

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

**Inspection report
Designated centres for older people**



Centre name:	Kiltipper Woods Care Centre
Centre ID:	0053
Centre address:	Kiltipper Road Tallaght Dublin 24
Telephone number:	01 4625277
Fax number:	01 4626652
Email address:	mary@kiltipperwoods.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Stanford Woods Care Centre
Person in charge:	Mary Woods
Date of inspection:	12 January 2011
Time inspection took place:	Start: 09:30 hrs Completion: 15:00 hrs
Lead inspector:	Eileen Kelly
Support inspector:	none
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments 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*.

Additional inspections take place under the following circumstances:

to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken following a change in circumstances; for example:

- following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

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.

About the centre

Description of services and premises

Kiltipper Woods Care Centre is a purpose-built, two-storey building which currently caters for 112 residents. A new extension completed in 2010 increased its bed capacity by 28. The centre provides full-time care for older people, people with dementia, physical disability and acquired brain injury as well as rehabilitation and convalescent care.

Five units are arranged over two floors, with a lift between the two floors. All bedrooms have en suite toilet and shower facilities. There are 64 single and nine twin bedrooms on the ground floor and 20 single and three twin rooms on the first floor. There is one multi-occupancy bedrooms for up to four people sharing on the ground floor. These rooms are dedicated to the care of highly dependent residents.

The West Wing caters for the needs of older residents with dementia and has 18 residents. This wing has a separate safe, accessible garden. The North Wing caters for 12 younger people with disabilities and acquired brain injury. East Wing has 30 older residents and the upper floor caters for 26 residents, some of whom are receiving convalescent care. The South Wing is the new unit and has 26 residents. Each wing has a day room and other open plan areas with seating, a dining room, a kitchenette, a nurses' station and a sluice room. There is one main good sized visitors' room on the ground floor and two other quiet rooms on the first floor and in the south wing. A smokers' room is also available. In addition to the en suite facilities, there are 16 toilets and these are situated near to day and dining rooms, as well as seven assisted bathrooms. In addition, there is an oratory on the ground floor and a room known as the "room of rest" for families to use if their relative is receiving end of life care and a guest room available for families to use overnight at this time. There are two treatment rooms on the ground and upper floors. The main kitchen is based on the ground floor and the laundry is on the first floor. There are ample storage facilities throughout the centre for linen, cleaning materials and storage of equipment and assistive aids.

The hydrotherapy pool, as well as a gymnasium and an occupational therapy department are adjacent to the South wing which also has a recreational room for the younger residents. There are dedicated staff facilities including a training room, a library, a kitchen/dining room, separate male and female changing areas and a quiet room. There are also separate changing facilities for kitchen staff.

Outdoors, there is a large, internal, landscaped courtyard accessible to all residents. It is suitably furnished, well maintained and with colourful planting.

Upon arrival, there is a spacious reception area and a staffed reception desk. Parking is on site. The provider has plans for a coffee shop for residents and visitors and this facility is currently being constructed. There is discreet use of CCTV cameras and there are coded access doors for use between wings.

Location

The centre is situated at the base of the Dublin Mountains close to the M50. Tallaght village is less than one and a half miles away with the regular 54a bus route and the Luas line servicing local amenities and the city centre.

Date centre was first established:	2004
Number of residents on the date of inspection	111 + 1 in hospital
Number of vacancies on the date of inspection	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	36	24	24	27

Management structure

The Provider is Stanford Woods Care Centre and the nominated contact person is Dermot Mc Dermott who is the Company Director. Mary McDermott, one of the directors, is the Person in Charge and in this capacity is known as Mary Woods.

The Person in Charge is supported by a full-time Assistant Director of Nursing (ADON), a Clinical Nurse Manager Level 2 (CNM2) and two Clinical Nurse Facilitators (CNF). The ADON deputises for the Person in Charge in her absence and the CNM2 deputises for the ADON in her absence. On each wing there is a Clinical Nurse Manager Level 1 (CNM1) in charge of each staff shift, three to four staff nurses and four to five care assistants. Senior care assistants work with junior care assistants and the staff nurses and the CNMs supervise all care staff on each unit.

