Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hillside Nursing Home
Name of provider:	Mary Nuala Cormican
Address of centre:	Attidermot, Aughrim, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	11 August 2021
Centre ID:	OSV-0000347
Fieldwork ID:	MON-0033845

About the designated centre

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

Hillside Nursing Home is a single storey premises located in the village of Aughrim on the outskirts of Ballinasloe, Co Galway. Accommodation is provided in nine single, four double and three treble bedrooms. The centre provides residential, respite and convalescent nursing care to 25 residents from the surrounding catchment area. Hillside Nursing home's objective is to create a home facility that provides high quality care to residents; to meet residents mental, physical and spiritual needs in a safe, secure and comfortable environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

How we inspect

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 August 2021	08:10hrs to 16:45hrs	Fiona Cawley	Lead
Wednesday 11 August 2021	08:10hrs to 16:45hrs	Sean Ryan	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the residents living in this centre were well cared for and supported to live a good quality of life by a dedicated team who knew them well. The atmosphere was relaxed and calm on the day of the inspection and the residents were observed to be content in their surroundings. Many of the residents who spoke with the inspectors said they were happy with their life in the centre. The staff were observed to deliver care and support to the residents which was person-centred and respectful. Although the provider had made great efforts to maintain a safe environment and keep the residents free from COVID-19, the inspectors found that improvements were needed in the areas of governance and management, premises, fire precautions and infection prevention and control.

This unannounced inspection was carried out over one day. There were 23 residents accommodated in the centre on the day of the inspection and two vacancies.

Hillside Nursing Home was a purpose built facility situated on the outskirts of Ballinasloe, County Galway. The facility was a single storey premises and provided accommodation for 25 residents in both single and multi-occupancy bedrooms. There were a variety of communal areas for residents to use depending on their choice and preference including two sitting rooms, a dining room, a sun room and an outdoor garden area.

The inspectors spoke with twelve residents during the inspection. Those residents who were unable to communicate verbally were observed by the inspectors to be very content. One resident told the inspectors that the staff were very kind and helpful to them and that they were happy with their room which they had arranged to suit their own preferences. Another resident said the staff could not do enough for them and was very grateful that they had kept them safe from the virus. One resident told the inspectors that they were very happy in the centre and that the staff pampered them. 'The cook is marvellous', 'the person in charge is amazing', 'I have never had to complain' were amongst other positive comments made to the inspectors.

The inspectors completed a walk about of the centre together with the person in charge. Residents were observed in the various communal areas. Other residents were mobilising freely and comfortably throughout the centre. A number of residents were observed in their bedrooms reading, listening to music or having quiet time. Residents were seen to be happy and content as they went about their daily lives. All residents looked nicely dressed and well groomed. The staff were attentive and respectful in their interactions with the residents.

Overall, the inspectors found the premises was laid out to meet the needs of the residents and to encourage and aid independence. The management and staff had made great efforts to provide an environment that was relaxed and homely throughout the centre. The entrance area was bright, airy and welcoming. The

hallway and corridors had interesting pictures adorning the walls. There were grab rails in place along all the corridors to assist residents with mobility. The building was warm and well ventilated throughout. The inspectors observed many areas where décor and maintenance were in need of attention. The provider informed the inspectors that planned redecoration and refurbishment had been delayed due to the pandemic and this work was now scheduled for September 2021.

There were two communal sitting rooms in the centre and both in use on the day of inspection. Both rooms were decorated in a homely style with a variety of soft furnishings and lovely fire places with working solid fuel stoves. The walls were decorated with pictures walls and shelves contained books and ornaments. Although there was adequate seating available for the residents in these rooms, a number of items of furniture were observed to be in a state of disrepair.

The dining area provided a bright, pleasant room for the residents to enjoy mealtimes. The lunchtime period was observed by the inspectors on the day of the inspection. Residents were provided with a choice of meals from the daily menus which were on display. Residents had a choice where to have their meals and a number chose to eat in their bedrooms. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently and residents were not rushed. The atmosphere in the dining room was very social. Staff and residents were observed to chat happily together and all interactions were respectful. The inspectors saw that the meals served were well presented and there was a good choice of nutritious food available. However, in spite of the staff's best efforts this area was too crowded to ensure that residents could maintain their social distance from each other.

