



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Convalescence & Nursing Home
Name of provider:	Hillview Convalescence & Nursing Home Limited
Address of centre:	Tullow Road, Carlow
Type of inspection:	Unannounced
Date of inspection:	24 August 2022
Centre ID:	OSV-0000238
Fieldwork ID:	MON-0035628

About the designated centre

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

Hillview Nursing Home is a family owned centre which opened in 2003. The registered provider is Hillview Convalescence and Nursing Home Limited. It is a purpose built centre located on the outskirts of Carlow town, within walking distance of many amenities such as shops and churches. The centre is surrounded by spacious landscaped gardens with access to a secure garden for residents. There is ample parking available to the front and side of the centre. The centre can accommodate up to 54 residents, both male and female over the age of 18 in its 32 single and 11 twin bedrooms. Bedroom and communal spaces are divided over two floors with access to the first floor via a passenger lift and stairs. Communal space includes a dining room, day room, sun room, activity room, quiet room, reminiscence room and seating areas in the reception and landings on the first floor. Services provided include 24 hour nursing care, visiting GPs, pharmacy, chiropody, occupational therapy, physiotherapy, dietetics, speech and language, optician, dental and audiology. A range of social activities are offered to meet the needs of all residents over six days each week. Religious and advocacy services are also available. The centre caters for residents with varying levels of dependency for long term, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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 24 August 2022	09:15hrs to 16:30hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector found that residents received care and services from a well established staff team who know them well. The inspector arrived at the centre in the morning for an unannounced inspection, and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. There was a small COVID-19 outbreak in the centre and an infrared body temperature thermal scanner and hand sanitiser was available in reception to monitor people coming in.

Overall the inspector found that residents received a good standard of care and were well supported to lead full lives in which their independence and preferences for care and support were respected. Residents who spoke with the inspector were very positive about the care they received and life in the centre overall.

The centre was open to visitors but there was a system in place for visitors to complete an antigen test on arrival and once they tested negative they could continue their visit. Visitors spoken with reported they had no issues with doing an antigen test as they believed it was protecting their loved ones. The use of antigen testing was not in line with the most up-to-date guidance from public health but the person in charge provided a risk assessment which informed this process and the assurance that once this outbreak was over, the use of antigen tests for visitors would cease.

A schedule of activities was in place on both levels in the centre. Residents and staff were observed having good interaction with each other during stimulating activities. Staff appeared to know their residents likes and dislikes very well and residents could be heard calling staff by their name.

The residents spoken with throughout the day provided positive experience on their life in the centre. One resident reported how they had just moved into a new single room and they had been so happy with the move. They were sleeping better and had plenty of space to bring personal things from home and decorate the area. Another resident said that since coming to live in the centre they were much happier. They went on to say that since their spouse passed away some time ago, they had difficulty sleeping at night. However, in the centre they could now sleep so much better knowing the staff 'peep in at me' regularly.

Residents gave very positive feedback on the meals they were provided and the choice they were given. They had a choice of meal times and this suited them. One resident spoken with said 'I prefer to go for first lunch as that would have been my dinner time at home and then I would go for a sleep' The resident also said that the staff 'let you do what you want'. All residents reported how they had choice over everyday things and this was supporting them to remain independent.

There were regular resident meetings in the centre. The inspector viewed minutes

of these meetings which had a high attendance rate. One area discussed was the change in the take-away for the following month. This was a night where residents got a take-away meal which had been a 'chipper' according to the minutes. Residents put forward a motion to change this to a Chinese take-away meal.

There was a seasonal newsletter available in the centre. This showed information on the outings over the summer for residents such as; trips to the military museum, bowling alley and a boat trip. Residents who attended these outings told the inspector that they really enjoyed the days out.

Residents' bedrooms were observed to be clean and tidy. Most of the residents bedrooms were personalised with items they had brought in from home. Photographs and art work were displayed on the walls and other personal soft furnishings were in place.

The inspector observed a variety of drinks and snacks were offered and served throughout the day. The daily menu was displayed which offered a choice. Residents that required assistance were assisted in a dignified and respectful manner.

There was an outdoor seating area available to residents. Visitors and staff were seen to be assisting residents outside to the grounds, which were easily accessible by wheel-chair.

There was an external advocacy service available to residents. The contact details for this service were discussed at residents meetings and also displayed around the centre.

The next two sections of this 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 the quality and safety of the service being delivered.

Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. There were no risks identified on the day, and improvements across all areas were observed by the inspector in relation to; governance and management, premises and infection prevention and control. On the day, the inspector observed a high quality service was being delivered to residents.

The registered provider is Hillview Convalescence and Nursing Home Limited. The person in charge had been in place over one year and was available on the day of the inspection. There was a clearly defined management structure in place and accountability for the delivery of the service was clearly defined. The person in charge was supported by the general manager who was also the owner of the centre. They were very proactive in the centre and present throughout the day of

the inspection. There was also a full-time assistant director of nursing (ADON) and a clinical nurse manger (CNM) in place ensuring their robust governance of the centre covered seven days a week.

There was a sufficient skill-mix of staff on the day of inspection. The centre had no vacancies and the majority of staff had worked in the centre for a number of years.

Staff had vetting disclosures in place prior to commencing employment, and there was evidence of active registration with the nursing and midwifery of Ireland (NMBI) seen in records viewed. The inspector also saw evidence of induction for one new staff who was recruited within the previous 12 months. The records were well-maintained and easily accessible.

