



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

## Issued by the Chief Inspector

Name of designated centre:	Mount Hybla Private
Name of provider:	Mount Hybla Nursing Home Limited
Address of centre:	Mount Hybla House Estate, Farmleigh Woods, Castleknock, Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	11 November 2020
Centre ID:	OSV-0000744
Fieldwork ID:	MON-0031058

## About the designated centre

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

Mount Hybla Nursing Home Limited, operates Mount Hybla Private a modern purpose-built centre situated in Castleknock, Dublin 15. The centre is located in a residential development a short distance from shops, cafes and pubs. General nursing care is provided for long-term residents, people living with physical disabilities and acquired brain injury. Respite and convalescence care can also be provided for people aged 18 years and over.

The person in charge, assistant director of nursing and clinical nurse managers lead a team of nurses and healthcare assistants and support staff to provide all aspects of care. Palliative and dementia care can also be provided and there is access to a specialist geriatrician, psychiatry and a physiotherapist. The centre can accommodate up to 66 residents, in single en-suite bedrooms available over two floors. Lavender is a 16 bed dementia care unit on the ground floor which has a central courtyard and its' own communal space.

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

Number of residents on the date of inspection:	63
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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 11 November 2020	09:30hrs to 16:15hrs	Niamh Moore	Lead
Wednesday 11 November 2020	09:30hrs to 16:15hrs	Helen Lindsey	Support

## What residents told us and what inspectors observed

Inspectors were welcomed into the centre by the receptionist and person in charge who guided inspectors through the Infection Control measures necessary on entering the designated centre. All essential visitors or service providers had to go through a sign-in process that included, completing a questionnaire (which included history relating to overseas travel, close contact and symptom history), a temperature check, and to complete hand hygiene. The person in charge kept residents informed about public health measures required to minimize risks associated with COVID-19 either at resident meetings or on an individual basis.

Inspectors spoke with several residents in the course of the inspection and all residents conveyed high levels of satisfaction with the care and support provided in Mount Hybla. One resident stated that the care she received was excellent and she was very happy within the centre. Residents' told inspectors that they felt comfortable about speaking to those in charge if they were unhappy with something in the centre and were confident that appropriate action would be taken. Residents also indicated that they liked the food and there was plenty of choice.

Inspectors observed staff to have a good rapport with residents throughout the day, residents were encouraged and facilitated to stay in contact with their families. Residents who spoke with inspectors understood the reasons for different visiting arrangements. All bedrooms on the ground floor allowed for window visits. For residents on the 1st floor, the centre had allocated the cafe to be the designated safe area for window visits. Inspectors witnessed window visiting occurring on the day of inspection, one resident told inspectors that she had a ground floor bedroom and had window visits twice a week with her husband. Arrangements were in place should they be needed in compassionate circumstances. Residents also commented that mobile phone and video calling had been great to keep in touch with family and friends.

On the day of inspection residents were enjoying a singer, and there was a book club upstairs. Residents said they enjoyed the activities and they had been important to them through the COVID-19 pandemic.

## Capacity and capability

Beechfield Care Group is the provider for Mount Hybla Private Dedicated Care Centre. The provider employs a person in charge who works in the centre on a full time basis and has the responsibility for the day-to-day operations of the centre. The person in charge is supported in her role by a senior management team and an assistant director of nursing. The centres staff team comprises of nursing staff,

health care assistants, activity staff, a physiotherapist and a range of support staff in place including cleaners, laundry staff, reception and maintenance staff.

Inspectors found a strong culture of person-centred care within the policies for the centre and within the atmosphere in effect on the day of inspection. This resulted in a service in which residents were consulted with and were being kept occupied in line with their interests and preferences.

The service provided a safe environment and ensured that residents' health and social care needs were well met. Residents' quality of life in the centre was monitored and the person in charge and management team were committed to ensuring residents enjoyed meaningful lives.

This was a short-term announced inspection, with the person in charge being advised the previous afternoon. This was done to ensure that key staff were available on the day of inspection and to ensure that the inspection could be carried out efficiently and with reduced interruption for the people who live in the centre.

The centre had a small outbreak of COVID-19 in September 2020. During the outbreak a total of 1 resident and 2 staff members were detected with COVID-19. Managers and staff in the designated centre received support and guidance from public health. The outbreak was declared over by the Department of Public Health on 23 October 2020. The centre had contingency plans in place relating to staffing and had not used agency staff during the outbreak and utilised their bank staff to cover any required shifts.

