

**Health Information and Quality Authority  
Social Services Inspectorate**

**Inspection report  
Designated Centres under Health Act 2007**



<b>Centre name:</b>	Killure Bridge Nursing Home
<b>Centre ID:</b>	0242
<b>Centre address:</b>	Airport Road
	Waterford
	051-870055
<b>Telephone number:</b>	051-870037
<b>Email address:</b>	<a href="mailto:Info@killurebridge.com">Info@killurebridge.com</a>
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Killure Bridge Nursing Home Ltd
<b>Person authorised to act on behalf of the provider:</b>	Kenneth Walsh and David Hyland
<b>Person in charge:</b>	Mary Burke
<b>Date of inspection:</b>	10 July 2012 and 11 July 2012
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 09:50hrs <b>Completion:</b> 17:50hrs <b>Day-2 Start:</b> 09:25hrs <b>Completion:</b> 12:50hrs
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	Ide Batan
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Date of last inspection:</b>	25 January 2012

## About inspection

The purpose of inspection is to gather evidence on which to make judgements about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under 18 outcome statements. The outcomes set out what is expected in designated centers.

<b>Outcome 1</b> <i>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.</i>
<b>Outcome 2</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
<b>Outcome 3</b> <i>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</i>
<b>Outcome 4</b> <i>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.</i>
<b>Outcome 5</b> <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
<b>Outcome 6</b> <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
<b>Outcome 7</b> <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.</i>
<b>Outcome 8</b> <i>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.</i>
<b>Outcome 9</b> <i>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 discreet and sensitive manner.</i>
<b>Outcome 10</b> <i>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.</i>

<p><b>Outcome 11</b></p> <p><i>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.</i></p>
<p><b>Outcome 12</b></p> <p><i>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.</i></p>
<p><b>Outcome 13</b></p> <p><i>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</i></p>
<p><b>Outcome 14</b></p> <p><i>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.</i></p>
<p><b>Outcome 15</b></p> <p><i>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. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p>
<p><b>Outcome 16</b></p> <p><i>The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).</i></p>
<p><b>Outcome 17</b></p> <p><i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Outcome 18</b></p> <p><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>

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain

The inspection report is available to residents, relatives, providers and members of the public, and is published on [www.higa.ie](http://www.higa.ie) in keeping with the Authority's values of openness and transparency.

## About the centre

### Location of centre and description of services and premises

Killure Bridge is a single-storey, purpose-built structure established in 2004. It is registered to accommodate 79 residents. The centre originally provided accommodation for 54 residents. Twenty five new single bedrooms with en suite facilities have been added bringing the final occupancy to 79 residents. At the time of inspection there were 79 residents living in the centre who were in receipt of continuing care, dementia, convalescence and palliative care.

The centre is divided into seven different wings which branch out from the main reception area. A wing consists of a day room, dining room, kitchen, staff canteen, dining room, six toilets, two of which are allocated to staff, and two offices.

Ballinomena wing comprises 15 resident bedrooms which include two twin-bedded rooms. Eleven of these bedrooms are en suite with toilet, wash-hand basin and shower facilities. Other facilities available in this wing are one bathroom, treatment room, dispensary, laundry and sluice room.

Comeragh wing consists of 16 bedrooms, which include two twin-bedded rooms. Fourteen of these bedrooms are en suite with toilet, shower and wash-hand basin. There is also one toilet, hair salon and sluice located in this wing.

Dunmore wing consists of 17 bedrooms which include two twin-bedded rooms, 14 of which are en suite with toilet, wash-hand basin and shower. There is also one bathroom, kitchenette and sluice.

Everest wing contains ten bedrooms, all of which have en suite facilities. There is also an oratory, library, sluice, storage area, and lounge.

Faithlegg wing and Gaultier wing contain 15 bedrooms, all of which are en suite. There is a storeroom and housekeeping store located in these wings. There is also a linked corridor containing a storage room between F and C wings.

The centre is situated in landscaped gardens and has ample car parking facilities.