An outdoor garden area provided unrestricted access to a very pleasant outdoor space for the residents. The inspectors observed a number of residents assisted by staff actively using this area and enjoying the good weather and fresh air during the inspection. There were beautiful landscaped lawns, a beautiful water feature, a variety of beds, hanging baskets and planters with lovely colourful flowers and plants. There was also a vegetable garden which provided a range of produce for use in the centre's kitchen. However, some improvements were required to ensure unrestricted, safe access to the area.

The resident bedrooms were clean and bright and many were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. The residents who spoke with the inspector were happy with their rooms. The provider informed the inspectors that following the last inspection, three multi-occupancy bedrooms had been reconfigured to maximise the space available to the residents occupying those rooms. The inspectors observed that there were limitations in the space available to the residents in a number of the remaining multi-occupancy bedrooms that were due to be addressed in the coming months.

Call bells were available throughout the centre and the inspectors observed that these were responded to in a timely manner.

There was adequate signage in place at key points throughout the centre in relation

to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and social distancing to keep themselves safe. Staff were observed helping residents with hand hygiene throughout the inspection.

Throughout the centre the residents were observed to happy and content. The staff knew the residents well and provided support and assistance with respect and kindness. The provision of care was observed to be person-centred, unhurried and respectful. There was sufficient staff on duty to ensure the residents' needs could be met. There was a happy atmosphere present throughout the centre and teamwork was evident throughout the day.

Activities were coordinated and provided by healthcare staff on a daily basis. The schedule of activities for the residents was displayed in a prominent place. Many residents were observed enjoying socialising throughout the day, both indoors and in the garden. Activities included music and exercise. Staff were observed to be available in communal areas throughout the day including the dayroom and dining room to provide assistance and support to residents. The inspectors observed staff engage with the residents in a very positive manner and friendly interactions were heard throughout the day. Residents moved around the centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones including video calls. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to 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

The findings from this inspection were that the registered provider was providing good quality care and support to residents. The provider had addressed a number of areas of non-compliance in the last inspection. However, improvements were

required in the overall governance and management of the centre to ensure there was effective oversight and monitoring of the service to support and inform ongoing quality improvement initiatives.

The management team consisted of the registered provider who is also the person in charge. This dual role is supported by a person participating in management. There were no formal deputising arrangements in place for when the person in charge was absent. The person in charge provided management advice in the evenings and weekends if required. The person in charge demonstrated a clear understanding of their role and responsibility. They were a visible presence in the centre and many of the residents informed the inspectors they were very familiar with them. While there was a management structure in place, the person in charge did not have any additional supports on the ground and all departments reported directly to them. In addition, there was no clerical or administrative support in the centre. This structure required review to ensure the person in charge had effective support to allow for consistent oversight and monitoring of the service.

For example, inspectors found that further oversight was required in:

- Staff training and development needs
- Updating of the centres policies and procedures
- Systems of risk identification
- Infection prevention and control.

The centre's Statement of Purpose and Function required review and updating to reflect the correct number of registered beds in the centre, the conditions of registration and the arrangements in place for a person to deputise in the absence of the person in charge.

The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. The nurse on duty held responsibility for the provision and coordination of direct care to residents and reported directly to the person in charge. The person in charge also provided support to the clinical team in terms or assisting residents with their meals and providing social engagement. The centre was also staffed with one housekeeper per day and one catering staff. Laundry was outsourced to a company that provided a service for linen and residents' personal clothing.

Inspectors reviewed the staffing rosters and found that the number and skill mix of staff on duty was appropriate meet the needs of the current residents on the day of inspection. The staffing on the day of inspection was aligned with the staffing requirements as detailed in the centres statement of purpose and function. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff confirmed to inspectors that the person in charge ensured that planned and unplanned leave was covered. Staff whom inspectors spoke with demonstrated their understanding of their role and responsibilities and were aware of the policies and procedures to be followed at all times.

Inspectors reviewed the policies required by the regulations and found that the

medication policy had been updated as per the compliance plan from the previous inspection. However, further review of the policies was required to ensure all policies were available, reviewed and up-to-date.

Inspectors reviewed a sample of four staff personnel files and they were found to contain the information as required by the regulations.

Staff had access to education and training appropriate to their role. There were, however, gaps in staff attendance in mandatory training sessions. This will be discussed further under Regulation 16, Staff training and staff development. Staff with whom the inspectors spoke with were knowledgeable regarding the procedure to initiate in the event of a fire alarm activation, safeguarding, hand hygiene and complaints management.