There was frequent tracking of residents and staff to monitor for increases in temperature and any other symptoms of COVID-19 in accordance with the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

## Regulation 15: Staffing

There were sufficient staff available to support the needs of the residents on the day of the inspection. The centre was made up of four units and each were supported by a staff team relevant to the needs of residents.

There were nursing staff available for each shift. The roster set out clearly the roles of all staff, and the record showed there were arrangements in place for management cover on each shift.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff in the centre had completed mandatory training in fire safety and safeguarding vulnerable adults. A range of additional courses were provided to staff, and most had completed support of people with responsive behaviour and general data protection regulation (GDPR) training. Other courses included communication skills, and CPR.

There were staff allocated in a management role per shift to provide oversight and supervision of day-to-day practice in the centre, this included nursing staff and health care assistants. There was an induction program for new staff, and annual appraisals for all staff were seen to be completed.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The management team was made up of a senior manager, the person in charge and an assistant director of nursing.

Systems had been developed and implemented to ensure that the service provided was safe and monitored by management. Management meetings, policies and the risk register were centre specific. During management team meetings clinical and non-clinical data were reviewed. These reviews analysed accidents, complaints, falls, restraints and trending of incidents.

The provider had contingency measures in place to respond to the risks associated with COVID-19, including succession planning if key management were unable to attend work, and to ensure the centre remained sufficiently resourced with staff.

There was an annual review of the quality and safety of care delivered to residents which incorporated feedback from residents through resident surveys. An action plan had been completed to action any areas for improvement.

Judgment: Compliant

## Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. The procedure outlined the complaints officer and an independent person for appeals. Contact information for this appeals person was displayed and staff were available

to assist residents with accessing this service as necessary.

The complaints register from 2020 were reviewed, clearly detailed that the complainants were listened to and complaints were acted upon in a timely and effective manner. There was evidence that residents and other complainants were satisfied with measures put in place in response to their complaint.

Inspectors spoke with residents and staff who also confirmed they were aware of the complaints procedure.

Judgment: Compliant

## Quality and safety

The centre was found to be homely, well-laid out and suitably furnished to meet residents' needs. The premises were decorated to a high standard with residents' art work displayed on the walls.

There were arrangements in place for the assessment, care planning and regular review of residents' needs. Residents had timely access to allied healthcare and community care professionals. Inspectors found evidence of where healthcare professionals had contributed to the review of care plans in areas such as nutritional support, positive behaviour support, pain management and mobility.

The designated centre consisted of a two storey building which was clean. All bedrooms were single rooms, and staff were seen to knock and speak with residents before entering. Communal areas were of a suitable size to accommodate the number and needs of residents including the equipment they required to mobilise. Residents were seen to use seating areas around the centre to sit and meet other residents, or spend time alone. Residents confirmed they could choose their own routines each day.

The provider had defined management arrangements in place for the delivery of infection prevention and control. Records of management meetings reviewed showed that infection prevention and control-related issues were discussed on a regular basis, and actions were allocated to team members when required. Observations made by inspectors showed that alcohol hand gel, and personal protective equipment (PPE) supplies were available. Information posters to support practices were clearly displayed on entrance to and throughout the centre. For residents in isolation there were clear signage on their door, and an accessible PPE station. Staff followed good hand hygiene techniques and appropriate use of PPE. Face protection masks were worn by all staff.

Residents were observed to have good relationships with staff who engaged positively and regularly with them during the inspection. Residents who spoke with inspectors said they felt comfortable in the centre, and feedback was very positive

about the care and support provided by the staff team. Inspectors observed many interactions between residents and staff that were respectful and unhurried, for example as residents were making their way to lunch, staff joined them on the walk and chatted about a range of topics. Staff were seen to have time to spend with residents, as well as meeting their healthcare needs.

The centre ensured that clinical and operational risks were identified and monitored on a regular basis. Guidance and recommendations made were incorporated into the centre's action plan.

### Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. The centre had a safety statement, risk policy and risk register which were updated on a regular basis including the risk of COVID-19. .

Incident and near miss forms were reviewed which included trending of incidents to allow management to monitor incidents in the centre. The centre actively promoted risk assessment identifying measures and actions to reduce risk.

Judgment: Compliant

### Regulation 27: Infection control

The centre had an up to date policy to support infection prevention and control and a comprehensive COVID-19 preparedness plan. A number of systems had been put in place so the centre could respond to a COVID-19 outbreak, including zoning of staff in to specific areas. There was a plan identifying areas to cohort residents if necessary that could adapt depending on how many residents might be affected. Overall movement between units in the centre was being minimized, and staff were not mixing with those from other units, including at break times.

Training records showed all staff had completed infection control training, and those who spoke with inspectors said it was helpful and they knew how to implement it in practice.