The CNM1 on each unit reports to the CNFs, who in turn reports to the ADON. The CNM2 also reports to the ADON. The ADON reports directly to the Person in Charge. All catering and cleaning staff report to the heads of their departments who in turn report to the Person in Charge. Therapy staff such as the physiotherapists, occupational therapist report to the Senior Physiotherapist who in turn reports to the ADON. Maintenance staff also report to the Facilities Manager.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1x CNM2 1x CNF 3x CNM1 7x S/N 1 x Discharge Coordinator	29	6	7	5	11*

- * 1 x Ambulance driver
- 1 x Occupational Therapist (already stated)
- 3 x Physiotherapists (already stated)
- 1 x Assistant Physiotherapist
- 3 x Activity Coordinators
- 1 x Facilities Manager
- 1 x Maintenance Staff

Background

This was an unannounced inspection and the second to be carried out by the Health Information and Quality Authority (the Authority). The centre was initially inspected in April 2010 and inspectors found that the centre was largely in compliance with 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*. The report from that inspection is available on www.hiqa.ie and the centre's identification number is 0053.

The purpose of this inspection was to review the actions which the provider had been required to complete after the previous inspection. Areas identified for improvement included:

- auditing practices
- medication administration
- care planning
- staff records
- maintenance of records on servicing of equipment
- communication
- managing residents' finances
- visiting arrangements to the centre

Summary of findings from this inspection

Overall, the inspector found that the provider had adequately completed the majority of the actions required. On the day of the inspection, the person in charge was on leave and the named person in charge was the ADON. The provider had appropriately notified the Authority of this interim arrangement. The inspector read documentation produced by the person in charge tracking the ongoing and sustained work in relation to each of the actions required by the Authority. There had been improvements in the quality of auditing and communication of these practices. However, some improvements continued to be required in the care planning process and in the maintenance of staff records. Improvements were also required in providing the Authority with timely notifications of any adverse incidents. These actions are addressed in the Action Plan at the end of this report.

Issues covered on inspection:

Since the last inspection the Authority had received information of concerns about a number of issues such as staffing levels, the management of falls and absence of residents as well as infection control measures. The provider was required by the Authority to respond to some of these issues and a satisfactory and timely response was received by the Authority. Consideration of this information was included in the follow up inspection. The inspector found that staffing levels and skill-mix were sufficient to meet the needs of residents and there were good risk management procedures in place for the welfare and safety of residents. The inspector also found no evidence of poor practice relating to infection control. The inspector noted that there was a positive culture of complaints management and some issues raised with the Authority were being addressed by the person in charge via the centre's complaints management procedures.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure that all falls and near misses are consistently and accurately recorded and audited to inform quality improvements.

This action was completed but continues to require ongoing sustained monitoring.

The inspector read records of accidents and incidents and saw that they were suitably detailed, demonstrating actions taken and learning gained. Near misses were also recorded such as near miss falls and near miss medication errors. There was a Falls Committee which met once every month and was overseen by a CNM who had lead responsibility for risk management. The inspector read minutes of a recent meeting and saw that it comprehensively covered a review of each resident at risk of falls. However, the inspector found that quarterly notifications were not provided to the Authority in a timely manner and in accordance with Regulations.

Since the last inspection, the person in charge had led on an initiative to review the management of falls in the centre. She stated that the findings and actions taken resulted in better outcomes for falls management. She reported benefits for residents and provided statistics showing a 30% decrease in falls in the second quarter of 2010. Results of the review included the use of a broader definition of falls in the centre's policy and an improvement by the physiotherapist who was using a clinical assessment tool for falls management to strengthen the process for identifying those residents most at risk. The inspector saw that this review had also identified other areas for improvement such as ensuring that residents used suitable and safe footwear, and the provision of hip protectors. In addition, education sessions were provided by the physiotherapist for all staff on promoting safety in manual handling.

The inspector reviewed the care plan for a resident at risk of falls and saw that this included comprehensive falls assessments which identified the changing needs of the resident and a care plan that reflected these changing needs. The inspector also noted

that in the event of a fall or near miss, documentation was available to show that suitable interventions were carried out, incidents were recorded by the CNMs, a treatment plan specified and the family were kept informed. The inspector spoke with a relative who stated that her family member who was at risk of falls was well supervised and monitored.

2. Action required from previous inspection:

Ensure that all medicines are administered in a manner according to best practice that promotes the best outcome for residents' health and welfare.

This action was completed and continues to be developed.

