a priority ranking of 3 giving Hillview three months to implement. The Fire Consultant omitted to enquire/ inspect or visualise the attic space on the day of their assessment.

An Attic Survey Fire Risk Assessment 2024 was conducted on 27/11/2024 and a report evidencing the review was issued and signed off by a fire engineer.

Please be advised that the attic fire assessment recommended that the two existing block walls 1-1 and 2-2 be fire stopped at roof level using a suitable fire sealing material to give 60 mins protection and additional firewalls should be provided as shown on the general floor plan: -Wall 3-3 above Bedroom 25 and Bedroom 3; and Wall 4-4 above Bedroom 22 and Bedroom 6.

These new firewalls will be constructed of Fireline plasterboard designed to provide 60 mins fire protection and sealed with suitable fire-resistant materials again to provide 60 mins fire protection.

In compliance with the requirement to ensure that a SMART timeline is specified we confirm that on 29/11/2024 we engaged a recommended contractor provided to us by the Fire Assessor. Furthermore, works will commence on 16/12/2024. These works should take approximately 7 days . Upon completion, we will notify HIQA on 23/12/2024. In the event of any issues arising with these works that fall outside of our control we will notify HIQA immediately.

## 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	15/11/2024
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.	Not Compliant	Orange	23/12/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	15/11/2024



	suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	23/12/2024