### Location

The centre is located in open countryside between Waterford City and Waterford Airport.

<b>Date centre was first established:</b>	6 December 2004
<b>Date of registration:</b>	27 September 2010
<b>Number of registered places:</b>	79
<b>Number of residents on the date of inspection:</b>	79

<b>Dependency level of current residents as provided by the centre:</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	40	11	17	11

<b>Gender of residents</b>	<b>Male</b>	<b>Female</b>
	✓	✓

### Management structure

The centre is owned by Killure Bridge Nursing Home Ltd which is made up of six company directors. The nominated Registered Provider is Kenneth Walsh. The Person in Charge is Mary Burke who reports to the nominated Registered Provider. The Person in Charge is supported by an Assistant Director of Nursing Anne Kelly who deputises for the Person in Charge when on leave or any other absence.

The Person in Charge is supported in her role by a team of nursing staff, care staff, catering, administration and household staff who report directly to the Person in Charge. The nominated Registered Provider meets with the Person in Charge on a weekly basis or more frequently as required.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	3	12	3	4	1	0

**Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This report sets out the findings of an unannounced inspection. This inspection took place over two days on 10 July 2012 and 11 July 2012. As part of the inspection inspectors met with the person in charge (PIC), assistant director of nursing, the provider, residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

This was Killure Bridge Nursing Home's sixth inspection by the Health Information and Quality Authority (the Authority). The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

In summary, the person in charge was involved in the day-to-day running of the centre and was committed to providing a good standard of person-centered care to residents. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time and numerous visitors were seen throughout the inspection. Inspectors found that there was a willingness to comply with and meet the requirements of the regulations. The PIC had a good working knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The Authority had received a concern in relation to care and cleanliness of a resident's room and in relation to some residents remaining in wheelchairs throughout the day; this was looked into by the inspectors throughout the inspection and is discussed in the body of the report.

A number of improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider was required to complete an Action Plan to address the areas.

These improvements included:

- timely access to healthcare services
- improved privacy and dignity
- changes to mealtimes
- correct water temperatures.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

## **1. Statement of purpose and quality management**

### **Outcome 1**

*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.*

#### **References:**

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

### **Inspection findings**

The statement of purpose and function was updated recently to reflect the change to the management structure. The statement of purpose and function was viewed by the inspectors; it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The facilities, management structure and services provided were set out and other relevant information provided.

The philosophy of the centre as outlined in the statement of purpose and function is to "provide the best possible individual and social care to each resident to enable them to maximise their potential ability and so enhance their quality of life". This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The statement of purpose was found to meet the legislative requirements.

### **Outcome 2**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

#### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

### **Inspection findings**

The PIC told inspectors that she spoke with residents daily to establish their experience of the services provided. There is an active residents' committee in place which allows residents and relatives to raise issues and bring forward their

experiences and suggestions of the care and service provided; these will be discussed further in outcome 11.

The person in charge had an audit schedule in place for 2012 and showed the inspectors regular audits that were completed in June 2012 and July 2012. These included the following:

- medication management
- infection control
- cleaning
- care planning
- falls prevention
- complaints
- equipment
- restraint
- call bells.

Different audits were delegated to different staff members to complete. The audits were seen to be comprehensive. Examples of the areas where deficits were identified in care planning were plans not being reviewed on time or assessments not being completed fully; in medication management they were in relation to general practitioner's (GP's) signatures, or omissions of dates of birth. Feedback and actions from all audits were given to staff and they were discussed at staff meetings and were used for the purposes of ongoing quality monitoring and continuous improvement.

The inspectors were satisfied that the quality of care is monitored and developed on an ongoing basis and ongoing audits will take place.

### **Outcome 3**

*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.*

#### **References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

### **Inspection findings**

There was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided. The complaints procedure was on display in the main foyer.

The provider, person in charge and staff conveyed a good understanding of the purpose of a complaints procedure. In practice, records of complaints and their outcomes were kept, with an independent appeals person nominated. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The complaints log was viewed by the inspectors and the documentation of complaints was found to be sufficiently robust in that it did



contain a record of any investigation and outcome of the complaint and whether or not the resident/relative was satisfied, as is required by legislation.

