

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Kylemore House Nursing Home
Centre ID:	0055
Centre address:	Sidmonton Road
	Bray
	Co Wicklow
Telephone number:	01 286 3255
Fax number:	01 276 0027
Email address:	Kylemorehse@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Ruth Behan
Person in charge:	Jasmin Echavez
Date of inspection:	13 April 2012
Time inspection took place:	Start: 09:20 hrs Completion: 16:05 hrs
Lead inspector:	Mary McCann
Support inspector:	Gary Kiernan
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
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 matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, 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 wellbeing 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

Kylemore House is two-storey Victorian house with contemporary extensions. There are 42 residential places for older people including people with dementia. Three stair lifts are available to provide access to all areas of the building.

On entry, there is a visitors' room to the left. To the right lies a dedicated day-care centre providing day-care for up to 16 older people who attend from the local community. Adjoining this area to the rear is a separate dining room for the day-care service. Stairs from the hall lead to the area known as the Victorian Building where there are two single bedrooms, one of which has a toilet and shower en suite, two twin rooms, one of which has an en suite toilet and shower and two bedrooms for up to three people sharing. These shared bedrooms have a wash-hand basin. There is one assisted bathroom and toilet and an additional toilet on this level.

The bedroom area on the upper level can be accessed by staff from the Victorian Building via three steps leading to the upstairs communal day-room. This area is also accessible via stair-lift from the ground level. Bedrooms in this area consist of four single bedrooms and two twin rooms one of which has an en suite toilet and shower, and one shared bedroom for up to three people. There is one assisted bathroom and a shower room upstairs, both of which are wheelchair accessible and there is an additional toilet. There is a day-room, a small dining room, a nurses' station, a sluice room, staff toilet and an accessible terrace garden on this upper level.

On the ground floor there is a dining room that can accommodate up to sixteen people. There are two steps on the corridor leading from the dining room towards other accommodation which includes: the administration office, a day-room, a laundry, kitchen, staff changing facilities and staff toilet. Bedrooms consist of six single bedrooms, four of which have en suite toilet and shower facilities and four twin rooms, two of which have en suite toilet and shower facilities.

There are two secure courtyard gardens - one to the rear of the house and a terrace garden accessible from the first floor. There is also a small seating area to the front of the property. There are limited car parking spaces to the front of the property. Parking is also available on the nearby residential streets.

Location

Kylemore House is situated in a residential area in Bray, County Wicklow, close to Sidmonton Park and a ten minute walk from the seafront. The Dart train line services Dublin city centre.

Date centre was first established:	1973
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	6

Dependency level of current residents	Max	High	Medium	Low
Number of residents	7	16	5	8

Management structure

The Provider, Ruth Behan, is the owner of the centre. The Person in Charge known in the centre as the Director of Nursing is Jasmin Echavez. She reports to the Provider. The Assistant Director of Nursing (ADON) reports to the Person in Charge. At the time of inspection the ADON was on leave and the Clinical Nurse Manager (CNM) was acting into her post. There is also an Administrator/General Manager in post. Nurses report to the Person in Charge and supervise the care assistants. Laundry, cleaning, catering and maintenance staff report to the Administrator/General Manager, who reports to the Provider.

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	0	2	4	2	2	1	3*

*Other staff include one maintenance staff and one activity worker. The CNM was not on duty on the day of inspection but attended the centre shortly after the inspection commenced and was in the centre for the duration of the inspection.

Background

Kylemore Nursing Home was first inspected by the Health Information and Quality Authority (the Authority) Social Services Inspectorate on the 24 and 25 August 2010. This was an announced two day registration inspection. The inspection report can be found at www.hiqa.ie.

At the time of this inspection, inspectors found that the provider met the majority of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The action plan from the registration inspection report highlighted 10 areas to be addressed and one recommendation was made.

The provider had submitted an action plan following that inspection which provided details of how she proposed to address the areas of non-compliance identified in the inspection report.

Summary of findings from this inspection

This inspection was unannounced and focused on the actions of the inspection of 24 and 25 August 2010.

Inspectors reviewed documentation submitted to the Authority since the last inspection and the providers' response to the action plan and progress made since the previous inspection. On the day of inspection, inspectors met with residents and staff members and observed care practices and reviewed documentation such as care plans, medical records, the statement of purpose, residents' guide, accident logs, complaints log staff roster, minutes of residents' committee meetings and the directory of residents. They also met with the clinical nurse manager and the administrator/general manager.

