



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:	04 May 2021
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0031397

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:	28
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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 4 May 2021	08:00hrs to 16:00hrs	Fiona Cawley	Lead
Tuesday 4 May 2021	08:00hrs to 16:00hrs	Mary McCann	Support

What residents told us and what inspectors observed

The feedback from the residents was that this was a good place to live where they were supported by caring staff who knew them well. The atmosphere in the centre was calm and relaxed and the residents were observed to be very content in their surroundings. Overall, the centre was well managed but improvements were required in a number of areas including governance and management, infection prevention and control, assessment and care planning, healthcare, premises and fire safety.

This unannounced risk inspection was carried out over one day. There were 28 residents accommodated in the centre on the day of the inspection and 3 vacancies.

The inspectors spoke with ten residents on the day of the inspection who spoke positively about their life in the centre. One resident said the centre was the 'greatest place in the world' that they 'loved walking around' and the food was 'beautiful'. Another resident told the inspectors that staff were great and came when they needed help. Other residents said they were happy with the staff, the food and their bedrooms. The residents told the inspectors they understood the need for the infection control precautions and restrictions that were in place.

The centre had experienced a significant outbreak of COVID-19 in January 2021. A total of seventeen residents and twelve staff members were affected. Sadly, two residents died during the outbreak. The person in charge had worked closely with local Health Service Executive (HSE) public health professionals throughout the outbreak whilst implementing the centre's COVID-19 contingency plan to ensure the outbreak was managed in line with recommended guidance. The centre was COVID-19 free on the day of the inspection. Inspectors acknowledged that residents and staff of the centre had been through a challenging time and that staff and management had the best interests of residents at the forefront of everything they did to manage the outbreak.

The centre was a purpose built facility situated on the outskirts of Letterkenny in County Donegal. The centre provided accommodation for 31 residents which comprised of single and twin bedrooms, the majority of which had en-suite facilities. All resident accommodation is on the ground floor.

The provider had completed significant work in the centre in 2020 in order to bring the centre into compliance with fire safety. On the day of the inspection there was some outstanding work to be completed which included the installation of a fire protected staircase to the first floor of the building. The first floor of the building was not part of the designated centre. However, at the time of this inspection there was an additional staff changing facility located in this area. This temporary facility had been created in response to the recent COVID-19 outbreak in order to provide appropriate staff changing facilities for two separate staff teams during the outbreak. The arrangement had continued after the outbreak recovered so that staff

could maintain adequate social distancing and reduce their levels of contact with each other.

The inspectors completed a walkabout of the centre with the registered provider representative (RPR) on the morning of the inspection. There were a number of communal areas for the residents to avail of. These areas were tastefully decorated with comfortable furnishings and some areas had open fires which added to the welcoming, homely atmosphere of the centre. There was also a lovely, bright sun room with views onto the courtyard areas of the centre. The corridors were well lit and decorated with colourful pictures and artwork. Grab rails were available on both sides of the corridors to assist residents to mobilise safely. There were some outstanding 'snagging' areas to be addressed following recent building works. For example, there were some holes present in the floor covering where fire doors had been installed. The provider informed the inspectors there was a plan in place to address these areas in the near future.

The main dining area was large, bright and airy where the residents were observed enjoying their breakfast. Staff informed the inspectors that all meal times were flexible and residents chose where to have their meals. The room was comfortably arranged to facilitate social distancing. Staff were observed by the inspectors assisting and supporting residents with meals and snacks throughout the day. Residents who required help were provided with assistance in a sensitive and discreet manner.

The centre also had a chapel which was available to residents and families for private prayers.

Although for the most part the building was laid out to meet the needs of the residents, the inspectors found a number of areas that required improvements. One resident bedroom was an internal room with only a skylight window for ventilation. In addition, the en suite facilities in a number of the bedrooms were small in size and layout with inadequate separation from the bedroom area. Some of these en suite facilities would be unsuitable for residents who had high mobility requirements. There was a lack of grab rails in a number of these areas. Some items of furniture required replacement or refurbishment. The inspectors found some hazards to the health and safety of the residents including an incline into one of the courtyard areas, the use of portable heaters in a number of resident bedrooms and radiator which was hot to touch in one communal bathroom.

The number of communal bathrooms had not changed since the last inspection despite an action within last the compliance plan to provide an additional communal bathroom by 31 May 2020. Due to ongoing government restrictions there had been a delay in the commencement of building work. However, assurance was received from the provider that work would commence as soon as restrictions were eased.