## **2. Safeguarding and safety**

### **Outcome 4**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

### **Inspection findings**

The training records viewed by the inspector showed that staff received ongoing elder abuse training. New staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse at home and had completed questionnaires to establish their understanding of their responsibilities. The inspectors recommended that viewing the DVD should not happen in isolation without the ongoing discussions and scenarios in order to increase their awareness and understand clearly their responsibilities. The person in charge assured the inspectors that full training also took place but this was an interim measure with new staff until full training could be provided. Training records reviewed showed that this full training had taken place for other staff.

Staff interviewed by inspectors were aware of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of no tolerance to any form of abuse in the centre. Any allegations of abuse had been acted on immediately, investigated fully and appropriate action taken. Notification was sent to the Chief Inspector as required by legislation.

### **Outcome 5**

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

#### **References:**

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

### **Inspection findings**

The fire policies and procedures were viewed by the inspectors and were centre-specific. There were notices for staff on "what to do in the case of a fire"

appropriately placed throughout the centre. The fire alarms, extinguishers, hoses, blankets and emergency lighting were all checked and serviced by external companies and records reviewed showed that they had all been checked and serviced on a number of dates in June 2012 and July 2012.

Fire training was provided to staff in June 2012. Regular fire evacuation drills were undertaken; the last one was documented for 15 June 2012 and showed it took eight minutes to evacuate a wing. The emergency evacuation plan was viewed by the inspectors and showed arrangements in place to evacuate residents in the event of an emergency, and where temporary accommodation would be provided in the event of being unable to return to the centre.

Inspectors viewed the comprehensive log of accidents and incidents that took place in the centre. Resident accidents and incidents were documented in their notes and these entries corresponded with the centre's accident and incident log. Accidents and incidents were trended and investigated using a root cause analysis which resulted in an action plan. Individual changes were implemented following falls such as review and reduction in medication, introduction of a low-low bed and a physical review by the GP.

The centre-specific health and safety statement was reviewed in May 2012 and was seen by the inspectors to be very comprehensive. This was updated following an inspection by the Health and Safety Authority, who also required further risk assessments to be completed on chemical and biological agents. The risk management policy was also viewed by the inspectors which contained numerous safe working practice sheets and hazard identification sheets with control measures. The inspectors viewed that this contained risk assessments for chemical and biological agents as well as risk assessments for violence and aggression of residents. There were two specific risk assessments recently completed to deal with specific issues with individual residents.

Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency and pressure sore development, continence, moving and handling.

The inspector observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the buildings and throughout staff and resident areas.

The temperature of the water in the sinks in the residents' bedrooms and the visitors' toilet area were found to exceed safe levels; the inspector was unable to hold her hand under the water as it was too hot and this could present as a risk of burning to residents.

**Outcome 6**

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

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

**Inspection findings**

The inspectors accompanied a staff nurse to observe medication practice and storage. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation. Photographic identification for residents was present. A copy of An Bord Altranais medication guidelines was readily available.

The medication trolleys were secured and the medication keys were held by the nurse in charge. Controlled drugs were maintained as per professional guidelines. Medication management was the subject of audit by the person in charge and inspectors saw the results of these audits which are fed back and actioned by the staff.

The nurse demonstrated a high level of knowledge regarding residents' medication and best practice guidelines on medication administration and storage. She informed the inspector that recent training on medication management was provided for nursing staff.

Further involvement, training and audit from the pharmacist would enhance the service provided to the residents.

**3. Health and social care needs****Outcome 7**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent

Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

### **Inspection findings**

A number of different GPs provided medical services to the residents. Residents have choice whether or not to remain with their own GP. GPs visit routinely and all residents' care is reviewed at least three monthly. Residents' medical records were inspected and these were current with entries including referrals, blood and swab results. Residents, relatives and staff described the GP services as good. There was a responsive out-of-hours service available to residents seven days per week.

