



**Health  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Hillcrest House Nursing Home
Name of provider:	Hillcrest Nursing Home Limited
Address of centre:	Long Lane, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	22 March 2023
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0037479

## About the designated centre

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

Hillcrest House Nursing Home is a designated centre registered to provide 24 hour health and social care to 31 male and female residents. It provides long term, respite and end of life care including care to people with dementia. The philosophy of care as described in the statement of purpose ensures that residents can enhance their quality of life in a safe comfortable environment, with support and stimulation to help them maximise their potential physical, intellectual, social and emotional capacity. The centre is located in a residential area of Letterkenny, a short drive from the shops and Letterkenny University Hospital. Accommodation for residents is provided in single and double rooms. There is a range of communal areas where residents can spend the day and there is an outdoor courtyard garden that is easily accessible and safe for residents to use independently.

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

Number of residents on the date of inspection:	31
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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 22 March 2023	09:00hrs to 18:40hrs	Michael Dunne	Lead
Wednesday 22 March 2023	09:00hrs to 18:40hrs	Susan Cliffe	Support

## What residents told us and what inspectors observed

Residents told inspectors that they were happy and content living in the designated centre. Residents said that staff were kind and caring and that they felt safe and secure. It was evident that staff were aware of residents needs and there was numerous positive interactions observed between staff and residents throughout the day. Notwithstanding this positive feedback inspectors found that there were areas where actions were required to improve the care and welfare for residents. Inspectors found repeated non-compliance with several key Regulations which underpin resident safety. These are discussed under the relevant Regulations and under the themes of Quality and Safety and Capacity and Capability.

This unannounced risk inspection was carried out over one day. There were no vacancies on the day with the designated centre fully occupied and accommodating 31 residents. On arrival the inspectors were welcomed by care staff working in the centre and shortly after by a director of the company. Following an introductory meeting with the provider the inspectors were accompanied for a walk of the designated centre.

The inspectors met and spoke with several residents throughout the day. The majority of views expressed by residents and their relatives were positive, particularly about the care provided by the staff team. Inspectors observed many resident and staff interactions and found them to be based on respect for the individual. Residents who required support with their mobility or personal care were supported in a person centred and timely manner. In instances where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), staff were observed to respond in an appropriate manner which de-escalated potentially risky situations while at the same time respecting the residents autonomy and safety.

The centre provides 31 bed spaces in a selection of single and twin occupancy rooms. All accommodation and communal facilities were provided on the ground floor apart from the hairdressing facility located on the first floor. The oratory was not in use as renovations were in progress to convert this room to a bedroom. Some renovations had been carried out since the last inspection including an upgrade to some communal shower facilities and the relocation of a sluice facility however other areas of the centre would have benefited from renovation and refurbishment. Inspectors saw examples of rooms which had been personalised for the residents living in them, however the furnishings in a number of these rooms were degraded and did not support effective cleaning.

The majority of resident bed rooms had an ensuite toilet and hand wash sink, however the ensuite facilities were small. Inspectors observed that in a number of cases residents with significant mobility needs were accommodated in these rooms and were unable to access these facilities due to their limited size and layout. This

excluded these resident's from accessing toileting and personal care facilities within their own environment.

The inspectors also observed that the location of the single television in twin bedrooms often favoured viewing by one resident over another at any given time. In addition the location of the privacy curtains in two of the twin bedrooms meant that the privacy and dignity of residents was not well maintained.

Privacy was also a concern in relation to two ensuites located in another twin room. Works carried out following a previous inspection to ensure that residents privacy was protected were not effective and would not ensure the privacy of a resident using this facility.

The atmosphere in the designated centre was relaxed. The majority of residents were observed to be carrying on with their normal routines with many residents sitting in the communal rooms listening to a religious service during the morning time. A number of residents were also observed having their breakfast in the dining room. Observations in this area confirmed that residents were provided with sufficient staff support to enjoy their meal in a relaxed environment. Residents confirmed that if they wished they could have their meal in their own room or in other communal areas of the designated centre.

Restrictive practices were not observed on this inspection with residents found to have unrestricted access to all communal areas of the centre. The available communal rooms were spacious and well set out to cater for the needs of the residents. However the layout of seating in two of these areas created an institutional feel with residents sitting against the perimeter walls of these areas rather than in groups or clusters which would facilitate enhanced social engagement between residents.