There was evidence that frequent staff meetings had taken place. Issues discussed included the quality and safety of care provided and changes to guidance regarding COVID-19. However, the provider informed the inspectors that although they communicated with staff almost daily on a range of issues, there were no formal governance and management meetings held.

Inspectors found that systems to assess, evaluate and improve the quality and safety of the service provided to residents were not in place on the day of the inspection. For example, there was no audit schedule in place and consequently there was no system to identify the areas of non-compliance found by the inspectors on the day of the inspection.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2020. A quality improvement plan was developed which included ongoing refurbishment of multi-occupancy bedrooms and provision of activities.

Inspectors were satisfied that complaints were managed in line with the centre's complaints policy. The complaints procedure was displayed prominently in the centre and contained the information required by the regulation. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. Residents confirmed with inspectors that they would not hesitate to bring a concern or complaint to the attention of the management team and were confident that the complaint would be resolved promptly.

Regulation 15: Staffing

The number and skill mix of staff on duty during the inspection was appropriate to meet the needs of the current residents in line with the centres Statement of Purpose and Function. The is a minimum of one registered nurse on duty at all

times who is supported by team of healthcare assistants.

Staffing rosters evidenced that the centre had a stable workforce and this had a positive impact on the residents care needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff confirmed to inspectors that they had attended mandatory training in fire safety, safeguarding and manual handling and were knowledgeable in the theory of these training courses.

However, on the day of inspection the training records provided to inspectors evidenced gaps in the training provided to staff to assist them in providing safe, effective and supporting care to residents. For example,

- Inspectors found that a number of staff were overdue updated manual handling training. Inspectors observed manual handling practices not consistent with current best practice. For example, the removal of foot pedals from wheelchairs during the transfer of residents which further evidenced the need for further training.
- While the person in charge had provided fire training to staff, the training was not effective in supporting the staff knowledge of fire safety management.

The person in charge gave assurance that training was scheduled and due to commence in September 2021.

Judgment: Substantially compliant

Regulation 23: Governance and management

The lines of responsibility and accountability in the centre were fully centralised with the individual in the dual role of provider and person in charge responsible for all facilities and services. This arrangement was not sustainable and did not ensure effective oversight of care and service was available at all times including weekends. Inspectors found that the systems to assess, evaluate and improve the quality and safety of the service provided to residents was not in place. For example, an audit schedule had not been developed and consequently there was no formal assessment of areas such as the cleaning procedure, fire precautions and manual handling. As a result the inspectors found that the oversight of a number of key areas was not robust and the areas of non-compliance found on this inspection were not identified by the management team. In addition, there were no governance and management

meetings held on a formal basis and therefore minutes of these meetings were not available to review. The introduction of deputising arrangements was required to support the person in charge.

Although there was a risk register in place, the inspectors observed that this register was not up to date and did not include the risks identified by the inspectors on the day of the inspection.

The person in charge had completed the annual review of quality and safety of care in the centre for 2020. A quality improvement plan was developed from the analyses of the centres past performance and areas from quality improvement included restrictive practices, ongoing refurbishment of multi-occupancy bedrooms and provision of activities. Further improvement was required to ensure that the annual review was prepared in consultation with residents and their families.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure it contained accurate information as required by schedule 1 of the regulations.

The following information required review:

- Arrangements for the management of the centre in the absence of the person in charge
- The conditions of registration as set out in the Certificate of Registration

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit statutory notifications to the office of the Chief Inspector in line with the requirements of regulation 31.

However, the Chief Inspector had not been notified of the occurrence of pressure wound sustained by residents in the centre or of the use of restrictive practice such as bedrails.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors reviewed the complaints that were maintained in the complaints log. Complaints were managed in line with the centres policy, procedure and as per the regulations.

There was evidence that:

- Each complainant had received acknowledgement of the complaint made
- the actions taken on foot of the complaint was documented
- the complainants satisfaction was recorded with the outcome of the complaint.
- There was evidence of learning from complaints and quality improvement arising from analyses of complaints.

Residents were aware of the complaints procedure and felt able to raise a concern or complaint with a member of staff.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors followed up on the compliance plan response from the previous inspection and found that the medication management policy had been updated to reflect the current practice of administering controlled drugs in the centre.