Overall, the centre was clean and well maintained. There was a designated member of staff on duty each day who carried out enhanced cleaning of all frequently touched surfaces throughout the centre and this was evident on the day of the inspection. However, there were a number of areas observed by the inspectors that

required attention. One room that was deemed to have been deep cleaned was not cleaned to an acceptable standard. There was a malodour present in one of the communal bathrooms and this had been identified on the last inspection. The bath in this communal bathroom was also visibly unclean. There was a lack of appropriate waste bins in many areas including bathrooms and toilets.

The inspectors spoke with housekeeping staff who were knowledgeable about their roles and responsibilities to ensure the centre was kept clean. However, the inspectors were not assured that the cleaning processes in place were in line with national guidance on infection prevention and control in residential care settings. The provider agreed to seek advice from the local public health department regarding this matter following the inspection.

There was adequate storage facilities available for residents' equipment on the day of the inspection.

There was unrestricted access to enclosed courtyards available to the residents. The courtyards were furnished with suitable seating areas. Residents could mobilise freely throughout the centre and a number of residents were observed walking around independently or with the assistance of staff on the day of the inspection. Call bells were available for residents who needed to request assistance and were observed to be responded to in a timely manner.

The bedroom accommodation provided the residents with sufficient space to adequately store their personal belongings. Many residents had decorated their rooms with personal items to enhance their surroundings and create a homely atmosphere. However, the layout of some bedrooms did not ensure that the residents in these rooms had their storage space separate from the other residents. There were a number of other bedrooms that did not have enough space for a comfortable chair for the resident to sit at the bedside if they wished to do so. In addition, the position of furniture in one of the bedrooms compromised the privacy of the occupants as it blocked easy access to the privacy curtain.

Throughout the day, the inspectors observed residents socialising with each other and with the staff in the various communal areas in the centre. Other residents were observed to be content in their own company reading, watching television or enjoying some quiet time. Staff were observed providing one to one support with residents in the form of reading or chatting. Staff were very attentive to all the residents and the inspectors saw that they knew the residents well and treated them with kindness and empathy. Staff interactions with residents were observed to be courteous, kind and warm. There was a happy atmosphere present throughout the centre and teamwork was evident throughout the day. Communal areas were supervised at all times.

There was an activities co-ordinator employed in the centre four days a week and care staff supported the residents with activities on the remaining three days. There was an activities schedule available seven days a week. Live music was provided regularly and was arranged with social distancing in place. The residents also had access to a roman catholic priest who visited the centre regularly. The person in

charge informed the inspectors that residents from other religious backgrounds had access to chaplaincy as requested.

Residents had access to television, radio, newspapers and books. Residents had access to televisions in their bedrooms if they wished.

There were arrangements in place to support residents to maintain contact with their loved ones. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspectors observed visitors arriving at the centre with the required infection prevention and control measures implemented.

All staff had completed the necessary infection prevention and control training including training related to COVID-19 infection. There was good signage in place to alert residents, staff and visitors in relation to infection prevention and control and in particular COVID-19 precautions. Staff were observed assisting residents with hand hygiene throughout the day. However, inspectors observed that a small number of staff did not always adhere to recommended hand hygiene procedures on entering the building.

In summary, this was a good centre with a dedicated team of staff delivering good standards of care and support to the residents.

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 on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-managed centre and the residents were supported to live a good quality of life. There was a clear organisational structure in place with identified lines of authority and accountability as per the Statement of Purpose. Governance and management oversight had improved in the centre and there were improvements in compliance since the last inspection. However, inspectors found that further improvements were still required to bring the service into full compliance. In addition, the centre was not compliant with Condition 4 of the centre's registration conditions as ongoing government restrictions had resulted in a delay in the required building work

This unannounced monitoring inspection was carried out to review the centre's COVID-19 contingency arrangements and to follow up on the actions from the previous inspection in January 2020. The inspectors also reviewed the provider's compliance with the restrictive conditions attached to the centre's current

registration which should have been completed in September 2020.

The registered provider is Hillcrest House Nursing Home Limited. The registered provider representative was present throughout the day of the inspection and was responsive to the findings. The person in charge was unavailable on the day of the inspection.

On the day of the inspection the inspectors found that the centre in breach of Condition 4 of its current registration which required the provider to come into compliance with Regulations; 17 Premises, 23 Governance and Management, 27 Infection Control and Regulation 28 Fire Precautions no later than 30 September 2020. The findings will be discussed further under the individual regulations.