Inspectors found that residents' general healthcare needs were adequately met and monitored. Vital signs and weights were recorded monthly, and blood sugar levels were recorded daily or weekly as required.

Chiropody and physiotherapy were available as required and funded privately by residents. Complementary therapy services included exercise with fit for life programme and reflexology.

There was a comprehensive assessment and care planning system in place which included evidence-based assessments. These assessments and care were reviewed every month or more frequently as required.

The inspectors noted throughout the two days of inspection that a number of residents were sitting in wheelchairs or in specialist chairs which did not have foot rests or support for their legs. This position does not abide by best practice guidelines in positioning of residents. The person in charge reported a difficulty in obtaining seating assessment and specialist chairs through the HSE occupational health department. A number of residents said they liked to sit in a wheelchair throughout the day but for others wheelchairs should only be used for transporting residents and they should be moved to comfortable seating at all other times.

Bedrails are being used for a number of residents in the centre, many who have requested them for their comfort. Lap belts were also used as a means of restraint for five residents on a regular daily basis. The inspector saw that assessments for the use of restraint were being completed on residents and alternatives to restraint had been tried. These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented. The person in charge demonstrated to the inspector that they were working towards a reduction in restraint usage and had reduced lap-belt usage from ten to seven and were aiming towards a restraint-free environment. The inspectors felt that further reduction in restraint usage was required.

There were links with psychiatric consultants and community services for residents who required these services. However, the person in charge informed the inspectors that at times it was difficult to get assessments and treatment plans for new residents who did not have previous contact with the service.

**Outcome 8**

*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.*

**References:**

Regulation 14: End of Life Care

Standard 16: End of Life Care

**Inspection findings**

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were dying. Overnight facilities in the form of a recliner chair and room facilities were available for relatives' use. Residents had the option of a single room and access to specialist palliative care services, if appropriate.

Palliative care advice and support was provided by a local hospice homecare team who reviewed residents prior to and subsequent to admission. Inspectors saw that the homecare team had visited on a regular basis in the past and a case conference was held on a weekly basis with the palliative care consultant regarding residents within the centre. A bereavement counsellor and support was available if requested by residents.

There was an end-of-life care policy which was centre specific and referenced to national and international best practice in end-of-life care. There was evidence of staff having read and signing off their understanding of the policy.

There was evidence that three nurses had completed a four-day certificate programme on end of life in Marymount Hospice. One nurse attended a three-day course in palliative care facilitated by Raheny Hospice. All nursing staff had attended a syringe driver update facilitated by the hospice home care team in Waterford.

A number of healthcare assistants had attended the FETAC Level 5 palliative care module. Inspectors saw evidence that one nurse was undertaking a higher diploma in palliative care.

**Outcome 9**

*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 discreet and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

**Inspection findings**

Residents were offered a varied nutritious diet and the menu cycle made allowances for the preferences of individual residents, including those on special diets and those who required a modified consistency diet.

Residents had access to fluids throughout the day. Jugs with water were seen in bedrooms and communal areas and plenty of fluids were offered and encouraged at mealtimes.

There were two dining rooms in use on the day of inspection; the main dining room and a second smaller dining room. There were a number of separate meal sittings in the dining room for lunch and tea. The first sitting allowed residents who required assistance with eating and drinking an opportunity to have the full attention and assistance of the staff. It also provided a quieter environment to enjoy their meal. The second/third sitting was for more independent residents and those who only required minimal assistance. There was only one sitting in the smaller dining room which provided a quieter more intimate setting for dining and proved popular with many residents. The inspector found that mealtimes were an inviting and enjoyable time for residents. Tables were set in an attractive manner with place settings and napkins. There was good communication between nursing and catering staff about special dietary needs. The catering staff knew the residents' likes and dislikes in an in-depth way. The choice, quality and presentation of meals were of a good standard. Residents confirmed that mealtimes were an enjoyable social event with many residents remaining at the table after their meal to chat and socialise.

