



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

Issued by the Chief Inspector

Name of designated centre:	Hazel Hall Nursing Home
Name of provider:	Hazel Hall Nursing Home
Address of centre:	Prosperous Road, Clane, Kildare
Type of inspection:	Unannounced
Date of inspection:	11 November 2021
Centre ID:	OSV-0000049
Fieldwork ID:	MON-0033917

About the designated centre

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

Hazel Hall Nursing Home can accommodate up to 46 female and male dependent adults, aged over 18. The majority of residents are aged 65 and over, and can provide for the following care needs: General (Care of the Older Person), Dementia, Physical Disability, Intellectual Disability, Acquired Brain Injury and Young Chronic Care. Hazel Hall Nursing Home is purpose built and set in its own secure grounds with car parking facilities and is monitored by CCTV. It contains 44 bedrooms (42 single and 2 shared rooms). Each room is equipped with Cable TV (Flat Screen) and call bell system.

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
Thursday 11 November 2021	08:50hrs to 17:10hrs	Helena Budzicz	Lead
Thursday 11 November 2021	08:50hrs to 17:10hrs	Arlene Ryan	Support

What residents told us and what inspectors observed

The inspectors observed residents' daily lives throughout the inspection in order to gain insight into the experience of those living there and also spoke at length with a number of residents. The feedback from the residents was that this was a good place to live where they were supported by caring and kind staff. The inspectors observed a respectful and meaningful conversation between the staff and residents. It was evident that the staff knew the residents, their communication abilities and their needs well.

On arrival at the centre, inspectors were guided through the centre's infection prevention and control procedures by a member of staff. The inspectors were accompanied on a tour of the centre after a short introductory meeting with the person in charge. Staff were busy with assisting residents with getting up and organised for their day ahead.

The centre is a single-storey building located in the centre of a Clane. The centre is divided into three units. The Abbey suite contains one twin and 13 single bedrooms. The Liffey suite has 16 single en-suite bedrooms, and the Moate suite includes 13 single bedrooms. There were two secure outdoor garden areas available for residents, which were easily accessible through the day rooms. Inspectors observed that the environment was dementia-friendly and included colourful items, a small cottage where residents can enjoy a cup of tea during summer months, boxes of flowering plants and a pathway for residents to walk around. Inspectors saw residents mobilising independently around the centre and that they could freely access any of the centre's communal spaces. These communal spaces were pleasantly decorated, and residents were observed enjoying these on the day of inspection. There was a snack trolley with drinks, sweets or biscuits for residents. The residents were encouraged to personalise their bedrooms and had their photographs and personal items displayed. Inspectors observed that some areas of the centre required maintenance, and also oversight and management of storage in the centre required a review, as discussed further in the report. Nevertheless, improvement works in the centre were ongoing with flooring replacement and redecoration of rooms.

A varied schedule of activities was offered seven days a week, led by experienced activity coordinators who had specific training appropriate to their role. The program of activities included social, community, cultural, religious, spiritual and creative events. The activity schedule was on display and planned sessions included, for example, daily meet and greet, daily news, practice hand hygiene, pamper nail, gentle exercises, bible reading and music therapy. Residents said that they were aware of the activities provided in the centre and were offered the choice of whether to join in or not.

Inspectors observed that residents were enjoying their meal and the dining experience; there was lots of friendly chat during the meal, and it was obvious that

residents were familiar with the staff. There was a choice of meals on offer, and the food was attractively presented and smelled appetising. Staff offered residents a choice of hot and cold drinks during and after the meal.

Residents who spoke with the inspectors expressed satisfaction with the care they received and confirmed that staff attended to them when they needed them and that they would have no issues raising any concerns they may have to staff. Inspectors observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

Capacity and capability

The inspectors found that the governance and management of the centre was well organised and resourced. The management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre. This was an unannounced risk inspection to assess ongoing compliance with the regulations. The centre experienced an outbreak of COVID-19 in February 2021. During this outbreak, four residents tested positive for COVID-19. The outbreak had been declared over by public health on 23 April 2021.