Inspectors observed that improvements were required to the cleaning of the centre with a particular focus on the cleaning processes to ensure the centre met the required standards of infection prevention and control.

In addition to the streaming of religious services in the morning, local and national newspapers were also provided and were a focal point of discussion between staff and residents. Residents who spoke with the inspector said they enjoyed this activity. Scheduled activities were provided later in the day when the activity coordinator arrived at 11am. Scheduled activities on the day of the inspection incorporated quizzes, word games, storytelling, and an Irish language session.

Residents were observed to receive visitors throughout the day, there were no restrictions on visits to the centre, and it was obvious that visitors were well known by the staff team.

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 designated centre and how these arrangements impacted on the quality and safety of the services being delivered.

## Capacity and capability

The inspectors found that the compliance plan submitted by the provider following the inspection held in April 2022 was not fully implemented. This meant that there was significant risk to the residents living in this centre as the provider had not ensured that the services provided were safe, appropriate, consistent, and effectively monitored. Inspectors found a number of repeated non-compliance's regarding Regulation 15 Staffing, Regulation 16 Training and Staff development, Regulation 3 Statement of Purpose and Regulation 23 Governance and Management. Additional non-compliance's found on this inspection included Regulation 21 Records and Regulation 24 Contracts for the provision of services.

This was an unannounced risk inspection to monitor ongoing compliance in the centre and to follow up on the compliance plan submitted by the provider regarding the inspection held in April 2022. At the time of this inspection the registered provider had submitted an application to renew the registration of this centre to include the footprint of another designated centre owned and operated by the registered provider and located on the same campus.

The registered provider of Hillcrest House Nursing Home is Hillcrest Nursing Home Limited. Hillcrest House Nursing Home Ltd has one director who is the full time person in charge in another designated centre, located on the same campus, and operated by the same provider

The inspectors found that there is a person in charge in this centre, who is assisted in their role by staff nurses, healthcare assistants, household staff, catering, activity, administration, maintenance, and part-time support from a facilities manager. A finding of the last inspection was that the person-in-charge did not have the time to effect the management component of their role as they were frequently the only nurse rostered on duty. A review of the centre's rosters confirmed that since the last inspection the provider had employed an additional nurse.

The employment of an additional nurse was to address this issue by affording the person-in-charge additional time for improved governance of the care of residents. However, rosters confirmed that the additional nursing hours were mostly used as part of the routine nursing complement and to cover nurse absences when they arose and not to facilitate the additional protected management time for the person in charge. Therefore the findings of this inspection are that the person-in-charge still did not have time to effect the management and supervision component of her role.

In addition, staffing records made available for review indicated that on two occasions the only nurse rostered to work in this centre was actually working on the same day in the adjacent centre, where they are the person-in-charge.

The staffing resource assigned to provide resident activities was also incorrectly recorded on the roster. The rosters indicated that this person worked five days in the designated centre, however they actually worked four days.

A review of staff training records confirmed gaps in mandatory training as described under Regulation 16. Inspectors also found that the most recent dates recorded for medication training for nursing staff was in 2019. In addition inspectors were not assured that there was adequate supervision of resident care or of staff practices in relation to medication management and cleaning processes.

There were systems in place to review the quality and safety of the services provided. Information gathered in audits was not being used to improve the quality of the services provided to the residents. Furthermore the audits that had been completed did not identify a number of non-compliances found on this inspection. For example medication audits carried out in July and October 2022 confirmed 100% compliance with medication management procedures however inspectors found omissions and gaps in practice that had not been identified and addressed. This meant that the risks associated with the non-compliances were not identified and addressed in order to mitigate their impact on the residents.

There were infrequent governance meetings held to monitor and provide sufficient oversight of the services provided in the designated centre. Records made available for inspectors to review showed gaps in governance and oversight meetings. There were no governance meeting records made available for inspectors to review for the period April 2022 to October 2022.