The inspectors were pleased to see many residents enjoying breakfast up to mid morning which demonstrated flexibility and choice; however, inspectors observed that lunchtime meals were very early with first lunch served at 12:15hrs. If a resident had a lie-in then breakfast and lunch would be served very close together.

**4. Respecting and involving residents****Outcome 10**

*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.*

**References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

**Inspection findings**

Each resident or his/her representative has been provided with a contract of care detailing the services to be provided to the resident and the fees to be charged.

Contracts of care had been implemented for residents and were seen by the inspector. The contracts were comprehensive, were agreed within a month of new admissions and they stipulated the fee to be paid and what was included and excluded from that fee.

**Outcome 11**

*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.*

**References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

**Inspection findings**

There was an active residents' association which offered residents and relatives an opportunity to participate and engage in the running of the centre. The last meeting was held on 4 July 2012 and was chaired by a staff nurse and attended by two residents and six relatives. Numerous issues were discussed including the upcoming summer party for residents.

The assistant director of nursing has met with a number of relatives to discuss and review care plans.

There is a reception area on the entrance to the building where a sign-in book for visitors was present. A suggestion box was also available in the main reception and residents and relatives were encouraged to use it.

The manner in which residents were addressed by staff was appropriate and respectful. Inspectors observed the residents' privacy and dignity being respected and promoted by staff in that staff knocked before entering residents' bedrooms. However, the inspectors noted that adequate screening was not provided in a shared bedroom. Screens were only provided around one bed which did not ensure that privacy and dignity was maintained for the resident in the other bed especially while staff were delivering personal care.

Residents' religious needs were catered for with communion available every week, and the rosary was said with residents on a daily basis. Mass was only held in the centre every number of months and residents said they would like to see it more frequently; the person in charge has looked into this but availability of priests is a problem. A number of residents go out to the local church on a Sunday. Other religious denominations were visited by their ministers as required. There was an oratory in the centre which the residents confirmed they enjoyed using for quiet reflection.

There was a comprehensive programme of activities available in the centre. The inspectors saw a lively music session going on and a knitting group at different times during the inspection which appeared to be enjoyed by all. Residents' right to choice in participation was respected by staff and while many residents participated in organised activities, inspectors observed that others chose to spend time in their room or in another room where activities were not going on.

The centre was open to visitors throughout the day and numerous visitors were seen in the centre throughout the inspection. The residents commended the staff on how welcoming they were to all visitors. Relatives were also observed taking residents out.

**Outcome 12**

*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.*

**References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

**Inspection findings**

The person in charge informed the inspectors that residents and relatives were encouraged to take valuables home but there were some arrangements in place for the management of residents' finances for those that did not have capacity to manage it themselves. All transactions were signed and witnessed. Regular audit of the resident's finances would ensure a more robust system.



The majority of residents' relatives took residents' laundry home to wash but there were a number of residents whose laundry was managed in the centre and the system in place for managing residents' clothing was effective. If the number of residents having laundry managed in the centre increases a dedicated laundry staff may be required.

The inspectors saw, and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were much personalised with residents' own cushions, ornaments, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided.

## **5. Suitable staffing**

### **Outcome 13**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

#### **References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

## **Inspection findings**

The person in charge is an experienced nurse and manager, and demonstrated strong evidence of a commitment and person-centred approach to the residents' care. She was very involved in the day-to-day management of the organisation and had a good reporting mechanism in place to ensure that she was always fully aware and up to date in relation to each of the residents' changing needs. The nursing and care staff all reported to her.

The person in charge visited and spoke to all residents on a daily basis and was very knowledgeable about them, addressing each by their first name, and was able to tell inspectors detailed information about the residents. She has been instrumental in the implementation of a number of improvements in the centre as discussed throughout the report. Relatives and staff reported a greater organisation of the service and care provided as a direct result of the person in charge's managerial and leadership skills.

The person in charge meets regularly with the providers who provide advice and support.

