



**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:	25 May 2023
Centre ID:	OSV-0000347
Fieldwork ID:	MON-0039173

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 eight single, five double and two treble bedrooms. The centre provides residential, respite and convalescent nursing care to 24 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
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 May 2023	10:00hrs to 18:15hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care. Feedback from residents was that staff were caring and attentive to their needs. Staff were observed to be familiar with the needs of residents, and to deliver care and support which was unhurried and respectful.

This unannounced inspection took place over one day. There were 23 residents in the centre on the day of the inspection and one vacancy.

Following an introductory meeting, the inspector completed a tour of the building with the person in charge. Residents were observed to be up and about in the various areas of the centre. Some residents were relaxing in the communal areas, while other residents were having their care needs attended to by staff.

Hillside Nursing Home was a single-storey purpose-built facility located in the village of Aughrim on the outskirts of Ballinasloe, County Galway. There was a variety of communal areas available for residents to use, depending on their choice and preference, including two sitting rooms, a dining room and a conservatory. Bedroom accommodation comprised of single and multi-occupancy rooms. Bedrooms provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. Many residents had personalised their rooms with pictures, ornaments and other personal items. All areas of the centre were appropriately furnished to create a homely environment.

There was safe, unrestricted access to an outdoor garden area for residents to use, which contained a variety of flower beds, vegetable patches and garden furniture. The inspector was informed that residents enjoyed helping staff with various gardening projects over the summer period.

The building was found to be laid out to meet the needs of residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The centre was bright, warm and well ventilated throughout. Call-bells were available throughout the centre, and the inspector observed that these were responded to in a timely manner.

Throughout the inspection, the inspector spoke in detail with a total of seven residents. Residents' feedback was generally positive, with residents reporting that they were comfortable and well looked after. One resident told the inspector that 'all the staff, including the housekeeping and kitchen staff, are excellent'. Another resident told the inspector that staff were 'very good to them'. Residents described how they spent their days. A number of residents stated that they preferred to remain in their bedrooms, reading, listening to the radio, or watching television. Other residents said they liked to spend time in the communal areas. There were a

number of residents who sat quietly in the sitting rooms, observing their surroundings, and who were unable to speak with the inspector. These residents were observed to be comfortable and content. However, a small number of residents told the inspector that 'there was not much happening'. This was confirmed by the inspector's observations on the day.

While staff were seen to be busy assisting residents with their care needs throughout the day, the inspector observed that care and support was delivered in a relaxed manner. Staff were knowledgeable about the residents and their needs. The inspector observed that the residents' personal care needs were attended to a high standard.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector also spoke with three visitors who were all satisfied with the care and support received by their loved one.

Residents were complimentary about the food in the centre, and they were provided with a good choice of food and refreshments throughout the day. Food was freshly prepared in the centre's own kitchen, and was observed to be well-presented. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

In summary, the inspector found residents received a good service from 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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated Centres for older people) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address previously identified areas of non-compliance found on the previous inspection in June 2023.

The registered provider of Hillside Nursing Home was a sole trader, Mary Nuala Cormican. The registered provider representative was also the person in charge in the centre. The findings of the last three inspections, in August 2021, October 2021 and June 2022, that found repeated non-compliance with Regulation 17: Premises. This issue related to the configuration of housekeeping and sluice facilities in the centre. Due to the failure of the provider to address the ongoing issue, the Chief

Inspector attached a restrictive condition to the registration of the centre. This condition required the provider to take all necessary action to comply with Regulation 17: Premises to the satisfaction of the Chief Inspector no later than 31 January 2023. This inspection found that the provider had taken the action required to come into compliance with Regulation 17.

The provider had also addressed the actions required following the last inspection in respect of governance and management, complaints procedure, and written policies and procedures. Notwithstanding the improvements made, further action was now required in relation to the oversight of a number of areas in the centre, including the contracts for the provision of service, records, and residents' rights, to ensure full compliance with the regulations.

Overall, this was a well-managed centre, where the quality and safety of the services provided to residents were of a good standard. There was a management structure in place, with identified lines of authority and accountability. The person in charge facilitated this inspection and was observed to be a strong presence in the centre. They were supported in this role by a clinical nurse manager, an administration manager, and a full complement of staff including, nursing and care staff, housekeeping staff and catering staff. However, due to a reduced availability of nursing staff, the clinical nurse manager (CNM) often worked as part of the nursing team, delivering direct care to residents, limiting the time available for clinical and staff supervision.

Governance and management oversight of the service had improved since the last inspection. The provider had systems of monitoring and oversight of the service in place. A number of clinical and environmental audits had been completed, including environmental cleanliness, medicines management, wound care and care planning. However, some of the non-compliant findings in this inspection had not been identified and therefore not addressed by the provider. For example, poor records management and the inconsistent provision of meaningful activities for residents.

An annual review of the quality and safety of the services had been completed for 2022 and included a quality improvement plan for 2023.

