



# 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:	Farmleigh Woods, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0000744
Fieldwork ID:	MON-0036960

## 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:	65
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 24 May 2022	09:00hrs to 17:45hrs	Niamh Moore	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, it was clear that residents' rights were respected within Mount Hybla Private and that residents were consulted about the running of the designated centre. Residents who spoke with the inspector said they felt safe and that they were content living in the centre.

On arrival to the centre, the inspector was met by a member of staff, who ensured that a declaration of being symptom free, temperature checking, hand hygiene and mask wearing were completed on entry to the centre.

Following a short opening meeting, the inspector was accompanied on a tour of the premises by the assistant director of nursing. The designated centre is set out across three floors with a lift and stairs available between floors. Resident accommodation is divided into four units which were located on the ground and first floors, referred to as the Rose unit, the Lavender unit, the Orchid unit and the Magnolia unit.

There were several communal rooms separate to those available on the individual units, located on the ground floor of the centre for residents' use, such as a main dining room, an activity room, sitting room and a café area. The inspector was told that some of these rooms were used for visiting and also for activity provisions. The inspector also observed that residents had access to enclosed gardens with garden seating available. The communal areas available to residents were seen to be pleasantly decorated and well-maintained, with many residents observed to spend time and enjoy these areas on the day of the inspection.

All 66 bedrooms are single occupancy with en-suite facilities. Residents spoken with said that they found their bedrooms warm and comfortable. They confirmed they had the opportunity to bring in personal belongings from home and had adequate space to store their possessions. Bedrooms were seen to be nicely furnished and contained personal items, such as furniture, residents' framed family photographs and ornaments.

There was a relaxed atmosphere within the centre. The inspector spent time observing staff and resident interactions and found that staff were seen to care for residents in a professional and friendly manner. Residents were observed to be at ease in the company of staff and it was clear that staff knew the residents well. Feedback from residents was that staff were kind, caring and responsive to residents' needs.

Residents were offered choice regarding the food they ate and where they wished to eat their meals. The inspector was told that residents were asked their preference each evening for the following day, however they could also change their mind on the day. A sample of residents spoken with said that they were always consulted

about their meal preferences. Assistance provided by staff for residents who required additional support during meals was observed to be kind and respectful. Following recent feedback from residents on the food offered, a recent review on the menu took place where residents were invited to take part in a tasting menu to elicit further feedback. Residents spoken with on the day of the inspection confirmed that they were happy overall with the meal choices.

Activities on offer were displayed on notice boards. There was a wide variety of activities being provided to residents which included aromatherapy, book clubs, music and quizzes. Exercise and mass were taking place on the day of the inspection. Residents spoken with said that there were sufficient activities on offer and they could choose to participate in them. The inspector was told that outings had recommenced and a BBQ was planned for during the summer.

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 registered provider had a well-organised management structure in this centre, ensuring good quality clinical care was being delivered to the residents. There was adequate resources to the centre in terms of staffing, equipment and premises. A few improvements were required on this inspection in relation to staff training and contracts for the provision of services.

Mount Hybla Nursing Home Limited is the registered provider for Mount Hybla Private. The provider group is part of the Beechfield Care Group and this designated centre is one of a number of nursing homes managed by the registered provider. There was a clear management structure in place. The senior management team consisted of a Chief Executive Officer, a Chief Operations Officer who is also the registered provider's representative, a Group HR Manager, Group Operations Manager and a Group Quality Safety and Risk Manager.

The person in charge was supported in their role by a director of nursing, an assistant director of nursing and a clinical nurse manager. Other staff resources included staff nurses, healthcare assistants, activity staff, housekeeping, maintenance, administration and catering staff. During the inspection, the inspector reviewed worked and planned rosters and found there was sufficient staffing levels in place.

Through a system of auditing, the registered provider was aware that a significant number of staff required training in safeguarding, fire safety and infection control. The inspector saw evidence that this training had been scheduled for the days following the inspection. Training in the movement and handling of residents was up-to-date for the majority of staff. There were adequate supervision arrangements

in place, provided by the clinical management team seven days a week and staff reported being well supported within their roles. A review of staff files found that newly recruited staff had completed an induction programme which included awareness of local policies and procedures.