### **Outcome 14**

*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.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Inspection findings**

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. There was a clear management structure and staff were aware of the reporting mechanisms. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

The human resource policy was centre-specific and included details for the recruitment, selection and Garda Síochána vetting of staff. The inspectors reviewed the planned and actual rotas. The inspectors noted that there were adequate staff numbers on the day of the inspection to meet the needs of the residents. Residents and staff agreed that there were staff available in sufficient numbers and with the appropriate skills and competencies to meet the personal and health needs of residents.

An extensive variety of professional development training was provided to staff. The staff training and education records viewed by the inspector showed that staff had attended mandatory training in manual handling, fire training and elder abuse. The nursing staff had attended a large variety of professional training including training on dementia care, venapuncture, care of the older person, wound care, behaviours that challenge, cardio-pulmonary resuscitation (CPR) training and first aid, end-of-life training and numerous other courses. The records showed that care assistants had received Further Education Training Awards Council (FETAC) Level 5 training. Staff that spoke with the inspector reported a great level of support and encouragement from the person in charge to attend training and keep their knowledge base up to date.

Inspectors saw that appraisals were completed for staff in the staff members' files and this assisted in the identification of staff training needs.

Inspectors saw three comprehensive staff files, which contained all the information as outlined in the regulations.

## **6. Safe and suitable premises**

### **Outcome 15**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

#### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Inspection findings**

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected.

Killure Bridge Nursing Home is purpose-built and provides a high standard of resident accommodation. The inspectors found that the premises, fittings and equipment were very clean and well maintained. There was a good standard of décor throughout. Landscaped gardens and courtyards with seating were available for residents' and relatives' use. The bedrooms seen by inspectors were personalised with photographs. Some residents had their own furniture in their rooms.

There was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists, pressure-relieving mattresses and zimmer frames. Service contracts for all equipment were up to date. There was a maintenance staff member for the centre and the maintenance log viewed by an inspector showed appropriate responses to requests.

The corridors were wide, allowing easy access for residents in wheelchairs and those people using walking frames or other mobility appliances, and had handrails throughout. Inspectors observed residents moving freely using their individual aids.

The kitchen was clean, well stocked and well managed. The chef had been working there for some time and demonstrated a good knowledge of the dietary requirements for residents and there was a formal written procedure so that all staff were aware of dietary requirements for residents. There was also a kitchenette available for use by relatives and visitors which was clean and well maintained. The laundry and sluicing areas were adequate. There were appropriate changing and shower facilities for staff.

## **7. Records and documentation to kept at a designated centre**

### **Outcome 16**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**References:**

Part 6: The records to be kept in a designated centre  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

**Inspection findings**

Records were maintained and stored in line with best practice and legislative requirements.

Residents had daily access to national and local newspapers and residents were seen to be enjoying same.

Policies, procedures and guidelines availability were in line with schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 17**

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

**References:**

Regulation 36: Notification of Incidents  
Standard 29: Management Systems  
Standard 30: Quality Assurance and Continuous Improvement  
Standard 32: Register and Residents' Records

**Inspection findings**

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

The person in charge had notified the Social Service Inspectorate of all incidents and quarterly returns as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

**Outcome 18**

*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.*

**References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

**Inspection findings**

There had been no periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge since the last inspection. The providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence.

Support and acting up arrangements were comprehensive, and the assistant director of nursing covers for the person in charge when she is away. The inspectors met with the assistant director of nursing during the inspection and she demonstrated a full involvement in all managerial aspects of the centre and a good knowledge of all residents' needs.

**Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the assistant director of nursing to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

**Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

***REPORT COMPILED BY***

Caroline Connelly  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

16 July 2012

**Health Information and Quality Authority  
Social Services Inspectorate**

**Action Plan**



**Provider's response to inspection report\***

<b>Centre:</b>	Killure Bridge Nursing Home
<b>Centre ID:</b>	0242
<b>Date of inspection:</b>	10 July 2012 and 11 July 2012
<b>Date of response:</b>	23 July 2012

**Requirements**

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

***Outcome 5: Health and safety and risk management***

**1. The provider has failed to comply with a regulatory requirement in the following respect:**

The temperature of the water in the sinks in the residents' bedrooms and the visitors' toilet area were found to exceed safe levels, the inspector was unable to hold her hand under the water as too hot and this could present as a risk of burning to residents.