There was a process in place for reviewing the quality of care and the quality of life experience by residents living in the centre. There was an audit schedule in place which had been completed in a number of key areas. Learning was identified from these audits and action plans developed. These demonstrated that positive changes had been implemented as a result, for the benefit of the residents.

The provider also had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists, infection control guidance and audits of equipment and environmental cleanliness. The high levels of compliance achieved in environmental hygiene audits were reflected on the day of the inspection.

The person in charge and the provider had completed risk assessments for actual and potential risks associated with COVID-19, and the provider had put in place many controls to keep all of the residents and staff safe. The small COVID-19 outbreak in the centre on the day of the inspection was observed by the inspector to be well-managed.

The incident and accident log was examined and records showed that correlating notifications were submitted. They had clear documentation, including residents' clinical observations, reviews of occurrences and actions to mitigate recurrences.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the centre. They met the requirements as set out in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill-mix of staff was appropriate to meet the needs of the residents. There was at least one registered nurse in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and evidenced that all staff had up-to-date mandatory training and other relevant training.

Judgment: Compliant

Regulation 21: Records

The required records were maintained and were made available for review. Records were maintained in an orderly system and were accessible and securely stored. The inspector reviewed a sample of four staff files and found that they contained all information as required by Schedule 2 and 4 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles and details responsibilities for all areas of care provision.

The management systems in place assured the inspector that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had a contract for the provision of services for each resident in place. The inspector reviewed a sample of three contracts and they contained the

requirements as set out in the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre. This contained all the information required as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The accident and incident log was viewed by the inspector on the day. All required incidents and accidents were notified to the Chief Inspector of Social Services within the required time frame as set out in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre's complaints policy. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded. There were no open complaints in the centre on the day of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available for review. They had all been updated within the required three year time frame. Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of the safe and effective delivery of care to residents.

Judgment: Compliant

Quality and safety

Overall, this was a good service and a well-managed centre, where a high quality of care was provided. Residents' needs were being met through good access to healthcare services and opportunities for meaningful and varied social engagement. Residents had timely access to general practitioner (GP) services and to health and social care professionals as requested by residents or as required. Where relevant, residents also had access to specialist services, including chiropody, dental, palliative care, wound care, physiotherapy, occupational therapy, and old age psychiatry.

Residents' records were maintained on an electronic system. Staff used a variety of accredited tools to complete residents' clinical assessments at the time of admission. A comprehensive assessment was completed for residents within 48 hours of admission in line with the regulations. The inspector reviewed a sample of care plans and found that they reflected the recommendation made by speech and language therapy services and dietetic services. Where specialist interventions were prescribed, such as textured diets or supplements, these were recorded in the resident's care plan and provided by staff.

Most residents were seen to have sufficient space for personal belongings in their bedrooms and locked storage for valuable items. However, one bedroom layout required review to afford the second bed space room for storage and a chair within their personal space. The provider was aware of this and had made the decision to leave this double room with only single occupancy until a plan was developed. The inspector acknowledge the provider's commitment and proactive approach to address the layout of this bedroom to ensure regulatory compliance, however at the time of inspection this was not in place.

Residents' had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were made available and found to be up-to-date. Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies procedures and had been involved in simulated fire drill evacuations.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms, and sluice facilities inspected appeared clean and well-maintained. The infrastructure and equipment within the laundry supported the clean and dirty phases of the laundering process.

Regulation 11: Visits

Visitors were welcomed into the centre. The current policy was that visitors would take an antigen test before visiting a resident inside the designated centre. The person in charge had completed a risk assessment for this process and informed inspectors that this would cease when the COVID-19 outbreak was over. This practice was the result of an action plan arising from a previous incident in the centre. Visitors spoken with did not have any issues with this plan.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was appropriate to the number and needs of the residents. However, one double bedroom in the centre did not allow for each bed space to have personal storage and a chair within the private area. The provider told the inspector that they were reviewing the layout of this room and therefore they were currently only accommodating one resident until a plan had been put in place.

Judgment: Substantially compliant

Regulation 27: Infection control

Compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was demonstrated during this inspection. Procedures implemented in relation to infection control were consistent with the standards for infection prevention and control (National Standards for Infection prevention and control in community services, 2018). The centre was observed to be clean and well organised. The inspectors observed good hand hygiene practices by staff with alcohol-based hand sanitiser and effective hand washing techniques.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire in the centre.

Staff had been provided with suitable training in fire prevention and emergency procedures including evacuations procedures.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were effective systems in place for the assessment, planning, implementation, and review of residents' health and social care needs. Care plans were seen to be personalised, and residents had been consulted in their development.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services. There was evidence that any changes to a residents treatment plan were updated in the resident's care plan. The records demonstrated consultations with a variety of community professional services.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe and would have no problem approaching management or staff if they had any concerns. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

The centre was not a pension-agent for residents.

All staff files that were viewed by the inspector had a copy of the Garda Vetting Disclosure.

Judgment: Compliant

Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. They had access to advocacy services and were frequently consulted in the running of the centre. There was a range of activities available to residents to ensure that all residents had access to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview Convalescence & Nursing Home OSV-0000238

Inspection ID: MON-0035628

Date of inspection: 24/08/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The layout of Room 1 is under review, an electrician has called onsite since inspection and has assessed the room for the required adjustments to take place.</p> <p>After adjustments and layout change both occupants in this room will have room for storage and a chair within their personal space.</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 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.	Substantially Compliant	Yellow	30/10/2022