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Howth Hill Lodge, Thormanby Road, Howth, Co. Dublin.

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Howth Hill Lodge
Centre ID:	OSV-0000142
Centre address:	Thormanby Road, Howth, Co. Dublin.
Telephone number:	01 839 1440
Email address:	howthhilllodge@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brymore House Nursing Home Limited
Provider Nominee:	Nicola Taylor
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 October 2014 10:00	07 October 2014 17:30
08 October 2014 09:30	08 October 2014 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an 18 outcome inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration of this centre. As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, accidents and incidents forms, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority prior to and during the inspection. These questionnaires were all positive of the service provided, and highly complementary of the input of staff.

Overall, the inspector found that the provider and the person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. They promoted the safety of the residents, and monitored closely the quality of the service provided to residents.

Evidence of good practice was found across all outcomes with 16 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations. Outcomes judged to be fully compliant included the protection of residents' rights, dignity and consultation, health and social care needs, governance and management and safe and suitable premises. One outcome was judged to be moderately non compliant, which related to medication management practices. A minor non compliance was also identified in relation to health and safety.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the statement of purpose met the requirements of the Regulations, containing all of the information as listed within Schedule 1. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall it was found that the quality of care and experience of the residents was monitored and assessed on an ongoing basis. There was a clearly defined management structure that identified the lines of authority and accountability.

The provider and the person in charge worked together to address the needs of residents and together held the autonomy and authority to implement change in accordance with the assessed needs of residents. For example, while there were six

double rooms registered for use, there were only three operating as double rooms at the time of the inspection, due to the assessed needs of three residents, using double rooms, as single rooms.

There was a tiered management structure in place incorporating the provider, director of nursing, assistant director of nursing and a nurse manager. It was evidenced that this system worked very well, as individual responsibilities were clearly identified, and each level of management felt well supported by the next. Both the director of nursing and assistant director of nursing were available to the inspector throughout the inspection, and were also interviewed during the process. Both directors were deemed to be fit to carry out their roles and meet their legal responsibilities.

There were comprehensive systems in place to review and monitor the quality and safety of care and the quality of life of residents on a regular basis. For example, the inspector read minutes of monthly meetings held between the provider, the person in charge and the assistant director of nursing, as well as other key personnel which focused upon key quality and safety data including incidences of pressure sores, incidences of falls and activity levels of residents. Regular audits took place in relation to medication management, end of life care, infection control, quality of documentation, accidents and incidents, fire safety and other areas. All audits identified areas for improvement, with related action plans. The common trend from all audits was the focus on what could be done better, to enhance the quality of care provided to the residents.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A resident's guide was provided to all residents' prior to admission to the centre. Each resident also had an agreed contract of provision of service, which included the fees charged for stay in the nursing home, as well as reference to additional fees to be charged such as for newspapers/magazines and escort to hospital appointments. While it was noted that all residents were charged a standard monthly fee for activities without choice, the person in charge stated that all residents were provided with individual activity. An activity coordinator was employed five days a week, and a holistic therapist was also employed once a week to ensure all residents benefited from their activity

charge.
Judgment: Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
 Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
 No actions were required from the previous inspection.

Findings:
 The person in charge was a registered nurse and worked full time within the centre. The person in charge had experience in the area of nursing older people as well as postgraduate qualifications in management. In addition, she has pursued continuous professional development and had completed training courses in nutrition and diabetes and palliative care in 2014. She had been working in the centre for the past seven years, and had taken on the role as person in charge in May 2013. She had been interviewed previously by the Authority and was deemed to have the required experience and knowledge to hold the post of person in charge.

The person in charge had been involved in developing policies as well as revising policies in line with best practice or the changing needs of residents. During the inspection she demonstrated her knowledge of the revised Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. All information required from her was available during the inspection. She had a comprehensive knowledge of all of the residents, and she in-turn was well known to them.

Judgment:
 Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector was satisfied that the records listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.</p> <p>The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.</p> <p>The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Staff spoken with all had knowledge of all of the key policies and procedures steering practice.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 06: Absence of the Person in charge</i> <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was aware of the providers' responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge was supported in her role by the assistant director of nursing who was registered with the Authority as a person participating in management. In addition, the roster identified a staff nurse as being in charge of each of the designated centre at all times.</p>
<p>Judgment: Compliant</p>

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse during 2014. The inspector found that staff were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated by a staff member.

The person in charge assisted residents with the management of their finances, and arrangements were in place to safeguard residents from the risk of financial abuse. There were robust procedures in place for managing resident's monies.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.