A number of resident records were not available for inspectors to review on the day of the inspection as they were found to be stored off site. Furthermore, other records requested by the inspectors on the day of the inspection were not made available. This is discussed in more detail under Regulation 21. All residents records reviewed confirmed that there was a contract for the provision of services in place however improvements were also needed to ensure the contracts for care met the requirements of the regulations.

## Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre to incorporate the footprint of another designated centre which would add an additional 27 beds to the current registration.

To progress the application a number of assurances were required, these included,

- A robust plan to come back into compliance with regulations 17, 23 and 27.
- A staffing strategy for the proposed combined units.



- A revised statement of purpose to accurately identify the resources available in the centre.

Judgment: Compliant

### Regulation 15: Staffing

The inspectors were not assured that the provider had the required numbers of staff available with the required skill mix having regard to the statement of purpose and the size and layout of the centre and the assessed needs of the resident's. For example,

- On two occasions in March 2023 it was not clear that there was a nurse present in the designated centre at all times as the only nurse rostered on duty was also rostered to be on duty in the adjacent centre.
- The number of hours made available for activity support for the residents was incorrect on the designated centre's roster and statement of purpose.
- The addition of a senior clinical staff member to the roster had not improved the clinical oversight of the designated centre as this resource was often used to replace staff nurses who were not scheduled to work on a consistent basis.

Judgment: Not compliant

### Regulation 16: Training and staff development

Inspectors found that staff did not have access to appropriate training, and the supervision of staff was not effective. This was evidenced by;

- A review of staff training records found that a number of staff had not received mandatory refresher training in safeguarding vulnerable adults and fire safety.

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. This was evidenced by:

- Poor adherence to infection prevention and control standards that included the inappropriate use of cleaning products and implementation of cleaning protocols.

- Poor oversight of medication management including the failure to administer medicinal products in accordance with the prescriber's instructions resulting in residents not receiving their required medication
- The system of rostering a single nurse on duty did not ensure effective support or supervision of nursing staff who had neither training nor experience in general nursing or care of the elderly. The risk inherent in such arrangements were neither recognised nor managed.

Judgment: Not compliant

### Regulation 21: Records

The registered provider failed to ensure that some records set out under Schedules 2, 3, 4 and 6 were made available for the inspectors to review on the day of the inspection.

These included,

- A copy of the worked roster for February 2023.
- Records requested for the servicing of equipment were not made available.
- Records relating to the running of the designated centre including records of residents recently deceased or staff who had recently stopped working in the centre. Inspectors were advised that these records were archived and filed in a storage facility which was not part of the designated centre.

A number of records that were made available for inspector's to review required improvement in terms of accuracy and completeness, these included,

- Records relating to resident contracts which were found to be poorly maintained.
- Staffing records which included their normal work pattern were not accurate or consistent with the staffing structure identified on the designated centre's statement of purpose.
- Records in relation to the complete employment histories of some staff currently working in the centre.

Judgment: Not compliant

### Regulation 23: Governance and management

There was a management structure in place, however some roles within that structure were not well defined and did not provide clarity of authority and

accountability. For example, on a number of occasions the sole nurse rostered to work in this designated centre, was also rostered to work in another designated centre at the same time.

The management systems reviewed on the day of the inspection did not provide assurances that the service provided was safe, appropriate and consistent. For example

- Meeting records evidenced that management meetings were held infrequently and were not structured to ensure effective oversight of the care of residents or the operation of the designated centre. Meetings provided commentary and feedback as opposed to an analysis of the information reviewed to improve the service provided to the residents.
- Poor oversight of cleaning practices relating to infection prevent and control meant that the standard of cleaning was not adequate.
- Information collected through the centre's auditing processes was not effective. A medication audit held in October 2022 indicated a 100% compliance with the regulations, evidence found on this inspection and recorded under Regulation 29 confirmed that a more robust oversight of medication management and practices was required.
- The staffing model was not robust and did not ensure there were sufficient resources allocated to all areas of the service.
- Poor appreciation of risk regarding staff skill mix, the administration of medication, the implementation of infection prevention and control procedures and effective oversight regarding the provision of sufficient resources meant that the quality and safety of services provided were compromised.