The centre had adequate resources to meet residents' individual assessed needs on the day of the inspection. There was a stable and dedicated staff team which ensured that residents benefited from continuity of care from staff who knew them well. The number of the staff was appropriate to the size and layout of the centre. Staff had the required skills, competencies and experience to fulfil their roles.

A sample of three staff personnel files were reviewed by the inspectors and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21.

An induction programme was in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 training, infection prevention and control (IPC) and Fire Safety training. Policies and procedures were available to staff which provided staff with clear guidance about how to deliver safe care to the residents.

Management and staff meetings were held regularly. The most recent meeting minutes were reviewed and showed that the current COVID-19 pandemic was discussed including mental health issues and wellbeing.

There was a quality monitoring process in place and audits were carried out. The audits were identifying some deficits and areas for improvement. However, the inspectors found that the oversight of a number of key areas was not robust and as a result the audits had not identified a number of areas of non-compliance found by the inspectors during this inspection.

The registered provider representative (RPR) demonstrated a clear understanding of their role and responsibilities. They were well known to the residents and staff and was a visible presence in the centre.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill-mix on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and completed training appropriate to their role. This included Infection Prevention and Control, COVID-19 and the appropriate use of PPE . The provider had ensured that staff training and development had continued despite the challenges posed by the pandemic, with staff having received training in manual handling, fire safety and safeguarding.

The supervision and oversight of staff practices in the centre required improvement to ensure that care and services were delivered to the correct standard and were consistent in relation to cleaning processes and compliance with HPSC guidance.

Judgment: Substantially compliant

Regulation 21: Records

All staff files reviewed contained vetting by An Garda Siochana. However, one file did not have the required employment references. Character references were available but there was no reference available from the most recent employer. In another file there were gaps in the employment history available for the staff member and there was no satisfactory explanation recorded. As a result the inspectors were not assured that the recruitment process was sufficiently rigorous.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the designated centre had sufficient resources to ensure the effective

delivery of care and support to residents.

The inspectors found that there was a good management structure in the centre with clearly defined roles and responsibilities. However, the centre was not compliant with Condition 4 of the centre's registration conditions.

Governance and management oversight had improved in the centre since the last inspection. However, the inspectors found that the quality assurance systems were not robust and did not ensure that there was adequate oversight of the quality and safety of the service. For example;

- the maintenance audit detailed that the lockers were in a good state of repair but inspectors noted that many lockers were scuffed.
- there were gaps in the records of fire safety.
- there were gaps in staff temperature checks on arrival to work.
- the daily cleaning schedules were not completed accurately and did not provide assurance that the work had been completed.

Whilst there was a risk register in place with risk assessments and the controls required to mitigate those risks, the oversight of management of risk required improvement. The inspectors identified a number of risks which were not included in the centre's register.

- An incline into one of the courtyard areas.
- The use of portable heaters in a number of resident bedrooms.
- A radiator which was hot to touch in one communal bathroom.

While inspectors could see that some of the issues identified on the centre's own audits had been addressed, there was no clear follow up to ensure that the improvement actions had been completed by the responsible person and within the required time frames.

An annual review of the quality and safety of care delivered to residents in the designated was available for 2020.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and was displayed.

The inspectors reviewed the complaints log which contained detail of the complaints, the investigation process and the outcome of investigation which was communicated to complainants.

Judgment: Compliant

Regulation 4: Written policies and procedures

The majority of the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements. The Fire Safety policy was not available for the inspectors to view on the day of the inspection.

Judgment: Substantially compliant

Quality and safety

The inspectors found that the care and support provided to the residents in this centre to be of a good standard. As a result, residents enjoyed a good quality of life in which their rights were upheld and their independence promoted.

Residents had access to medical care with the residents' general practitioners (GP) providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

Individual resident care plans were informed by validated assessment tools which were regularly updated. However, the inspector was not assured that all care plans contained up to date and accurate information to guide the staff in care delivery. This will be discussed further under Regulation 5.

There were opportunities for residents to consult with the management and staff and to give their views on the service. An annual satisfaction survey was undertaken and the most recent one indicated a high level of satisfaction with the service provided. Residents had access to an independent advocacy service if required.

The various communal areas in the centre were comfortably arranged to enable the residents to chat with each other and to join in with activities. Staff were present in all areas providing help and guidance with activities and they were seen to be very familiar with the residents and their preferences. The inspectors saw and heard lots of pleasant interactions and chats amongst the residents and staff throughout the day. Appropriate social distancing was in place without detracting from the overall person-centred approach of the centre.