A restraint free environment was promoted with relevant policies and procedures in place. Physical restraint was not used in the centre although there were a number of enabling restraints in operation within the centre. Bed-rails were used for sixteen residents, and a bed alarm was used as a falls prevention mechanisms. four low-low beds have been recently introduced for four of these resident's and the use of low-low beds is now being considered on an individual basis for other residents.

These restrictions' had been appropriately assessed and had involved multi-disciplinary input as well as the capacity of the residents in question to be involved in the decision.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

The inspector noted that there was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards and falls risk assessments. A risk management policy was in place and met the requirements of the Regulations. Health and safety officers were identified and there was a health and safety committee meeting held on a monthly basis with the person in charge and/or assistant director of nursing to discuss the management of risk, and any other safety issues.

The inspector read a number of minutes from these meetings. The committee had allocated certain tasks to each member such as auditing bedrooms from a health and safety perspective. Issues had been highlighted and addressed as a result, such as repairs to flooring and removing loose wires. However, an issues in Septembers' meeting was read relating to a thermostat that was required in one bedroom, as the radiator was too hot to touch. This had yet to be addressed.

The inspector checked this room, and the heating was turned off so the temperature could not be taken however, there was no thermostat in place. On discussion with the person in charge and her assistant, it was explained that there were a number of older radiators in the premises which were now going to be changed. This was following a review of the heating system, as a result of their audit of the bedrooms. The provider later confirmed it had been difficult to source all of the radiators, and some had to be made especially. They had now received delivery of all radiators and were awaiting them all to be fitted with temperature controlled thermostats. However, on the day of inspection, this issue remains unresolved and must therefore be actioned.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system were serviced annually. The inspector noted that the fire panels were in order, and the many fire exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. There was also regular training on the use of SKI sheets, which were assessed as required for 18 residents.

The inspector read the record of recent fire drills, which included the complete evacuation of most of the residents. Maximum dependency residents who could not be evacuated were clearly identified with their reason for not evacuating clearly identified, mostly relating to residents who required the use of the SKI sheets. The records of drills also identified areas for improvement, such as ensuring cleaning staff push trolleys into bedrooms to ensure the corridors were kept clear.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat or any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents to another local nursing home in the event of an emergency.

A review of the training records evidenced that all staff had attended mandatory training in moving and handling.

Judgment:
Non Compliant - Minor

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. However, poor practice relating to administrative drug errors was identified by the inspector and was highlighted to the person in charge. This practice related to medications not been signed by the person responsible administering the medication, and when identified by the inspector, this was not appropriately responded to, as per the centre policy on medication management and drug errors, and in line with best practice.

The person in charge had also put safeguarding measures in place to ensure that medication delivered to the centre by the pharmacist was checked to ensure that the delivery was correct. Specific measures had been put in place as medication was delivered pre-packaged in a 'blister' format. These checks had identified significant numbers of errors in filling prescriptions made by the pharmacist. The number of errors was in double figures most months, and while these errors had been reported to the pharmacist, there was no significant improvement. In addition, the way the medication was packed for some residents made it extremely difficult to identify the correct drugs, and dosages that were in each pack, and therefore made these checks all the more difficult. Therefore, the inspector could not be reassured that all administering errors could be identified at the point of checking the medications upon receipt.

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of controlled drugs. The stock balance was checked and signed by two nurses at the handover of each shift.

A locked fridge was provided for medication which required temperature control and the inspector noted that the temperatures were within acceptable limits. There were appropriate procedures for the handling and disposal of unused and out of date medication.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector.

The person in charge was aware of the legal requirements to notify the chief inspector regarding accidents and incidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. The inspector read the accidents and incidents log and saw that all relevant details of each incident were recorded together with actions taken.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied healthcare.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident and representative involvement at development and review.

The inspector reviewed a number of health care plans which considered assessed need in relation to areas such as dental care, cognitive deficit, sleep patterns, short term medical interventions, skin care, wound management, mobility, personal care and positive behavioural support. Residents could access medical specialists as required, for example some residents had recently attended dieticians, physiotherapy and speech and language therapy. Residents' had access to a general practitioner (GP) as required, and residents were also supported to maintain their own GP as number of residents had chosen to do.

Assessors used validated tools to assess levels of risk of deterioration, for example vulnerability to falls, dependency levels, nutritional care and cognitive impairment. There was evidence that care plans were reviewed every three months or more frequently if required.