Some dedicated equipment was allocated to each floor such as hoists and they were decontaminated after use. Staff advised inspectors that all residents had their own slings for the hoist.

There was a comprehensive cleaning schedule in place. Detailed cleaning specifications were in place, and known by cleaning staff. Inspectors observed enhanced cleaning to include frequently touched surfaces was in place. Colour-coded cleaning textiles and flat mops used for cleaning were reprocessed after each

use.

A range of audits were being carried out, and there was regular oversight of the cleaning arrangements, including the thorough cleaning (terminal cleaning) of rooms when they were vacated.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were maintained on a password protected computerised system. Inspectors reviewed a number of care plans focusing on residents who were recently admitted to the centre, residents who were losing weight, residents who were high risk of falls and residents who were at risk of wandering.

Inspectors were assured that the registered provider had met the needs of each resident with a comprehensive assessment completed as per the regulations. Care plans were based on appropriate clinical risk assessment, where a need was identified, a screening tool was carried out which guided care plan interventions.

Care plans were completed within 48 hours after the residents' admission to the centre, and formally reviewed at least at four monthly intervals or as required due to changing needs.

Written records were reviewed which supported family engagement in care plan reviews.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care was being maintained by a good standard of evidence-based nursing care with appropriate medical and allied health care support available via a referral process.

Residents had access to a physiotherapist on site. The centres general practitioner also visited the centre twice a week and a geriatrician visited the centre weekly.

Community services were accessible to residents via referral process and records showed that referrals were made. There was evidence seen that where allied health care services were engaged such as dieticians and physiotherapists that their guidance and treatment plans were updated in retrospective care plans.

Residents were supported to attend out-patient appointments as appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre had a policy on restrictive practices with a restrictive practice register. Audits of restrictive practices were taking place and discussed at management meetings.

Residents who presented with responsive behaviours had consent forms and restraints assessments completed. Residents were supported with dedicated care plans that outlined the behaviours displayed, known triggers and effective de-escalation techniques. When psychotropic medication was administered as needed this was reviewed by the geriatrician who visited the centre.

Staff training records showed that staff had received training in this area and observation of staff liaising with residents confirmed that they promoted a person centre approach to the delivery of care.

Judgment: Compliant

### Regulation 8: Protection

The centre had a safeguarding policy and staff had attended training in safeguarding of vulnerable adults.

Staff interviewed were aware of how to identify and respond to alleged, suspected or actual incident of abuse. Where an allegation had been reported, it was investigated by the provider in an appropriate and timely fashion with appropriate referrals to the HSE Safeguarding team.

Judgment: Compliant

### Regulation 9: Residents' rights

The person centred ethos of the provider was clearly set out in their policies, which was then seen to be followed through in practice from the management team down to all staff. Residents had been advised of the COVID-19 pandemic, and its impact on them in the centre. There was also a focus on ensuring residents were aware of their rights, for example if they wanted to leave the centre. Residents who spoke

with the inspectors understood the restrictions in place and why, but appreciated the efforts made by staff to support initiatives such as window visits.

The provider had implemented national guidance in relation to visiting in the centre. At the time of the inspection there were level 5 arrangements in place, but the person in charge was supporting window visits for all residents, with an allocated area for those who reside on the first floor to use. Residents were seen being supported to take phone calls, and there were tablets in each unit to support video calling.

There were two activity staff for the centre who covered the seven days of the week. There were monthly activities plans in place for the dementia specific unit, and the other three units. There were also plans where residents required one-to-one support. There was a large room that was being used for smaller socially distanced groups, and other activities such as mindfulness and quizzes were supported in the smaller lounges in each unit. Staff were also providing one-to-one support through the day.

There was an information area on each floor. It provided a range of leaflets on topics such as advocacy, COVID-19, flu injections and also had a copy of the statement of purpose and the standards for older people.

Residents meetings took place around 3-monthly, and record set out the topics discussed, and listed good feedback and areas for improvement. The provider undertook a survey of residents views annually. The 2019 reports showed satisfaction in the high 90% for all areas. Inspectors reviewed a number of the recently submitted surveys for 2020, and all were positive especially about the staff. Residents reported 'excellent welcome for visitors', 'cant say a bad word about the staff' and 'staff couldn't be nicer'.

There were arrangements in place for residents to receive papers, and there were TVs in all bedrooms and lounges. There were radio's and cd players available also. Mass was available for residents to watch on line, and staff carried out the rosary daily.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mount Hybla Private OSV-0000744

Inspection ID: MON-0031058

Date of inspection: 11/11/2020

## 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
Outline how you are going to come into compliance with :	

**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>