The centre promoted a restraint free environment in line with national policy. There were no restrictive practices in use on the day of the inspection. The provider carried out a monthly audit on accidents in the centre, in particular, resident falls which included investigating any precipitating factors, reviewing notable trends and recommending required actions such as care plan reviews. This ensured the residents received the level of care and support they needed to maintain their mobility whilst reducing the risk of further falls.

Infection Prevention and Control (IPC) measures were in place and there was a comprehensive COVID-19 contingency plan available to guide staff. Staff had access to and completed appropriate IPC training. The centre had an identified member of the nursing staff who worked with the staff one day a week as the lead for IPC. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. At the time of this inspection all residents had been vaccinated. The registered provider was availing of regular staff testing for COVID-19 and most of the staff had also been vaccinated. The provider confirmed that the centre was sufficiently resourced with personal protective equipment (PPE) and cleaning and sanitising products. There were sufficient numbers of hand hygiene facilities available including clinical hand wash basins. The provider informed the inspectors that there was a plan to replace the taps on the clinical hand wash basins as advised by the local public health team. However, there was no date for this work to be carried out. In addition, the inspectors found that further improvements were required to ensure that infection prevention and control measures were implemented in a consistent manner in the centre. This will be further discussed under regulation 27.

Staff were knowledgeable and clear about what to do in the event of a fire and what the fire evacuation procedure were. Evacuation equipment was available and accessible in the event of an emergency. Fire fighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. Personal evacuation plans were in place for each resident. Fire safety training and evacuation drills were carried out regularly. Whilst a significant amount of work had taken place to improve fire safety in the centre, the inspectors identified a number of areas which required further improvement. These will be discussed further under Regulation 28.

Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

Judgment: Compliant

Regulation 17: Premises

The inspectors found that the building required a number of improvements on the day of the inspection.

- The number of communal bathrooms was not sufficient for 31 residents.
- Due to the layout of a number of the bedrooms and the position of furniture, there was insufficient space to allow for a chair, appropriate of the needs of the resident, at the bedside.
- A number of items of furniture required replacement or refurbishment.
- The floor covering was damaged in a number of areas.
- There was a lack of grab rails in some en suite facilities.
- Lack of sufficient ventilation in bedroom 16.
- In a number of en suite bedrooms there was not adequate separation of the toilet/shower area from bedroom area.
- A number of en suite facilities due to their small size and layout were not appropriate for residents who required assistance.

Judgment: Not compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the required elements as set out in Regulation 26 (1).

Arrangements for the identification and recording of incidents was in place.

There was an up to date emergency plan which included a comprehensive COVID - 19 contingency plan with controls identified in line with public health guidance.

Judgment: Compliant

Regulation 27: Infection control

There was a comprehensive Infection Prevention and Control policy in place which included a very detailed contingency plan to clearly guide staff in the event of a COVID-19. Staff who spoke with the inspector were aware of their roles and responsibilities in keeping the residents safe through good infection control procedures.

However, areas for improvements to ensure the centre was in compliance with

infection prevention and control standards were identified by the inspectors on the day of the inspection including:

- Housekeeping processes did not satisfy the inspectors that cleaning was carried out in line with national guidance.
- The cleaning schedules had items/areas that required cleaning once a day and items/areas that required cleaning twice. The cleaning schedule reviewed by the inspectors at 1pm on the day of the inspection recorded that all items/areas were ticked as completed. As a result the inspectors were not assured that the cleaning schedules were being completed in line with the centre's own procedures.
- The oversight of cleaning practices did not adequately monitor the terminal cleaning of vacant bedrooms or the regular cleaning of communal bathrooms.
- There were not enough foot operated bins provided in toilets, bathrooms and communal areas.
- A small number of staff did not carry out hand hygiene practices in line with the required standards.
- There were gaps in the records monitoring of staff twice daily for signs and symptoms of COVID-19 .
- There was a malodour present in communal bathroom which was an outstanding issue from the previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the centre had made very good progress with the required improvements in fire safety. The second phase of the fire safety works had been delayed due to the COVID-19 pandemic and significant focus was now required to bring the centre into compliance with Regulation 28;

- Records of daily checks of fire exits contained gaps.
- Records of weekly fire alarm checks contained gaps.
- The weekly fire door checks were not being completed in line with the centre's own fire procedures. The records of automatic door checks recorded that these checks were carried out monthly.
- The personal emergency evacuation plans required updating to reflect the current need for each resident in order to identify the most appropriate and safe method of evacuation both during the day and at night.
- Records of completed fire evacuation drills were insufficiently detailed and did not identify any opportunities for learning.
- The installation of the fire protected stairs between the ground floor and first floor remained outstanding.
- The fire door leading from the first floor to the stairway was wedged open on the day of the inspection. This issue was addressed by the provider at the time of the inspection.