There are effective management systems in place to monitor the quality and safety of the service provided through regular meetings and audits. The inspector reviewed minutes from local meetings and quarterly committee group meetings, such as health and safety, and clinical governance. The inspector saw that senior management attended these forums to review and discuss clinical and non-clinical data gathered. Learning and improvements were being made in response to meeting minutes, audit reports and feedback from residents. For example, a new system and schedule of maintaining the premises and equipment had been developed. In addition, the registered provider was in the process of organising a generator to respond to recent incidents of loss of power.

The inspector reviewed a sample of three contracts for the provision of services and found that action was required to ensure they detailed the requirements set out in the regulations in relation to the fees charged. The inspector found the contract was unclear what fee and criteria would be used for a resident who was in receipt of the general medical services (GMS) scheme.

### Regulation 15: Staffing

On the day of inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of the 65 residents. There was a minimum of two registered nurses on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed staff training records and found that not all staff had attended refresher or required mandatory training. Gaps were seen in attendance for 30% of staff for fire safety and safeguarding and for 23% of staff who required training on infection control.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management structure in place had clearly defined lines of authority and accountability. In addition, there were effective management systems in place through meetings, committees and audits to monitor, evaluate and review the quality of the service to ensure it was safe.

The registered provider had completed an annual review of quality and safety of the service for 2021 which incorporated feedback from residents and their families. This review involved the provider measuring themselves against the National Standards for Residential Care Settings for Older People in Ireland 2016. There were quality improvement plans identified for 2022, such as more social outings and a food tasting event for residents.

Judgment: Compliant

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

Further review and detail was required to ensure that residents' contracts provided clarity around the additional fees that were charged to residents for services not covered by the GMS scheme. For example, for chiropody, dental and ophthalmology services.

Judgment: Substantially compliant

### Quality and safety

Residents of Mount Hybla Private received a good quality-of-life with opportunities for social engagement and premises that met their needs. However, the inspector identified that some improvements were required in care planning, healthcare and infection control.

Residents' records were maintained on an electronic system. A number of residents' records such as pre-assessments, assessments and care plans were reviewed. There was evidence that there was a pre-assessment in place before a person became a resident within Mount Hybla Private. Validated risk assessments were used to develop care plans. Overall, care plans were person-centred to include residents' likes and preferences. However, action was required to ensure that all care plans were completed within regulatory timeframes.

Residents had timely access to medical, health and social care professionals. The inspector was told that a general practitioner (GP) visited the centre once a week, and this was observed to occur on the day of the inspection. Access to specialised services such as a geriatrician, palliative care and psychiatry of later life were available and seen within resident records. There was evidence that residents had

access to other services such as physiotherapy, dietitians, tissue viability nursing and to the national screening programme. While overall the access to healthcare was good, the inspector observed two occasions where residents did not receive the appropriate medical and health care outlined within their care plans.

The designated centre had a policy on the use of restraint dated April 2019 and a restraints register in place. There were a number of restrictive practices observed and reviewed on the day of the inspection. Records reviewed indicated that where residents had a restrictive practice in place such as bed rails or a sensor alarm, there was a risk assessment in place for its use. Restraints were seen to be regularly reviewed and discussed within committee meetings. Residents' consent was obtained or if they were unable to provide consent due to lack of capacity, as per the policy, the discussion to implement the restraint was a clinical decision.

The designated centre had a policy to manage responsive behaviours (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment) which had been reviewed in June 2021. There were appropriate assessments and care plans in place to guide staff when providing support to residents with responsive behaviours. Records showed that residents displaying responsive behaviours were managed in the least restrictive manner with access to specialist input such as psychiatry of later life. However, one residents' care plan was not followed which is further discussed under Regulation 6 below.

Residents were able to exercise choice in relation to how they spent their time, their food and refreshments during their meals and how they personalised their bedrooms. Regular residents meetings were facilitated each quarter and residents were encouraged to provide feedback on what they were happy with and what improvements they would like to see within the designated centre. Meetings were well documented with action plans identified. In addition, the provider had conducted a resident satisfaction survey to further consult and enable residents to participate in the organisation of the centre. Areas for improvement from this survey were used to complete an action plan for improvements for 2022.