There were contracts for the provision of services in place for the majority of residents, which detailed the terms on which they resided in the centre. However, a review of the contracts of care found that a small number of residents admitted to the centre did not have a contract of care in place.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of at least one registered nurse on duty at all times, and a team of care assistants. Staff had the required skills, competencies and experience to fulfil their roles. Staff were observed to be interacting in a positive and considerate way with residents. Teamwork was evident throughout the day. The person in charge provided clinical supervision and support to all the staff.

There was evidence that there was effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics

were discussed such as, management structure, training, uniforms, resident issues, infection control and other relevant management issues.

There were policies and procedures available to guide and support staff in the safe delivery of care.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

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

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

The reduced availability of nursing staff impacted on the providers ability to ensure adequate staffing levels to cover planned and unplanned leave. This issue is addressed under Regulation 23, Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included infection prevention and control, manual handling, safeguarding and fire safety.

Judgment: Compliant

Regulation 21: Records

A review of the staff records in the centre found that records were not in line with the requirements of Schedule 2 and 4 of the regulations. This was evidenced by;

Staff records reviewed did not contain the documents set out in Schedule 2 of the regulations. For example;

- one staff record did not include evidence of relevant qualifications

- two staff records did not include evidence of the person's identity

In addition, one staff record did not include the date on which they commenced employment.

Records were poorly managed in the centre and not readily available or accessible. Filing systems were disjointed and disorganised resulting in poor oversight and monitoring of record keeping.

Judgment: Substantially compliant

Regulation 23: Governance and management

The availability of staff nurses was not sufficient to ensure that staffing levels could be maintained at all times, including cover for planned and unplanned leave. A review of the staffing rosters found that there were only four staff nurses employed by the provider available to work in the centre. This was not in line with the level of staff outlined in the centre's statement of purpose which identified six registered nurses. This resulted in the CNM regularly working as a staff nurse providing direct care to the residents. Therefore the CNM was not available to provide support to the leadership and management of the centre.

The record management system in place did not ensure that records were maintained in line with the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of the contracts of care found that a number of residents who were in the centre did not have a contract in place.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required under Schedule 5 were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The findings of the inspection were that the provider had taken action to comply with the regulations in respect of premises, infection control and fire precautions.

The inspector observed that residents living in this centre received a good standard of care and support which ensured that they were safe. Residents in the centre were satisfied with the quality of the service they received. Notwithstanding this positive feedback, the inspector found that residents did not have consistent access to activities on the day of the inspection. Residents were observed spending long periods of time without any meaningful activity or social engagement.

Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of four residents' files and found that care plans were sufficiently detailed to guide care, and that the information was holistic and person-centred. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were reviewed by their general practitioner (GP), as required or requested. Referral systems were in place to ensure residents had access to allied health and social care professionals for additional professional expertise.

The person in charge monitored the use of restrictive practices in the centre, such as bedrails. Restrictive practices were only initiated following an appropriate risk assessment.

Residents had the opportunity to meet together and discuss management issues in the centre including the care provided, activities, catering and infection control. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service. Residents had access to television, radio, newspapers and books.

The inspector observed that the centre was clean, tidy and generally well maintained on the day of the inspection. Infection Prevention and Control (IPC) measures were in place. To address the finding of the last inspection, the provider had taken action to reconfigure a number of areas of the centre to establish a new housekeeping room, and to separate the laundry facilities from the sluice room. The provider had a plan in place to continually improve and upgrade the care

environment, including the installation of a clinical hand wash basin.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire-fighting equipment was available and serviced as required. Staff were knowledgeable about what to do in the event of a fire. Evacuation drills were undertaken regularly. The inspector reviewed a number of drill reports and found improvements in the details recorded including the scenario, number of residents evacuated, and the time taken to evacuate residents.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored

<p>for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management</p>
<p>A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.</p>
<p>Judgment: Compliant</p>
<p>Regulation 27: Infection control</p>
<p>The centre had procedures in place for the prevention and control of healthcare-associated infections. Staff had access to infection prevention and control training, and procedures were in place for cleaning and decontamination of the environment and equipment used by residents. There was adequate personal protective equipment and hand sanitisers available throughout the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and care plan</p>
<p>Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.</p>
<p>Judgment: Compliant</p>

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their 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, dietitian, speech and language therapy, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

While there were activities provided to the residents on the day of the inspection, the inspector observed that residents spent long periods of time with no facility for activity or social engagement.

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	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hillside Nursing Home OSV-0000347

Inspection ID: MON-0039173

Date of inspection: 25/05/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All records now contain necessary requirements, and the filing system has been revamped to ensure easier accessibility.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There is an additional Nurse on the roster since the HIQA inspection, thus allowing CNM to devote more time to governance duties. The statement of purpose has been updated to reflect this change, and the latest copy will be submitted (by July 12th).	
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: There is a completed contract for care, for each Resident at Hillside Nursing Home.	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A person has been employed to provide additional assistance for Resident activities and social engagements during the morning period (10.30 am to 12.30 pm)	

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	12/07/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	12/07/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	12/07/2023
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	12/07/2023

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	12/07/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	12/07/2023