The registered provider is Esker Property Holdings Limited. One of the directors of the company is present in the centre on a daily basis and is involved in the day-to-day operation of the centre. The person in charge has been in the role since 2020 and has overall responsibility for the delivery of clinical care. The person in charge worked full-time in the centre and was supported in their management role by a clinical nurse manager and a team of nurses, care staff and other support staff. Further supports were provided by a business manager and human resource consultancy team. The centre was adequately resourced, and staff were supported to access training to equip them with the skills to care for the residents. Staff demonstrated their understanding of their own roles and responsibilities in the centre and of reporting any concerns about residents care or staffs' practices.

Governance and management meetings were convened regularly in order to endure a continuous quality improvement in the centre. Set agenda items for these meetings included data collected such as clinical KPIs (Key performance indicators), COVID-19 precautions, vaccinations, Human Resources (HR), staff resources, training) and non-clinical matters such as the finances, maintenance and further quality improvement plans. The management team also had a set of audits in place to monitor areas such as health and safety, falls, food and nutrition, privacy and dignity, pressure ulcers and medicine management. However, further improvement in collecting and analysing the information was required to ensure that the

information gathered was consistently used to plan effective and timely action plans.

A sample of four staff records were examined on the day of inspection. An Garda Síochána (police) vetting was in place for all staff and persons who provided services to residents in the centre. There was evidence of active registration with the Nursing and Midwifery Board of Ireland (NMBI) seen in nursing staff records viewed. All staff had the required two references in compliance with the regulation. Inspectors also saw evidence of induction records to the designated centre.

An annual quality and safety review was carried out for 2020, which looked at key areas of service delivery and included feedback from residents and their families.

Regulation 15: Staffing

The number and skill mix of nursing and care staff were appropriate to the assessed direct care needs of the 31 residents in the centre on the day of the inspection. Rosters showed that there were registered nurses on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was available for inspectors, which provided an overview of a variety of training available to staff. The matrix was not fully up-to-date on the day of inspection but was submitted to the office of the Chief Inspector shortly afterwards to include more recent training. The training records viewed indicated that all staff had received training on fire safety, infection prevention and control, putting on and taking off personal protective equipment (PPE), hand hygiene, safeguarding adults at risk of abuse, patient moving and handling, falls prevention, cardio-pulmonary resuscitation(CPR), palliative care needs and medications management for nursing staff.

Judgment: Compliant

Regulation 19: Directory of residents

Inspectors found that the directory of residents was maintained in line with statutory requirements and detailed the relevant information in respect of each resident.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place for identification of risks in the centre required improvement to ensure all infection controls and precautions and fire risks were identified, risk assessed and controls put in place to mitigate these risks occurring.

The infection prevention and control audits conducted in the centre did not detect and address the issues found on inspection.

The outbreak report with the learning outcome from the outbreak of COVID-19 in the centre in the first quarter of 2021 was not completed and shared with staff for further learning opportunities.

The policy for visiting and the risk assessment for COVID-19 were available but were not updated in line with the latest COVID-19 guidance on visitation to residential care facilities as issued by the Health Protection Surveillance Centre (HPSC).

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services. All contracts stated the room number of each resident and the occupancy of the room in which they would be residing.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the centre's incident and accident records confirmed that notifications were submitted to the Chief Inspector within the specified time frames, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors viewed the designated centre's complaints policy which provided details of those responsible for resolving concerns. Information about how to complain was clearly displayed in the reception area and outlined in the residents' guide. Inspectors viewed the printout log from the electronic complaints management system. A sample of complaints viewed showed a thorough investigation and evidence of feedback to the complainant where applicable.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors reviewed the schedule 5 policies that were made available to them. They were easily identifiable and well organised. There was a straightforward process for reviewing these policies, and all were updated with future review dates documented. They were available to staff in the designated centre.