The person in charge informed the inspector that since the last inspection a medication review had taken place in consultation with the medical officer and the pharmacist. One aspect of this review included the timing of antibiotic administration. The inspector spoke with the medical officer, with nurses and with the person in charge and found that the needs of each resident requiring antibiotics had been discussed and a treatment plan had been prescribed by the medical officer.

The inspector reviewed the medication administration records and saw that there was an individual plan for each resident who was receiving antibiotics. It contained information such as the timing of administration and whether medicine was to be taken with food or not. The inspector noted that since the last inspection the administration sheet had been revised to include a communication sheet between staff noting any issues arising from the administration of medicines.

In addition, since the last inspection the person in charge informed the inspector that a new medication audit tool has been designed in collaboration with nurses, the medical officer and the pharmacist to assess the ongoing administration of all medicines to inform continuous improvements.

3. Action required from previous inspection:

Ensure that all care plans are comprehensively reviewed and incorporate any changes in residents care needs.

This action had been partially completed and required ongoing sustained review and improvement.

The inspector reviewed a sample of care plans and saw that residents' needs were comprehensively and regularly assessed and for the most part care plans were in place. The person in charge had, since the last inspection, identified some areas for improvement such as the introduction of a new daily evaluation sheet to promote the practice of ongoing clear review. The inspector reviewed this documentation on care plans and saw that it contained space for nurses on each shift to provide a regular update on the changing needs of residents. The inspector noted that this practice was

particularly of benefit for residents in the South Wing, several of whom were receiving convalescent and short-term care.

However, the inspector found that care plans had not been agreed with residents or their representatives, were not available to them, were incomplete in addressing the needs of residents and were not adequately person-centred. There was inconsistent use of residents' names in the care planning process and inadequate evidence to show that residents or their nominated representatives were involved in care planning in partnership with staff. Some care plans were incomplete. For example, a care plan on behaviours that challenge for one resident stated that "triggers will be identified and managed". However, there was no information in the care plan identifying those triggers. This had the potential for poor outcomes for residents if staff did not have the required knowledge for the delivery of consistent care to this resident.

4. Action required from previous inspection:

Provide for each staff member the information and documents specified in Schedule 2 of the Regulations.

This action was partially completed.

The inspectors viewed a sample of staff files and saw that they largely met the requirements specified in Schedule 2 of the Regulations. However, there were some new members of staff employed at the centre and Garda Síochána vetting remained pending. The provider had secured references on these new members of staff. In addition, the person in charge stated that efforts were still ongoing to ensure full compliance with the requirement for three references.

5. Action required from previous inspection:

Provide suitable, up to date records for the servicing of all equipment.

This action had been completed.

The inspector looked at servicing records for equipment and found that these records were suitably maintained and up-to-date. There were appropriate service agreements in place for the ongoing maintenance of all equipment. The inspector saw, for example, that hoists were regularly maintained at six-monthly intervals.

Staff confirmed that there was a robust system for the maintenance of all equipment and requests for repairs were responded to promptly either by the on site maintenance person or external contractors. The inspector noted that there were three-monthly health and safety meetings to review all health and safety matters including the maintenance of equipment. The provider also informed the inspector that the Health and Safety Authority carried out an audit in October 2010 and that the centre received positive feedback.

Since the last inspection the provider stated that a facilities manager had been employed to oversee all aspects of the administration and maintenance of facilities. This included the tracking of service agreements for the upkeep of equipment. In addition since the last inspection all hoists have been assigned an equipment code number to support the tracking of hoist maintenance. The inspector saw that hoists displayed these codes and that maintenance logs were tracked with corresponding codes for ease of reference.

6. Action required from previous inspection:

Ensure that all staff are fully familiar with auditing systems and all initiatives on quality improvements.

This action was completed.

The inspector found that staff were knowledgeable about auditing processes and systems. CNMs on each unit were able to discuss the importance of audit as part of continuous improvements. They confidently talked about their role in contributing to quality improvements such as participating in the Falls Committee, and discussing learning from incidents at weekly clinical nurse meetings. Nurses were familiar with audit tools on medication administration and falls and the person in charge stated that audit work had commenced on care planning and the use of restraint. The inspector noted that staff members signed minutes of meetings to indicate that they have understood the issues discussed. Since the last inspection two new clinical nurse facilitator posts had been created and staff identified these roles as important in the ongoing review of practices and policies to inform quality reviews.