Judgment: Not compliant

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

Inspectors reviewed records in relation to contracts for the provision of services and found that a number of alterations were required to ensure that these records were transparent and accurate, for example:

- A resident who was in receipt of respite care did not have a contract in place.
- Some contracts did not identify the room number on the contract.
- A contract for a resident who was transferred from a single room to a twin occupancy room had not being updated to reflect this move.
- In some cases resident contracts were found not to be have the appropriate signatures in place until after nine months had elapsed from their time of admission.
- Two residents were found to have a contract which stipulated that they would reside in the same single room.

In addition to the above non-compliance with the regulations some contracts did not have a double signature in place in line with designated centre's own policy.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place which included the information set out in Schedule 1 of the regulations. However this document required a number of changes to accurately reflect the current service, for example,

- A more transparent and accurate representation of the number of whole time equivalents for health care assistants working in the designated centre.
- The centre's organisational structure did not accurately identify the staff employed by the provider.

Judgment: Substantially compliant

### Quality and safety

Inspectors found that increased oversight was required to ensure that the quality and safety of care being delivered to residents was consistently and effectively managed, to ensure the best possible outcome for residents. In particular, actions were needed to bring Regulation 5 Assessment and Care Planning, Regulation 9 Residents' Rights, Regulation 17 Premises, Regulation 27 Infection Prevention and Control, and Regulation 29 Medicines and Pharmaceutical services into full compliance.

Resident care records were maintained on an electronic nursing documentation system. Inspectors found that assessment and care planning required improvement to ensure each resident's health and social care needs were identified and the care interventions were clearly described. The inspectors reviewed a sample of residents' care documentation and found that information required to inform effective care interventions were not always updated. The inspector found gaps in the daily updating of care records which meant that key information was not made available to aid a comprehensive review of residents care.

Residents had access to a range of healthcare supports which included General Practitioners (GP) who visited the home on a regular basis. Arrangements for access to allied health professionals such as physiotherapist, occupational therapists, speech and language therapists, and dietitians were also in place. The provider

indicated that there was no direct support to tissue viability nursing in the centre but that this support could be accessed remotely.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed and checks to ensure that equipment was accessible and functioning. The provider maintained and updated resident personal emergency evacuation plans (PEEPS) as and when required to aid resident evacuation in the event of a fire emergency. The provider also ensured that fire drills were carried out to ensure the fire procedure was well known among the staff. However, inspectors found that current storage arrangements located on the first floor and in a separate storage area were not well arranged and contained items which had the potential to cause a fire emergency.

Storage was not well organised. For example multiple items were found stored together in a storage facility and were not appropriately segregated. These items included items used in the kitchen, chemicals used for cleaning, residents' continence products and medical equipment and supplies. Furthermore the inspectors were not assured that storage arrangements on the first floor of the designated centre were safe as inspectors found equipment and sterile products stored in an area lined with fibre glass near a water tank unit.

There were sufficient communal and private facilities available in the designated centre for residents to use. There were construction works underway at the time of the inspection to convert the oratory to resident accommodation which was an action the provider proposed as part of their compliance plan from the last inspection in April 2022.

The inspectors found that some ventilation systems, particularly in resident en suites were not sufficient to remove all malodours which impacted some resident bedrooms. A similar issue was identified in the new sluice room where inspectors noted strong malodours despite the presence of an extraction fan. Staff were aware this was an issue but there was no plan in place to address it.

The cleaning processes and products in use on the day of the inspection were not appropriate to reduce the spread of infection in the designated centre or to maintain a clean environment. Inspectors found resident equipment such as commodes to be visibly unclean and inappropriately stored in assisted shower facilities. Cobwebs, dust and debris were visible in dormer window spaces. Large bins in communal resident toilets, used for the disposal of incontinence wear, were unclean and associated with a strong odour of bodily waste. The storage and identification of residents' slings was not robust and meant that there was a possibility of residents' personal slings being used by other residents.

While there was support made available for residents to participate in activities. The inspectors were not assured that residents participation and enjoyment in the activities provided was accurately monitored to ensure that residents were provided with activities in accordance with their interests or capacities. The inspectors observed that one main activity was provided on a daily basis for the residents, however inspectors observed periods of the day where residents did not have much

to do apart from watching television. Furthermore recording and oversight of one to one activity provision for those residents who did not engage with current activity provision was not robust and as a result the provider could not be assured that these residents were provided with meaningful occupation in line with their capacity and preferences.