Judgment: Compliant

Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a good standard. There were arrangements in place for residents to receive support from their chosen general practitioner (GP) as well as access to more specialised care input such as palliative care or psychiatric care for the elderly. Residents had access to a wide variety of specialists and were accessing hospital care when required

Inspectors found that all residents had care plans based on an ongoing comprehensive assessment of their needs which were implemented, evaluated and reviewed. An effective social programme with a variety of meaningful activities for occupation and engagement was being implemented. Inspectors reviewed residents

meetings and found that residents had the opportunity to participate in regular meetings to give them an opportunity to comment on the running of the centre and make suggestions as to how things could be improved further.

The person in charge informed inspectors that any updates to infection control guidance as issued by the Health Protection Surveillance Centre (HPSC) were available to staff. Any relevant changes were communicated to staff at the point of arrival on shift. These guidance documents were available in the dining room for staff to read and sign that they had read them. The centre's contingency plan was updated in November 2021 and included COVID-19 arrangements.

The centre was homely and generally well maintained and spacious. It was furnished to a good standard throughout, and painting and re-decorating were to continue on an ongoing basis. However, further improvements in infection control and precautions was required as outlined under Regulation 27: Infection Control.

The provider promoted a restraint-free environment in the centre in line with local and national policy. There was a low level of restrictive practice in place on the day of the inspection.

Visiting had recommenced indoors, and a designated rooms were assigned for residents to receive visitors in private. However, visiting was not facilitated in line with national guidance as detailed under Regulation 11: Visiting, on the day of inspection.

There was a risk management policy in place which identified the risks as set out in schedule 5 of the regulations. The risk register included clinical and environmental risks identified in the centre together with mitigating strategies.

Inspectors observed that the corridors and fire exits were clear from clutter and obstruction. Residents had personal emergency evacuation plans (PEEPS) in place. However, inspectors found that further improvements were required to bring the centre into full compliance with the regulations. The detail is outlined under Regulation 28: Fire precautions.

Regulation 11: Visits

The designated centre was using two areas in a day room at the front of the building for visitors to be received. There were mobile perspex screens, a temperature checkpoint, and personal protective equipment (PPE) were in place. Visits were pre-booked for one hour and staff coordinated visits during the week and at weekends. These arrangements were discussed with the person in charge, who confirmed that visitors were allowed to visit residents' rooms but only under special request, including compassionate visits for resident's receiving end-of-life care; however, open visiting in the centre was not routine yet.

Judgment: Compliant

Regulation 26: Risk management

The outbreak report with the learning outcome from the outbreak of COVID-19 in the centre in the first quarter of 2021 was not completed and shared with staff for further learning opportunities.

Judgment: Substantially compliant

Regulation 27: Infection control

Some improvements in infection prevention and control standards were identified on the day of the inspection, including:

- Inappropriate storage was identified in some areas around the centre: Clear segregation between clean and dirty equipment in the sluice room was necessary. Linens, duvets and pillows were stored beside the boiler. Personal protective equipment (PPE) and alcohol-based gels were stored in the dining room beside the cutlery. Boxes were stored on the floor. Residents' equipment, such as a shower chair, was stored in the room used for hairdressing. Resident's hoist and cleaning equipment were inappropriately stored in resident's bathroom.
- Surfaces in some areas in the centre did not support effective cleaning. For example, a back-splash around the sinks in two areas was damaged, carpets around the nursing station and on the corridor or cabinets in the clinical room were chipped, torn or discoloured. The floor covering in the laundry was lifting.

The person in charge provided inspectors with the quality improvement plan to replace damaged surfaces and to improve storage in some areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements in the fire safety precautions were required:

- An oxygen concentrator was stored in a store room, alongside potentially flammable substances such as two boxes with alcohol-based hand gels. Fire safety signs where the oxygen concentrators and cylinders were stored or in

use were missing. Oxygen cylinders were uncovered and were not securely stored in the secured area outside of the building.