There was a calm, relaxed and well organised ambience in the centre and staff spoken with were knowledgeable of residents' preferences with regard to their daily routine, activities and food choices. Residents told inspectors that they were encouraged to be involved in the day to day running of the centre and were supported in partaking in activities in the local community.

While areas for improvement were identified, overall the inspectors found that the provider, person in charge and staff team had addressed many of the non compliances identified in the action plan of the registration inspection report and the centre met the majority of 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*. The inspectors noted that seven of the 10 identified actions had been fully addressed, two were partially completed. One was not completed which related to occupancy of bedrooms of more than two persons. The provider informed the inspector that she would have this addressed prior to 2015; she had discussed this with her engineers. The recommendation made in relation to strengthening the procedures to verify all transactions in relation to residents' personal finances had been adapted.

The key measures taken by the provider since the previous inspection were as follows:

- review of policy and procedures in relation to missing persons
- review of the laundry service
- development of a sluice facility up-stairs

- provision of locks on bathroom doors
- recording of all complaints
- provision of more storage space
- the complaints procedure was updated to include an independent appeals process and the procedure was prominently displayed.
- review of staff changing facilities
- review of the statement of purpose.

The provider and staff stated that they were committed to providing a good service to enhance the quality of life for residents and welcomed the inspection process.

Additional areas for improvement were identified. These included further review of the statement of purpose to ensure compliance with legislation and to ensure that it accurately reflected the service provided by the centre, submission of notifications and the management of wound care, particularly in relation to documentation.

The completed actions and the outstanding areas of non compliance are discussed further in the body of the report and areas for improvement are identified in the Action Plan at the end of this report.

Additional issues covered on inspection

Notifications

One resident had a grade two pressure sore which had not been notified to the Chief Inspector, as required by the Regulations. This was reported to the Authority post inspection.

Inspectors reviewed a record of all incidents/accidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications received by the Authority. While the clinical nurse manager, as the most senior clinical staff in the centre on the day of inspection, displayed an awareness of the legal requirement to notify the Chief Inspector regarding incidents and accidents inspectors noted that incidents that should have been included in the quarterly returns had not been. The quarterly returns notifications had been submitted but stated 'nil to report'.

Safeguarding and Safety

All staff had received training on identifying and responding to elder abuse. Staff spoke with were clear that the welfare of the resident was paramount and they would report any allegation of abuse immediately to the most senior staff on duty. Inspectors were informed that there were no allegations of abuse under investigation at the time of inspection. On reviewing the complaints log inspectors found there was documentation in relation to a previous allegation of verbal abuse by a staff member to a resident. This incident had been appropriately investigated and there was confirmation that the resident was satisfied with the outcome of the investigation. This incident was not notified to the Authority which is a requirement

of current legislation. The CNM was not aware that she was required to make this notification. This incident was notified to the Authority post inspection.

Wound care

The inspectors found that staff described good wound care management practices; however, there were deficits in the documentation. An inspector reviewed the management of a resident's wound and while clinical risk assessments in relation to wound care were available and a wound care plan was in place, it was not possible to illicit from the documentation the size and the progress of the wound. Staff stated that the wound was not deteriorating. The CNM stated she had spoken to a wound care specialist but this or the advice received was not recorded in the residents' case file. The resident had recently been seen by his/her general practitioner. Nutritional supplements had been prescribed for some time. The CNM stated that she would review the documentation as a matter of priority.

Actions reviewed on inspection:

1. Action required from previous inspection:

Review this resident's care plan and ensure that it accurately reflects the practices carried out by staff to maintain the residents' safety and wellbeing.

This action had been completed.

Inspectors found that the care plan had been appropriately reviewed. It accurately reflected interventions used by staff to guide safe care. The provider reviewed security at the centre immediately and had ensured that controls for example raised trellis fencing had been erected.

A comprehensive missing person's policy was in place to guide and inform staff should a resident be reported as missing. All staff had been trained on this policy. Recent photographic identification was available for each resident. An emergency box was also available which contained a torch and high visibility jackets should a resident go missing in the hours of darkness.