Each resident had opportunities to participate in meaningful activity and the activity programme was based upon the residents' interests and hobbies. There was an activities planner displayed on the wall, highlighting the week's activity. Residents were observed enjoying various activities during the inspection, such as holistic massage, sing-a-longs, a themed dinner as well as outside activity including a number of residents who went to sing in a local choir.

Individual risk assessments identified the rights of residents to be involved in activity of choice, and prioritised this over the associated risk. For example, one resident was identified as a high falls risk but chose to mobilise independently around the centre. This right was respected, and staff were more vigilant of the residents location as a result.

Social histories were also included in each resident's care plan, and provided some information on the residents past, such as their occupation, place of education and family history. As identified previously in this report, an activities coordinator was employed to enhance residents experience in this area; care plans identified activities of preference for each resident, and these needs were met.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre and was kept clean and well maintained there had been no changes to the structure of the premises since the last inspection, or since its previous registration. The centre conforms to all of the matters as set out in Schedule 6 of the Regulations.

The accommodation includes 33 single rooms, 28 of which have en suite facilities. There were also six double rooms, of which only three were currently being inhabited by two residents. There were an adequate number of bath showers and toilet areas. The nursing home was well laid out with plenty of communal space and room for private visits or consultations. Residents had personalised their bedrooms, and the communal areas such as the sitting and dining rooms as well as the corridors were very homely with pictures and paintings by residents hanging throughout the centre.

There was appropriate equipment provided to meet the needs of residents, hoists were maintained and used as required and there was an accessible bath available for the use of residents.

The grounds of the premises were well maintained, and there were a number of garden areas that were suitable for and used by residents. An enclosed courtyard area with a large water feature and appropriate seating had been recently upgraded and was a nice addition to the centre.

Laundry facilities are discussed under Outcome 17.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The complaints policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display within the reception area as well as an abridged version provided to each resident, contained within their residents' guide. Residents, relatives and staff spoken with were aware of the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. The inspector read five complaints recorded within the complaints log which logged during the past two years. In all cases, they appeared to be addressed to the satisfaction of the person who made the complaint. The person in charge also spent time with each resident on regular basis and visited the bedrooms of residents. This was found to be a way to engage more effectively with residents in relation to their satisfaction with the service provided.

There was also an opportunity for the residents and relatives to meet with the management team on a six monthly basis, in order to encourage compliment and complaint. Minutes of these meeting were read, with evidence that suggested change had been implemented.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. The practice was informed by the centre's policy on end of life care which in turn was informed by links with a local Hospice.

The centre had completed a review of their end of life care and support as part of their preparation for thematic inspections, on this topic, carried out by the Authority. This information was reviewed by this inspector as part of this inspection. The centre had completed a self-assessment questionnaire as part of this preparation in which they had

rated themselves as compliant.

However, subsequent to the self-assessment the person in charge and other nursing staff had completed a three day course on palliative care and had introduced further improvement as a result of their learning. For example, they had introduced an in-service training course on end of life care for all staff working in the centre and also provided family members with a pack with information on how to register a death and bereavement information and a sympathy card form the nursing home. An annual remembrance service was also due to begin in the centre in November 2014.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. At the time of inspection no resident was receiving palliative care. However, the inspector reviewed the care plan of a resident who had recently passed away. This plan facilitated the resident and family members express their needs and wishes throughout the continuum of the end of life phase.

Residents were provided with a single room at end of life, and the preference of passing away in the centre was actively promoted by the provider and person in charge. This was evidenced by the fact that no residents had passed away in hospital in the two years prior to them completing their self-assessment questionnaire in March 2014.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were provided with a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. A main dining area was generally used by residents to eat their meals. A section of this dining area was used by residents requiring support of staff to eat their meals. Particular care was given to the presentation of the meals that required an altered consistency. Training on food and nutrition had also been provided to a number of staff, and food safety training was considered mandatory for all catering staff.

Residents' dietary requirements were met to a high standard. The chef discussed the menu with the inspector and how she was aware of resident's likes and dislikes, and always had alternatives available. The inspector noted that the catering staff and the nursing staff on duty spoke with residents during the meal asking if everything was satisfactory.

The inspector ate a meal with residents and they were highly complementary of the food served. The food was served hot and well presented and was enjoyable. Menus offered choice over a four week rolling period, and these menus had been recently assessed for nutritional values by an external company. This assessment had recommend changes, such as to increase the number of times fish was available to residents and this had been done. In addition, a suggestion box was also recently placed in the dining room, and residents were supported to make suggestions. The chef gave the inspector three examples of where suggestions made by residents in this way had been implemented.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit, dry goods and fresh fruit and vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents' and their visitors.