7. Action required from previous inspection:

Review the policy on the management of residents' finances and ensure that it specifies clear, step by step guidance on the handling and management of residents' personal money.

This action was completed.

Residents now receive individual receipts for all transactions and the policy had been updated to include the provision of receipts. The inspector spoke with one younger resident who verified this and stated that she had easy access to her money in a personal safe located in the nurses' station.

8. Action required from previous inspection:

Ensure that from a health and safety perspective that the visitors' book is consistently used by all visitors to the centre.

This action was completed.

The inspector observed that a visitors' book was in place at the main entrance door and visitors used it. However, the person in charge explained that not all regular visitors such as family members are inclined to do so due to their familiarity with staff at the reception desk. In order to strengthen this system the provider installed a new security measure whereby visitors freely enter the outer foyer area on arrival and the receptionist then facilitates access via a controlled buzzer that opens the two large glass sliding doors into the main reception area.

Report compiled by:

Eileen Kelly

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

3 February 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
13 and 14 April 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to additional inspection report*

Centre:	Kiltipper Woods Care Centre
Centre ID:	0053
Date of inspection:	12 January 2011
Date of response:	28 February 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

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

Care plans had not been agreed with residents or their representatives, were not available to them, were incomplete for some residents and were not adequately person-centred.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Make each resident's care plan available to each resident.

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

Action required:	
Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.	
Action required:	
Revise each resident's care plan, after consultation with him/her.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All residents/patients in Kiltipper Woods Care Centre have their own individual care plans. Additionally the resident/patient and their nominated care representative (once permission has been sought and granted) is invited to attend three-monthly care plan review meetings to ensure that the resident and their nominated care representatives are actively involved in planning their own care. Whilst it will be acknowledged that some improvement is required in order to ensure that all care plans are person-centred, education and in house training on these topics continues.	Immediate/Ongoing
Resident's care plans are available on request, additionally if resident's wish to access their files, there are a number of policies in place to assist with the process: <ul style="list-style-type: none"> ▪ REC 03: Access to, retention of and destruction of records ▪ REC 04: Admissions ▪ REC 05: Residents Care Plan Development and Implementation ▪ REC 06: Reassessment of Resident 	Ongoing
Additionally Kiltipper are in adherence with the Freedom of Information Act.	
Action Taken: A Documentation Audit has taken place to examine the issues that arose during the second inspection. The results have been discussed with the nursing staff and records are being updated to ensure the findings are actioned and completed.	3-6 months

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Personnel files did not contain all of the requirements specified in Schedule 2 of the Regulations.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All staff have completed Garda Síochána vetting applications and these have been lodged with the Garda Síochána Vetting Department. We currently have 98% returned from the department, it is anticipated we will have the remainder by April 2011.</p>	<p>1 month</p>

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The Authority had not received the required notifications of any adverse incidents or untoward events without delay in accordance with the Regulations</p>	
<p>Action required:</p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p>	
<p>Action required:</p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.</p>	
<p>Action required:</p> <p>Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.</p>	

Action required:	
Confirm in writing any notice given orally in accordance with Regulation 36 within three working days of the occurrence of the incident.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre any incident that the Chief Inspector may prescribe.	
Reference:	
Health Act, 2007 Regulation 36: Notification of Incidents Standard 8: Protection Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Kiltipper Woods Care Centre acknowledges the late submission of the quarterly reports of the occurrence. We will adhere to all notifications under Regulation 36 in the future.	Immediate

Any comments the provider may wish to make:

Provider's response:

We would like to thank the Authority's inspection team for the courteous and professional manner in which the inspection was conducted. Residents and staff felt the inspector treated them respectfully over the course of the day of the inspection.

We believe that the report highlights our understanding of the Health Act 2007 and the Standards and demonstrates how committed the providers, management and staff of Kiltipper Woods Care Centre are to continuous improvements in the quality of care and life of the residents.

Finally, the providers would like to thank all our colleagues working in Kiltipper Woods Care Centre, those offering voluntary services, the volunteer residents committee and all those who contributed to the inspection. We would also like to thank all the residents and their relatives and friends who pro-actively participated in the inspection process.

Provider's name: Dermot Mc Dermott

Date: 25 February 2011