2. Action required from previous inspection:

Provide constant opportunities for residents including dependent residents to exercise choice about their daily lives.

This action had been completed.

Staff had been trained on residents' right to choice and protecting their dignity and rights. Staff spoken with were knowledgeable of the importance of choice in residents' daily lives. They were aware of residents' preferences with regard to their daily routine, activities and food choices. Residents spoken with told inspectors that they could choose what time they got up at and what time they retired. They confirmed that the food was good and there was a choice of food at all mealtimes. Residents told inspectors that staff encouraged them to become involved in the day to day running of the centre and they felt they were listened to and were supported in partaking in activities in the local community. For example while Mass was not celebrated in the centre on a Sunday, residents had the opportunity of attending Mass in the local church. Many residents told the inspector that they regularly went for walks on the sea front.

3. Action required from previous inspection:

Review the laundry facility to ensure that there is sufficient and suitable space for the care and management of laundry and segregated spaces for clean and soiled laundry.

Provide suitable and separate changing facilities for care and catering staff.

Provide suitable and adequate sluicing facilities on the upstairs level.

This action had been completed.

Inspectors viewed the laundry and spoke with laundry staff. Inspectors noted that the centre was using alginate bags for soiled laundry and that there was space for segregation of laundry in line with good infection control practices. Staff spoken with had had good knowledge of infection control practices. Inspectors spoke to housekeeping staff who confirmed they were aware of good infection control practices. Staff confirmed and certificates were available to demonstrate that all housekeeping and laundry staff had received updated training in infection control.

Separate changing arrangements had been provided for the catering staff. Catering staff were utilising the day centre for changing. This did not impinge on the day centre clients or staff as catering staff attended the premises before any staff or residents arrived at the day service and finished their work when the day service was closed.

A sluice area was available upstairs and another sluice area was available downstairs. Both contained bedpan washers and while the sluice area upstairs was small there was adequate storage available. Staff informed the inspectors that this sluice room was used very little at the current time.

4. Action required from previous inspection:

Maintain observations to ensure that residents have suitable and appropriate access to en suite facilities.

This action had been completed.

On the previous inspection a locker impeded residents in one of the bedrooms from entry to the en suite. The administrator informed the inspectors that housekeeping staff had been reminded of the importance of placing furniture back in the correct position to provide suitable and appropriate access to en suite facilities. She also stated that this was now included in the environmental risk assessment checks in the centre.

Inspectors walked around the building and did not observe any obstructions to any exits or entries.

5. Action required from previous inspection:

Ensure that all bathroom doors are fitted with suitable locks to maintain privacy and dignity.

This action had been completed.

All bathroom doors had locks fitted at the time of this inspection.

6. Action required from previous inspection:

Ensure that all complaints are suitably recorded to maximise the opportunities to learn from them in order to inform quality improvements.

This action had been completed.

The complaints procedure was prominently displayed in the hall on entry. A summary was also documented in the Resident's Guide and the statement of purpose. All complaints, both verbal and written, by residents, relatives, staff or visitors were documented and investigated. The inspectors reviewed the details of four complaints which had been recorded in 2012. Verbal concerns from residents and relatives were being recorded. The administrator stated that most complaints were resolved swiftly. This was also clear from the complaint log which clearly detailed the complaint, the investigative process and the timescales from reporting to resolution. However, although many of the records included the satisfaction level of the complainant, this was not consistently recorded and some entries failed to include this.

This is included as an action at the end of this report.

7. Action required from previous inspection:

Update the statement of purpose and function to include the change of person in charge and the numbers and sizes of all rooms.

This action had been partially completed.

The statement of purpose had been reviewed by the provider post the last inspection and a copy forwarded to the Authority. While the statement of purpose set out the services and facilities provided in the designated centre, it did not provide sufficient detail in many sections and failed to include all of the information required by Schedule 1 of the Regulations. For example, it did not have sufficient information about the specialist nursing care offered, the dimensions of personal and communal space, the experience of the person in charge and the provider and it did not contain sufficient details about the provision of day care services. It was also noted by inspector's that while the statement of purpose stated that the centre offered a service to persons over 65, there was a resident under 65 on the day of inspection. The administrator/general manager stated she would speak with the provider and they would review the statement of purpose.

This is included as an action at the end of this report.