Weight records were examined which showed that residents' weights were checked monthly or weekly according to assessed need. Nutrition assessments were used to identify residents at risk and were repeated on a monthly basis. Records showed that some residents had been referred for dietetic review, and subsequent guidance was seen to be followed.

Medication records showed that supplements were prescribed by a doctor and administered appropriately. Additional effort was made to fortify the diets of these residents. In addition, the person in charge had asked the doctor to change the time of administering supplements as it was discouraging these residents from taking food orally at dinner time.

One resident was also receiving percutaneous endoscopic gastronomy (PEG) feeding. This resident's records showed that he had been admitted to the centre assessed by his GP as significantly underweight and malnourished, and requiring nutritional intervention. Since then he had had significant weight gain and now has a stable BMI and nutritional assessment score. He was also now taking more foods orally. As a result he is under regular review with a dietician and is being weaned gradually from PEG feeding.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that residents were consulted with and participated in the running of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents had choices about how to spend their day, with residents choosing activity, or to spend time alone in their rooms to read, watch television or rest. Residents' also changed their minds, choosing not to do an activity they had planned to do, and this was never questioned by staff.

Staff were observed knocking on bedrooms, toilet and bathroom doors and waiting for permission to enter. The inspector observed and heard staff interacting with residents in a courteous and respectful manner and addressing them by their preferred name.

Residents had access to a private telephone number if requested. Residents had access to television, radio, and had access to newspapers. Residents' communication needs were highlighted in each care plan and were reflected in practice.

A residents' council had been set up, met on a monthly basis and was independently chaired by an advocate from age action. There were no restrictions on visitors and many visitors were seen coming and going throughout the two days of inspection.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. The laundry room was well equipped to meet the needs of the numbers of residents residing in the centre. In addition to the daily laundering service, a person was employed two days a week to tend to residents private laundry. Resident's personal laundry was washed individually, ironed and returned to each resident. This system ensured that residents' own clothes were returned to them. Residents expressed satisfaction with the laundry service provided.

There was adequate storage provided for residents' possessions and plenty of wardrobe space for residents to keep their clothes. Residents were assisted as required to put laundry away and to keep their wardrobes tidy, many of the residents spoken with stated this was important to them. Residents personal possessions were also listed within their care plans.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents. There was a recruitment policy in place which met the requirements of the regulations. The inspector examined five staff files and found that they contained all of the requirements of Schedule 2 of the Regulations.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and the staffing rosters were adjusted accordingly. For example, the numbers of staff varied throughout the day

in order to meet the assessed needs and dependency levels of residents. The inspector was satisfied that there was sufficient staff on duty to adequately meet the needs of residents.

Training was provided to meet the specific needs of residents. For example a broad range of training had been provided to staff such as phlebotomy, cardiopulmonary resuscitation (CPR), wound care, nutrition, pain management, syringe driver and palliative care.

Staff were competent to deliver care and support to residents as their learning and development needs had been met. In addition, all staff spoken with felt well supported both formally and informally. Many staff had been working in the centre for a long period of time, there was minimal staff turnover and this provided a consistency in the care being provided to residents. Residents and relatives spoken with were highly complementary of staff, and referred to many staff individually, providing example of how the named staff member(s) had been supportive to them.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Howth Hill Lodge
Centre ID:	OSV-0000142
Date of inspection:	07/10/2014
Date of response:	16/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate measures had not been actioned to control the risk identified relating to non-temperature controlled radiator(s) at the time of inspection

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

The radiator in question has been replaced with complete thermostatic control

Proposed Timescale: 14/10/2014

Outcome 09: Medication Management**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The procedure of signing for medication administered was not in line with best practice or in line with the requirements of Schedule 3 (4.d).

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

All staff nurses are aware of the procedure for signing of medications in accordance with An Bord Altranais guidelines & all RGN's have re-read our policy on medication management.

Proposed Timescale: 15/10/2014

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Adequate control measure had not been implemented to provide reassurance that residents were administered medication as prescribed.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

We have a number of safeguarding procedures / measures in place to ensure medications received from the pharmacy are correct before being administered to our residents. A meeting was held with our pharmacist on 14/10/2014 highlighting the concerns & requesting significant improvement in their filling of prescriptions. We will continue to work closely with the pharmacist & continue to audit medications received. This will be reviewed with the pharmacist in 3 months.

Proposed Timescale: 31/01/2015