Further improvement and oversight was required in maintaining the policies as required by schedule 5 of the regulations. For example the risk management policy had not been updated to include the specific risks as detailed in the regulations while other policies such as the policy specific to fire safety management and infection prevention and control were not available for review.

Judgment: Substantially compliant

Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a good standard. On the day of the inspection the residents were well-groomed, nicely dressed and observed to be content and happy. There was a person-centred approach to care and the residents' well-being and independence

were promoted. Staff were respectful and courteous with the residents.

Overall, residents' rights and choices were respected. However, some improvements were required in bedroom accommodation and other facilities to ensure residents' rights to carry out personal activities in private was adequately upheld. This will be discussed further under Regulation 9 Residents' Rights.

The inspector reviewed a sample of resident files and found evidence that residents had an assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Following admission, a range of validated assessment tools were used to assess falls risk, skin integrity, nutritional status and level of dependency. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements. Individual care plans were comprehensive with very person-centred detail and updated regularly to provide very clear guidance to staff.

Residents had access to medical care with the residents' general practitioners providing on-site reviews when required. Residents were also provided with access to other healthcare professionals in line with their assessed need. However, the person in charge informed the inspectors that healthcare professionals were not visiting the centre in person since the onset of the pandemic but providing a virtual service as an alternative.

The provider promoted a restraint-free environment in the centre in line with local and national policy. There was an up to date restraint register which was reviewed regularly to ensure appropriate usage.

Residents had the opportunity to meet together and discuss management issues in the centre. Minutes of recent meetings showed that relevant topics were discussed including COVID-19, visiting arrangements, and activities. Residents had access to an independent advocacy service.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice and there were regular activities including music and exercise.

There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

A review of the fire safety management system required review to provide assurance that residents, staff and visitors were protected in the event of a fire. This will be discussed further under Regulation 28 Fire Precautions.

Infection Prevention and Control (IPC) measures were in place. However, some improvements were required and will be discussed further under Regulation 27. The centre had a comprehensive COVID-19 contingency plan in place which included 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 Long Term Residential Care Facilities).

Although the premises was generally clean and tidy, there were areas identified by the inspector that required improvement. These will be discussed further under Regulation 17 Premises.

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). Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, a number of areas required review to ensure regulatory compliance and support appropriate infection prevention and control practices.

- A number of items of furniture were in a state of disrepair and required replacement or refurbishment including chair, bed tables, bed frames, lockers and commodes.
- 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.
- There was a lack of storage for equipment in the centre resulting in wheelchairs being stored on the corridors, hoists in residents' bathrooms and a chair scales in the dining room.
- There was unsafe storage of a variety of items in two external storage areas that were not secure on the day of the inspection.
- The external grounds required attention as a number of hazards were identified by the inspectors thereby restricting residents to move freely outside the building.
- There were number of toilet seats missing.
- There was no janitorial sink in the housekeeping room.
- The layout of the dining room did not facilitate adequate social distancing at

mealtimes.

Judgment: Not compliant

Regulation 26: Risk management

The centre had a risk management policy in place which included most of the required elements as set out in Regulation 26 (1).

However, the policy did not include the measures and actions in place to control;

• Abuse

• The unexplained absence of any resident injury to resident, visitors or staff

• Aggression or violence

• Self-harm.

Judgment: Substantially compliant

Regulation 27: Infection control

Staff received training in all aspects of infection prevention and control including hand hygiene, donning and doffing personal protective equipment and were observed to be competent on the days of the inspection. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required.

COVID-19 and IPC were discussed at staff and resident meetings.

Hand hygiene facilities were provided throughout the centre. Alcohol based hand gel was readily available in all areas.

Areas of the centre accessible to residents were observed to be clean such as day rooms, toilets and bedrooms. Staff completed cleaning schedules which were monitored by the person in charge. However, the systems in place for the oversight and review of infection prevention and control practices required a review. Inspectors observed practices that were not consistent with best practice. For example;

- There was no Infection Prevention and Control policy available on the day of

the inspection.