**Action required:**

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Reference:**

Health Act 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety  
Standard 29: Management Systems

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The temperature of the water was adjusted immediately on the day of inspection. The plumber has applied valves to the water system to regulate the water temperature and prevent the water being distributed higher than 43 degrees. The maintenance staff check the water temperature twice a week and records are maintained.</p>	<p>11 July 2012</p>

***Outcome 7: Health and social care needs***

<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The inspectors noted throughout the two days of inspection that a number of residents were sitting in wheelchairs for the day or in specialist chairs where they did not have foot rests or support for their legs.</p> <p>There were indicators as evidenced on inspection that residents did not have timely access to healthcare services.</p>	
<p><b>Action required:</b></p> <p>Ensure that all residents are provided with suitable and sufficient care to maintain their welfare and well-being, having regard to the nature and extent of the resident's dependency and needs.</p>	
<p><b>Action required:</b></p> <p>Ensure that each resident has access to healthcare services including primary care, secondary care, specialist services and allied health professionals, irrespective of geographical location or place of residence.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 6: General Welfare and Protection  Regulation 9: Health Care  Standard 13: Healthcare  Standard 12: Health Promotion</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All residents who require foot rests or supports have been identified. Staff have been made aware of these residents.</p>	<p>25 July 2012</p>

<p>Foot rests are available for staff to use for residents. An external company are providing a workshop on 9 August 2012 for staff training with regard to transferring patients and correct seating posture for residents.</p> <p>Due to moratorium on staffing in the HSE there is limited access to occupational therapists. The person in charge has sent numerous requests to the occupational therapists for assessments with no success.</p> <p>The person in charge has sent letters to the local health manager, HSE South in February 2011, May 2011 and February 2012 regarding inadequate access to allied health professionals,</p> <p>As there is no response from the HSE occupational therapists, the person in charge has contacted a private company to carry out seating assessments for new chairs for residents.</p>	31 October 2012
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***Outcome 9: Food and nutrition***

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Inspectors observed that lunchtime meals were very early with first lunch served at 12:15hrs. If a resident had a lie-in then breakfast and lunch would be served very close together.</p>	
<p><b>Action require</b></p> <p>Change the times of meals to ensure that residents have a reasonable choice around mealtimes.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>We have commenced lunchtime ten minutes later since the inspection. The person in charge carried out a questionnaire on 12 July 2012 among residents regarding mealtimes and they are happy with the time of lunch at present. Any residents who have late breakfast are encouraged to have lunch at a later time. Lunch time commences at 12:20hrs and usually ends around 14:15hrs; therefore there is choice for residents for early or late lunch.</p>	11 July 2012



***Outcome 11: Residents' rights, dignity and consultation***

<b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b>  There was not appropriate screening around each bed in a shared bedroom to protect residents' privacy and dignity.	
<b>Action required:</b>  Provide privacy to residents to the extent that the resident is able to undertake personal activities in private.	
<b>Reference:</b> Health Act 2007 Regulation 10: Residents' Rights Dignity and Consultation Standard 4: Privacy and Dignity	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  New curtains and curtain rails were measured on Monday 16 July 2012.	30 July 2012

**Any comments the provider may wish to make:**

**Provider's response:**

We would like to thank the inspectors for the professional and respectful manner in which they carried out the inspection and for their acknowledgement of the quality of care provided to our residents.

We would like to acknowledge the wonderful work of all our staff in ensuring a high standard of person-centred care for residents.

Killure Bridge Nursing home are committed to continuously improving care for our residents which includes the recently installed GPS monitoring system for residents to ensure safety and security.

**Provider's name:** Kenneth Walsh

**Date:** 24 July 2012