Residents' peaceful enjoyment of their personal space was impacted due to limitations on the availability of storage facilities for their mobility equipment and on their ability to access ensuite facilities due to their limited size.

Not all residents who shared twin bedrooms could see the single television in this room. This impacted on their choice of programme viewing and also meant that they had the background noise of a TV without the benefit of being able to see it.

The oversight of medication management and administration practices were ineffective and meant that residents were not always guaranteed receipt of their prescribed medicines in accordance with directions of the prescriber. A review of resident's medication records found errors and omissions in the recording of medications issued for three residents. These omissions and errors had the potential to have a negative impact on resident's health and well-being.

### Regulation 11: Visits

It was clear that visitors were welcome in the centre and free to come and go without restriction in line with current guidance. Inspectors found that there were no restrictions in place to limit visits to the centre. Residents were seen receiving visits throughout the day of the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

The layout of a twin bedded room did not allow residents to have unrestricted access to their property and possessions, For example,

- This room contained resident mobility equipment which hampered resident's unrestricted access to their clothing located in their wardrobe.
- One resident was found to have some personal belongings stored on the floor of their room.

Judgment: Substantially compliant

## Regulation 17: Premises

The premises was suitable in size and layout for the number of residents and their assessed needs with sufficient communal spaces available for residents to use. The relocation of a resident from a room where the only window was a sky light to a more suitable room with a regular window to the exterior had not been fully completed at the time of this inspection but was in progress. This was a welcome development.

There were however areas that required attention such as:

- Poor ventilation was found in the new sluice and a number of ensuites which created a malodour.
- The layout of two twin bedrooms did not allow residents to have seating within their own space. In addition, the location of the privacy curtain did not provide sufficient privacy and dignity for the residents sharing the room.
- A number of residents with assessed mobility needs could not access their ensuites facilities due to their layout and size.
- Lack of separate storage facilities resulted in the storage of commodes, wheelchairs and a hoist in resident rooms which impeded resident's unrestricted movement and presented an increased risk of trips and falls.
- Inspectors found inappropriate storage of resident toileting equipment in communal shower facilities

Judgment: Not compliant

## Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required information as set out under Regulation 26. The failure of the provider to identify and manage risk is actioned under Regulation 23: Governance and Management.

Judgment: Compliant

## Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority.

The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:

- The floor in a shower room was damaged and required repair in order for the floor surface to be properly cleaned.
- There was a lack of appropriate storage space in the centre resulting in resident toileting equipment stored in communal shower facilities and resident mobility equipment stored in resident shared spaces.
- There was no clear strategy for the storage of resident hoist slings.
- There was poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, significant levels of dust were found in resident and communal areas of the designated centre.
- Poor organisation and management of general storage facilities meant that there was a risk of cross infection due to the non segregation of items for clinical and non clinical use.

Equipment and supplies were not consistently decontaminated and maintained to minimise the risk of transmitting a health care -associated infection, For example;

- A number of commode chairs found stored in the shower room, were visibly unclean and posed a risk of cross infection.
- Incorrect cleaning and disinfectant processes were used to maintain hygiene standards within the designated centre.
- Cleaning products were out of date,
- Cleaning products were not prepared in line with manufacturer data instructions.
- The hand hygiene sink located in the sluice facility did not meet the required standard to its small size.
- Degraded soft furnishings in resident bedrooms could not be cleaned effectively

Judgment: Not compliant

## Regulation 28: Fire precautions

There were arrangements in place to protect residents against the risk of fire such as:

- the provision of fire fighting equipment
- means of escape
- emergency lighting
- servicing of the fire alarm system.



- fire drills

A review of fire management records confirmed the provider had arrangements in place for regular servicing of fire detection systems and fire fighting equipment, although one fire extinguisher was found to be out of date and had not being picked up on the last fire equipment service.