- A call bell was missing in the resident's smoking area.
- Fire drills were required simulated at night when staffing levels were substantially reduced to ensure that there were sufficient resources and equipment to evacuate residents safely.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed care plans for newly admitted residents and found that assessments and care plans were completed within 48 hours after residents' admission to guide staff in their care delivery. A number of care plans related to food and nutrition and wound care were also reviewed. The care plans were person centred, reflecting residents individual needs and actual therapeutic interventions. There was also evidence of allied health professionals review.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with good standards of evidence-based health and nursing care and support in this centre. They had access to general practitioner services, who attended the centre regularly. The physiotherapist and occupational therapist were available on-site and completed assessments of residents where required, and facilitated an exercise programme or equipment for residents.

Judgment: Compliant

Regulation 8: Protection

There was a policy on the prevention, detection and response to abuse available in the centre. Inspectors saw that any allegations were appropriately investigated, followed up, and protective measures were put in place as required. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse. Residents with whom the inspector spoke reported feeling safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities in place for recreational activities, with residents observed to be participating in group activities. Minutes of residents meetings and residents who spoke to the inspector identified that residents were consulted about the running of the service and their individual needs. An advocacy service was available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Hall Nursing Home OSV-0000049

Inspection ID: MON-0033917

Date of inspection: 11/11/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider assures the Chief Inspector that it has taken necessary steps to put in place management systems for the identification of risks in the centre to ensure all infection controls and precautions and fire risks are identified and risk assessed and that there are controls in place to address all risks, including fire precaution risks.</p> <p>The registered provider assures the Chief Inspector that all learning outcomes from any future outbreak(s) of COVID-19 in the centre will be completed and shared with staff to assist further learning opportunities.</p> <p>Members of the Centre's Emergency Management Team have taken all effective steps to ensure extensive training in Quality and IPC Audit and Risk Management Training towards the end of 2021 to build on existing auditing processes as a quality improvement measure for the year 2022. The Inspectorate provided valuable feedback following inspection which has also been taken into account with the newly implemented Infection Prevention and Control Audit.</p> <p>The policy for visiting and the risk assessment for COVID-19 continues to be updated in line with guidelines issued by the Health Protection Surveillance Centre (HSPC).</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The registered provider assures the Chief Inspector that it shall take all necessary steps to update its risk management policy and register to ensure that all risks are identified</p>	

and recorded including by reference to COVID 19, and that arrangements are put in place to ensure that, within the Centre, that there is continuing investigation and learning from on-going risk and risk development.

Regulation 27: Infection control

Substantially Compliant

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

The registered provider assures the Chief Inspector that it shall take all necessary steps to update and keep reviewed its infection control policy to ensure continued compliance with on-going an updating HPSC guidance on COVID 19 and ensure that its person in charge will continue to make on-going and effective training available to the staff on the evolving and developing COVID 19 public health prevention and control measures.

Storage solutions have, since the inspection, been addressed in line with best practice. All items identified in the report, have been stored in new storage areas with additional storage space provided in line with the Centre's refurbishment plan.

The Centre's refurbishment plan has been updated to address deficiencies noted at inspection, for example, repair of back-splash around the sinks in two areas, refurbishment of the nursing station and clinical room, and re-flooring of the laundry.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Following the inspection, a separate storage area was allocated to store alcohol-based hand gels, fire signs were erected in the new storage area, and a secure rehousing of oxygen cylinders external to the building is prioritized on the Centre's refurbishment plan.

The Centre is working with its engineers on securing a call bell which is suitable for external use in the smoking area.

Fire drills simulated with reduced staffing levels to reflect night-time rostering are completed and submitted to the Inspectorate and these will continue in 2022.



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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	04/01/2022
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	25/04/2022

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	25/04/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2022