There were adequate facilities and resources available to deliver activities to residents. An activity schedule was displayed which outlined planned activities for seven days a week, facilitated by two dedicated activities staff. The inspector observed activities such as chair exercises and mass on the day of the inspection. Residents told the inspector that they enjoyed attending the activities and also the recent outings that have been held.

There were good examples of infection control processes within the centre. Overall, the centre was clean and there were sufficient resources such as cleaning staff, products and equipment. Cleaning staff spoken with were also knowledgeable on effective cleaning practices. Overall, the premises and equipment was seen to be well-maintained which allowed for the effective cleaning of these areas and items. The inspector saw evidence that residents and staff were monitored regularly for signs and symptoms of infection. However, the inspector found that the provider

had not taken all necessary steps to ensure full compliance with Regulation 27.

### Regulation 11: Visits

The centre had a system in place to safely facilitate unrestricted visits, which was in line with public health guidance.

Judgment: Compliant

### Regulation 27: Infection control

While, overall the registered provider had good infection control processes, the registered provider needed to improve oversight of the use of personal protective equipment (PPE). For example, the majority of staff were observed to be wearing surgical masks, and not FFP2 masks as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Despite a risk being identified on a recent admission pre-assessment, this resident did not have an assessment or care plan in place within 48 hours of their admission to the centre. This created the risk that staff did not have sufficient detail to guide them on the resident's care needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Action was required to ensure that all residents had access to appropriate medical and healthcare as outlined within their care plan prepared under Regulation 5. For example:

- Gaps were seen in weight monitoring records for a resident who required monitoring weekly. The last record was 16 days prior to inspection.

- A resident displaying responsive behaviour and as per their mood and behaviour care plan, was due a medicine every two weeks. This medicine had been due six days prior to the inspection and had not been given. In addition, there was no stock available. This was actioned by the end of the inspection.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable and skilled in responding to and managing residents who were displaying responsive behaviours. A review of resident records showed that care plans had been developed to guide staff caring for them.

Assessments and care plans for restraints were completed and updated at intervals not exceeding four months.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights were upheld and that care was person-centred. Advocacy services were available via an external advocate.

There was good access and opportunities for residents to participate in activities in accordance with their interests and capacities.

Televisions, telephones and radios were available for residents' use.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mount Hybla Private OSV-0000744

Inspection ID: MON-0036960

Date of inspection: 24/05/2022

## 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: Fire training took place on 27/05/22 and another session is booked for July 2022.  IPC and Safeguarding training are booked for 13/07/22 and 15/07/22. We have invested in a new training company who provides a combination of online and practical training. Staff will now be able to complete mandatory trainings prior to commencement of work This is monitored by the Director of Nursing on a weekly basis.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Feedback was sent on the factual inaccuracy form on 29/06/22 in relation to this.  The contract of care now includes a more detailed breakdown of additional costs not covered by the GMS scheme to include dental, ophthalmology and chiropody services. This was previously given to the resident or family member during the initial viewing of the nursing home but is now included in the contract of care document.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The regulation around the use of FFP2 masks has been updated since inspection. Staff wear surgical masks as per the guidelines and FFP2 masks are worn when caring for suspected or confirmed cases of COVID-19. We will continue to follow guidelines as they are updated. This is overseen by the management team.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Previously, the CNMs monitored new admissions assessments and care-plans to assess if these were completed within 48 hours of admission. Going forward, the ADON or DON will review new admissions careplans and assessments ensuring the pre admission assessment is reflected clearly in order to assess and plan the resident's needs. There is a new form in place for the ADON/DON to sign off on and is reviewed after 48 hours. New admissions are now included on the CNMs weekly audits.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Training is scheduled for 21/07/22 with all staff nurses regarding nursing assessment, care-planning and documentation. This will be facilitated by the DON.</p> <p>The DON completed a review into the delay in a resident receiving an injection which was due 2 weekly. Learning outcomes were shared with pharmacy and nursing staff.</p> <p>We have commenced an electronic medication administration system after both online and practical training was provided for nurses around same. This aims to prevent a delay in the ordering and administration of medication.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

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	31/07/2022
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	01/06/2022
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	02/06/2022

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	20/06/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	21/07/2022