- The inspectors were not assured that the cleaning process was in line with national guidelines.
- The inspectors were not assured that the layout of the sluice room and the laundry room provided sufficient separation necessary to avoid the risk of cross contamination.
- Staff temperatures were not checked twice a day in line with HPSC guidance.
- Social distancing was not evident on the day of the inspection in the dining area.
- There was inappropriate storage of items of PPE.
- The housekeeping trolley was not fit for purpose.
- There was a lack of appropriate bins in a number of areas.
- There was no maintenance record for the bedpan washer available on the day of the inspection.
- The provider had not completed a risk assessment for Legionella.
- The management of sharps required improvement as the disposal of a sharps box was not in line with best practice. The person in charge dealt with this matter immediately on the day if the inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors observed the following risks with regards to fire safety precautions:

- An automatic door closer had been disabled on the sluice room door which compromised the function of the fire door. This door was also observed not to close correctly without force.
- Multiple doors throughout the centre were observed to be wedged open. This was brought to the attention of the person in charge and rectified immediately.
- Multiple pieces of personal laundry and linen were observed to be hanging in each of the two boiler rooms. The boiler rooms required cleaning and removal of flammable materials such as gloves and cardboard. This was brought to the attention of the person in charged and was addressed immediately.

Further improvement was required in maintaining the service records of fire equipment, fire drills, residents personal evacuation plans and observational daily checks on means of escape in the centre.

- While the fire register detailed frequent servicing of the fire alarm, an up-to-date certificate was not available for review on the day of the inspection. Service records for the emergency lighting were also not available for review

and inspectors observed an emergency light that required review by a competent person. These records were provided following the inspection.

- Fire drill records were recorded in the fire register and on a separate log. There was evidence of an evacuation of the largest compartment simulating night time staffing levels. However, the time taken to evacuate residents was considered excessive (20 minutes) and did not detail the fire scenario, the number of residents evacuated or the number of staff carrying out the evacuation.
- Daily checks on means of escape contained gaps.
- Escape routes were observed to be partially blocked by mobility aids at period during the inspection. The placement of some furniture near escape exits required review to ensure their placement did not impede egress.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors were assured that the care delivered to the residents was of a high standard. The care plans which provided guidance to staff were very detailed with holistic and person-centred information to guide care delivery.

Daily progress notes demonstrated very good monitoring of care needs and effectiveness of care provided.

There was recorded evidence of consultation with residents in relation to care planning.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that the residents had access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

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

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre. Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day.

Staff were observed to engage in positive, person-centred interactions with residents. Records showed that resident's participation in daily activities had been well-recorded.

However, the inspectors observed that the current accommodation in a number of multi-occupancy rooms did not provide adequate privacy and were not of a suitable layout for the needs of the residents. For example;

- Privacy curtains did not close sufficiently in a number of bedrooms.
- In one bedroom the privacy curtain obscured the television from the resident accommodating this bed space. In addition, this resident's personal wardrobe was outside the curtained area.

Judgment: Substantially 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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	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	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hillside Nursing Home OSV-0000347

Inspection ID: MON-0033845

Date of inspection: 11/08/2021

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training as planned have commenced; fire training took place Sept 20th 2021 and remainder of Staff will receive fire training Sept 27th. Planed training and refresher courses will continue	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The management structure at Hillside Nursing home has been revised and optimized to better support the following; • Roles and Responsibilities of key stakeholders within Hillside • Accountabilities for medical, Resident well being, staffing/rostering, process and procedures • Good and prompt decision making and effective risk management • Decentralized responsibilities with clarity in chain of command and escalations The Person in Charge / Provider of Care will be supported by the following management team; Deputy Person in Charge, Suport/Administration Manager and Senior Staff Nurses Deputy Person in Charge – will deputize for the Person in Charge in all aspects of medical and day to day Resident well being with support from senior nursing staff. Included (but not exhaustive)	

• Ensure the delivery of the highest standard of care to Residents
• Always represent the nursing home as a senior manager and act in the best interest of the nursing home and its residents
• Support Person in Charge in the collaborate, consultation and communication with staff regarding the appropriate nursing assessments, diagnosis, planning, interventions, and evaluation of resident care.
• Deputize for Person in Charge when required, maintaining at all times the delivery of care to the highest standards to all Residents
• Work with the management team to drive specific quality improvements
• Work as part of a wider team with the senior nurses and provide support/mentoring for the staff nurses and HCAs