A number of risks and areas identified for improvement in relation to fire safety are recorded under Regulations 17 Premises and Regulation 16 Training and staff development.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors were not assured that medication practices were in line with the safe administration of medicines professional guidance, for example,

- A review of resident's medication records found errors and omissions in the recording of medications issued for three residents. These omissions and errors had the potential to have a negative impact on resident's health and well-being.
- Medication audits did not identify poor practice.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A number of resident plans did not contain the necessary information to guide effective care delivery, the inspectors found that the link between the development of robust care plans based on an updated risk assessment was not always evident, For example:

- One resident's mobility care plan was based on a risk assessment which had not been updated. Although this residents mobility care needs had changed this was not accurately reflected in the residents care plan.
- Resident care plans did not always reflect their individual preferences. Care plan interventions to describe how two residents assessed social care needs were to be met required more detailed information about residents preferences in order for them to be evaluated and effectively reviewed.

Judgment: Substantially compliant

## Regulation 8: Protection

The inspectors reviewed a number of records which confirmed that there were measures in place to safeguard residents and protect them from abuse. Residents stated that they felt safe staying in the centre.

In instances where the provider acted as a pension agent for residents, there were robust measures in place to indicate how this arrangement was managed. All financial records reviewed were reconciled and audited.

A review of schedule two records confirmed that staff had the required Garda vetting in place prior to commencing employment in the designated centre. There were however some areas where improvement is needed, these areas are discussed in more detail under Regulations 16; Training and Developments and Regulation 20; Records.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspectors found that resident's ability to exercise choice in their daily routines was limited due to the current layout of some resident rooms. In addition, inspectors found examples where the preservation of residents' privacy and dignity required improvement. For example:

- Only one television was provided for residents residing in twin bedded rooms which impacted on their choice of viewing.
- The current placement of privacy curtains in two twin bedded rooms did not ensure that the privacy and dignity of residents occupying these rooms were protected.

Residents were not always provided with opportunities to participate in activities in accordance with their capacities and capabilities. For example:

- The organisation and availability of social care support was not well managed to ensure that residents were provided with activities in line with their assessed needs. There was insufficient oversight of resources in place to ensure that residents had access to a planned schedule of activities seven days a week. Inspector's found gaps in the recording of resident's participation in activities and it was difficult to identify the activities residents attended.

Inspectors were not assured that there was regular consultation between the provider and residents, Inspectors found that,

- Resident meetings were not been held on a quarterly basis in accordance with the provider's guidelines. Resident meeting records made available for inspectors to review indicated that there was only one recorded resident meeting held in 2022.

Practices in relation to residents contracts required review to ensure that residents rights were upheld. For example,

- One resident, who was living in a single room, returned to a twin room when discharged from hospital. Staff explained that this was because the residents dependency had increased. However there was no record of where this had been discussed as a possibility when the resident was first admitted to the single room or where it had been discussed prior to the residents return from hospital. In addition the residents contract continued to reflect that the resident resided in the single room.

Judgment: Not 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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0037479

Date of inspection: 22/03/2023

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            To assuage the Inspectors’ concerns staffing WTE table were amended and outlined to demonstrate staffing for each separate building. Staffing continues to be reviewed using the Modified Barthel Index, a validated nursing assessment tool. This tool demonstrates that we are continually meeting and exceeding the care hours required by residents’ assessed needs. The person-in-charge of the relevant centre has been entirely supernumerary since 01/05/ 2023 – complete and ongoing.</p> <p><b><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></b></p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Ongoing and up-to-date staff training has been booked/ completed as follows for the all staff members:</p> <ul style="list-style-type: none"> <li>• Safeguarding – 1 staff member 29th March 2023</li> <li>• Fire safety -</li> <li>• Medication management – 1 staff member who required updated training in medication management completed this on April 12th 2023</li> </ul> <p>The relevant person-in-charge is now supernumerary since 01/05/2023 and will ensure effective clinical oversight and supervision of staff. All staff have a thorough induction,</p>	

probation and annual appraisal completed. – Complete and ongoing

Newly appointed nurses who do not have a general nursing qualification/ considerable experience in care of the older person are always supported by senior management or by the nurses working in the adjacent centre known as the Lodge. There are also on-call arrangements for senior nurse managers at all times. – Ongoing

***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.***

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:  
Copies of the worked roster for February 2023 and servicing of equipment records are available for inspection/ on request. – Complete

We will review the process and storage of archived records to ascertain if it is possible to return these onsite or to digitize these for immediate access – review to be complete by 30 June 2023.