- The works to install additional fire stopping between the ground floor and the first floor of the building had not been carried out. This would be required if the first floor was being used for any purpose going forward including staff facilities.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors were not satisfied that all records contained the necessary up to date and accurate information to guide staff in providing the level of care as per the residents' assessed needs.

- A number of records did not demonstrate that assessments and care plans were updated in line with the centre's policy.
- Two records for residents with a history of falls did not contain up to date falls prevention care plans to ensure the safety of the residents.
- One file belonging to a resident who had experienced a fall did not have any details of this incident recorded in the daily nursing notes and there was no documentation found in relation to an updated falls risk assessment or updated care plan for this resident following this incident.

Judgment: Not compliant

Regulation 6: Health care

The inspectors observed from reviewing a number of resident records that the residents had access to medical assessments and treatment by their General Practitioners (GP) and the provider confirmed that GPs were visiting the centre as required. However, the inspectors found on reviewing the record for a resident who sustained an injury following an unwitnessed fall, that there was no medical review carried out. In addition, a number of residents' records following falls did not contain any evidence that appropriate monitoring of signs and symptoms of head injury had been completed after the incident.

Residents had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded which was in line with guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and

Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that the provider had taken reasonable measures to protect residents from abuse. There was an updated policy on the prevention, detection and response to allegations of abuse in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with the inspectors said they felt safe in the centre. Garda vetting was in place for all staff employed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the residents' rights and preferences were upheld and respected in the centre. Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day.

Residents were provided with opportunities to participate in meetings where they were able to share their views on the centre.

Residents were provided with access to an advocacy service.

The provider ensured that the residents had access to a range of meaningful activities and entertainments in line with their abilities to participate and their preferences.

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 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0031397

Date of inspection: 04/05/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training in respect of HSPC Guidance has been revised to reflect latest recommendations by HPSC. Procedures are updated and processes in place. Completed 18/06/2021</p> <p>The PIC and/or senior staff nurses now supervise the cleaning practices on a daily basis through daily walk-arounds and regular auditing of cleaning schedules and environmental hygiene. Any deficits in standards will be highlighted to the individual staff members and used to formulate a positive improvement plan where required.</p> <p>Ongoing and completed 14/06/21</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All staff files have been revised to include all required HR documentation</p> <p>Completed 14/06/2021</p> <p>A checklist to be used as part of the recruitment process has now been developed to ensure there are no further gaps and is in use effective from 05/08/21</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • An application to vary Condition 4 was submitted on 27 May with a new date for the completion of outstanding building works - completed • As above the PIC/ senior staff now supervise the cleaning practices and completion of cleaning schedules on a daily basis. Commenced 14/06/21 • Fire safety records and staff temperature check records have been added to the regular audit schedule commencing from 05/08/21 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Fire safety policy was updated on the day of inspection and forwarded to the authority Completed</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Communal bathroom will be completed by 30/09/21</p> <p>All bedrooms have a comfortable chair/s Completed</p> <p>Furniture and furnishings requiring replacement will be complete by 01/11/21</p> <p>Floor covering has been repaired Completed</p> <p>Grab rail has been replaced in room11 Completed</p> <p>All ensuite bathrooms have sliding doors Completed</p> <p>Residents are assessed prior to admission regarding their suitability to the room available to ensure the room and facilities are suited to their needs Ongoing</p>	

- Daily walk arounds by the PIC now include a check for the use of wedges on fire doors, effective from 05/08/21 and ongoing

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 All care plans are revised to ensure that Falls risks are addressed Complete 30/07/21
 residents have a care plan in place at the point of admission Completed and ongoing

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 Policy and care plan regarding falls and medical assessment are revised
 GCS and Neuro observation of all residents who have an unwitnessed fall or possible head injury are monitored in line with our written policy Completed and ongoing

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	18/06/2021
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	30/09/2021
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	01/11/2021
Regulation 21(1)	The registered	Substantially	Yellow	14/06/2021

	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.	Compliant		
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	01/11/2021
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 implemented by staff.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the	Not Compliant	Orange	30/07/2021

	designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	07/05/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Yellow	07/05/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Not Compliant	Yellow	07/05/2021

	<p>plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p>			
Regulation 6(1)	<p>The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>	Substantially Compliant	Yellow	07/06/2021