Support/Administration manager
The role of the Support Manager is to provide oversight of process and procedures across Hillside and to work at all times with Person-in-charge to evaluate and improve the working processes with an aim to continually optimize, facilitating the wider staff to deliver the highest standard of care to Residents
Included (but not exhaustive)

• Ensure Person-in-Charge, Deputy-Person-In-Charge are facilitated with all required processes and procedures that enable them to deliver the highest standard of care
• Management and co-ordination of annual review and associated process, all of which are done in consultation with Resident and/or their representatives
• Point of contact for all updates of procedures and policies across Hillside, including all quality plans, all processes and all required input to HIQA in relation to updates to Statement of purpose and other related documentations
• Co-ordination of all staffing requirements in collaboration with Person-in-charge and Deputy Person-in-Charge
• Management of all hiring activities are required
• Co-ordination for all financial management, in co-ordination with Person-in-Charge and outsourced Accountant/Financial advisor stakeholder

To facilitate greater transparency, inclusion and appropriate delegation of responsibilities a rhythm of business will be managed through the following meeting structure;
• Weekly Care meeting
o Person-in-Charge and Deputy Person-in-Charge
o Dealing with ongoing care plans for all Residents, any escalations and priorities for the coming week
• Weekly Support meeting
o Person-in-Charge and the Support/Administrator
o agenda items will include, staffing, rostering, and on-going evaluation of policies and procedures.
The Deputy Person-in-Charge will be requested to attend at least monthly
• Monthly meetings
o Person-in-Charge, Deputy Person-in-Charge, Support Manager and Senior Nursing Staff
o Agenda - this will deal all aspects of nursing care and Resident well being
All meeting minutes will be available for review by management team and HIQA representatives

As part of the review of the all up Governance structure clear delineation of responsibility is now in place between Household Catering and Care Assistances, this includes;
• Roster template calling out each area specifically
• Clarity on R&R of Cleaning staff and specific daily tasks laid out in cleaning template with oversight from Nurse on Duty
• Clarity on R&R of Catering staff
All communication on above has been shared with Staff

Details of Management structure has been circulated to all staff. Meeting rhythm will be kicked off once COVID outbreak has been deemed closed

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Statement of Purpose has been reviewed to reflect plans for absence of Person-in-Charge and conditions as per certificate of registration

Updated based on mgt structure changes

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All notifications are being sent to HIQA in a timely manner

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All policies as per regulation 4 have been reviewed and new policies and procedures put in place

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Items of furniture have been replaced or refurbished as appropriate
• Configuration of outstanding bedrooms continues and due for completion Jan 15 2022
• Storage is being addressed and is included in plan to be completed by Jan 15th 2021
• External areas have been addressed
• Room 5A addressed in conditions of regulation
• Missing toilet seat replaced
• Dining room seating is reconfigured

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Risk management has been reviewed and now includes elements identified in recent inspection, Aug 12th

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• There has been a full review with advice from Infection Prevention and Control Personnel from HSE to ensure that there is a robust Infection Prevention and Control Policy update. This included;
o Revised cleaning schedule using enhanced cleaning products now being used holistically
o Cleaning staff have received appropriate training from both the IPC Personnel and members of the company supplying the cleaning products and utensils
• Staff temperature and now recorded twice daily
• Seating in dining room has been reconfigured to allow social distance
• Risk assessment for legionella has been established
• Bedpan washer has up to date service record

• Additional waste bins put in place

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Automatic door closure has been reactivated and door closing correctly
• All wedges have been removed from premises
• All escape routes are free
• Fire drills have been reviewed and discussed with Fire Officer
• Daily fire checks up to date with no gaps

Service records were in place on day of inspection

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Ongoing reconfiguration of 2 outstanding bedrooms will be completed by Jan 15th
In interim period curtains have been revamped to enhance Residents' privacy

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/12/2021
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	01/09/2021
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	15/01/2022

Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	04/11/2021
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	04/11/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	04/11/2021
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Yellow	01/09/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management	Not Compliant	Yellow	29/08/2021

	policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Yellow	29/08/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Not Compliant	Yellow	29/08/2021
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Yellow	19/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Not Compliant	Orange	04/11/2021

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/09/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	15/09/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the 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	Not Compliant	Orange	27/09/2021

	the clothes of a resident catch fire.			
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	27/09/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	20/08/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/09/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	13/08/2021

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	01/09/2021
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	15/09/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	15/01/2022