We now have an electronic resident record installed which will enable direct access going forward and which will resolve the archiving requirements on a permanent basis.

An audit of all residents’ contracts of care and all staff files has been completed and all gaps have been corrected – complete.

***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.***

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:  
The relevant person-in-charge is now supernumerary since 01/05/2023.

There is a new audit and risk management system as part of the newly installed resident

record system which will be able to be used to generate reports and assist in quality improvement initiatives. – commence 30 June 2023 and ongoing.

Governance meetings are being held weekly and the PIC will work with their clinical mentor to improve the structure, recording and analysis of these. – 30 June 2023.

A local pharmacist will be engaged to conduct external third-party audits of the medication management practices and training on a quarterly basis – commencing Qtr 3 2023.

Recent staff vacancies have now been filled and outstanding staff holidays (built up over the pandemic) have now been taken by all staff. Staffing requirements will continue to be reviewed using the Modified Barthel Index and adjusted accordingly. – Complete and ongoing.

***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.***

Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All residents will now have a contract of care signed with a double signature as a requirement for admission (to include respite admissions). Where a resident is unable to sign or refuses to sign this will clearly be marked on a cover sheet/ annex filed with the contract of care. – Ongoing

The one contract that did not identify a room number has now been corrected – Complete

The administrative error that resulted in two contracts both having the same room number assigned has now been corrected on the relevant contract – Complete

***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.***



Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  Revised Statement of Purpose was sent to Authority as requested by 24th May 2023 – Complete</p> <p><b><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></b></p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  Residents have been consulted on their need for storage within the twin bedroom highlighted. Both residents are happy with the current arrangements, however this will be kept under review as needs change. – reviewed in line with residents’ 4 monthly care plan reviews or sooner if needs change</p> <p><b><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></b></p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  New bedroom is now complete. Resident will be relocated as soon as we receive written confirmation from the Chief Inspector that the newly created bedroom is satisfactory and considered registered to enable the move to take place.  Maintenance will review the ventilation requirements and consider if a higher-powered fan unit or additional units required to be installed – review to be complete by 30 June 2023.  Privacy curtains will be realigned wherever possible to further enhance the privacy and dignity provided for residents – to be complete by 30 June 2023.</p> <p><b><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately</i></b></p>	

***assure the chief inspector that the actions will result in compliance with the regulations.***

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Shower room floor has been repaired – complete

All hoist slings are individually labelled and for use – complete

Environmental hygiene audits will be completed on a monthly basis commencing June 2023.

Additional training for cleaning staff has been arranged (June 19th 2023) and their practices will be supervised daily to ensure compliance

Resident equipment will be labelled and segregated to ensure there is no cross-contamination between clean items and those in use – effective from 01 June 2023

***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.***

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All staff have completed updated medication management training – complete.

A local pharmacist will be engaged to conduct external third-party audits of the medication management practices and training on a quarterly basis – commencing Q.3 2023.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Care plans have been updated as identified and will remain under review as residents' needs change or at least every 4 months – complete and ongoing.</p> <p><b><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></b></p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Privacy curtains will be realigned wherever possible to further enhance the privacy and dignity provided for residents – to be complete by 30 June 2023.</p> <p>Social care/ attendance at activities records will be audited to ensure they are being maintained and complete – monthly commencing June 2023.</p> <p>Residents' meetings have recommenced on a quarterly basis with the next meeting planned for June 23rd 2023 - complete and ongoing.</p> <p>Residents' contract has been amended to reflect the room change and rationale for the change is now recorded within the respective resident's record – complete.</p> <p><b><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></b></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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	02/06/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	02/06/2023

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	02/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	02/06/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2023
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.	Not Compliant	Orange	30/06/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/06/2023

Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned.	Not Compliant	Orange	30/06/2023
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Not Compliant	Orange	30/06/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Not Compliant	Orange	30/06/2023

	all areas of care provision.			
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	30/06/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	02/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Not Compliant	Orange	19/06/2023

	implemented by staff.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	02/06/2023
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	31/05/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	02/06/2023



Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/06/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/06/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/06/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/06/2023

Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Not Compliant	Orange	30/06/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/06/2023