8. Action required from previous inspection:

Update the Resident's Guide to fully inform residents about the change of person in charge and details about the centre's independent appeals process in relation to complaints procedures.

This action had been partially completed.

The name of the person in charge was now documented in the Residents' Guide. However the independent appeals process in relation to the complaints procedure remained unclear.

This is included as an action at the end of this report.

9. Action required from previous inspection:

Review the use of multi-occupancy bedrooms in accordance with the Standards by 2015.

This action had not been completed.

There were three rooms which could provide an occupancy level greater than two. The provider informed the inspector that she had discussed this with her engineers and assured the inspectors that this would be dealt with by 2015.

10. Action required from previous inspection:

Provide suitable and sufficient storage facilities. There was limited storage for assistive aids and cleaning equipment.

This action had been completed.

Two sheds were now available for storage of extra stock and cleaning equipment to the rear of the building. The inspectors noted on walking around the centre that assistive aids were appropriately stored and did not pose an impediment or risk to residents.

Best practice recommendation from previous inspection:

Inspectors found that although the system for managing residents' personal finances was transparent, a second signature by a member of staff to verify transactions would strengthen the process.

This recommendation had been adapted. A second signature by a member of staff to verify all transactions in relation to residents' personal finances was in place.

Report compiled by:

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

18 April 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
24/25 August 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Action Plan

Provider's response to inspection report *

Centre:	Kylemore House Nursing Home
Centre ID:	0055
Date of inspection:	13 April 2012
Date of response:	30 May 2012

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 provider have failed to comply with a regulatory requirement in the following respect:

The wound care documentation did not support the provision of a high standard of evidence based nursing practice. There was no evidence that the advice of relevant wound care specialists had been implemented.

Action required:

Provide a high standard of evidence-based nursing practice.

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Maintain records of all health care referrals.

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

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Regulation 9: Health Care
 Standard 13: Healthcare

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

Provider's response:

Documents were reviewed as a matter of priority. Evidence in relation to the residents wound care practice was noted in the nursing notes (size and progress of wound were contained in the nurses daily notes and residents care plan). All information is now collated in wound care plan and updated with immediate effect.

Immediate

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

Not all events which required notification were notified to the Authority.

A notification of an allegation of verbal abuse by a resident had not been notified to the Authority as required by the Regulations.

A Notification of a grade two or above wound had not been made to the Chief Inspector as required by the Regulations.

Action required:

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident. (Allegations that have not been notified to date must be notified retrospectively).

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.

Reference:

Health Act 2007
 Regulation 36: Notification of Incidents
 Standard 29: Management Systems
 Standard 30: Quality Assurance and Continuous Improvement
 Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>It is not our intention not to report:</p> <p>The reason for non-notification in the first instance was that we understood this to be a complaint, which was investigated and unsubstantiated.</p> <p>The D.O.N. misinterpreted the form and has since re-read the regulations and is fully aware of the requirement under same.</p>	<p>15 April 2012</p> <p>15 April 2012</p>

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The statement of purpose did not provide sufficient detail in many sections and failed to include all of the information required by Schedule 1 of the Regulations. For example the specialist nursing care offered the dimensions of personal and communal space, the experience of the person in charge and the provider, details with regard to the provision of day care services.</p>	
<p>Action required:</p> <p>Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.</p> <p>Make a copy of the amended statement of purpose available to the Chief Inspector.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Reviewed and updated to include all matters listed in schedule 1, copy made available to Chief Inspector.</p>	<p>15 April 2012</p>

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

The satisfaction level of the complainant was not consistently recorded in complaints records.

Action required:

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Timescale:

Provider's response:

In future the satisfaction level of the complainant will be consistently recorded in the complaints records.

Immediate

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

The Resident's Guide did not detail sufficiently a summary of the complaints procedure provided for in Regulation 39.

Action required:

Produce a Resident's Guide which includes a summary of the Statement of Purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Supply a copy of the Resident's Guide to each resident.

Reference:

Health Act, 2007
Regulation 21: Provision of information to Residents
Standard 1: Information

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

Timescale:

Provider's response: Residents' guide has been updated as required.	Immediate
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Any comments the provider may wish to make:

Provider's response:

We welcome the inspection report process and have completed all actions as outlined in the requirements.

We endeavour to maintain the highest standards for our Residents and strive to comply with the Regulations in every respect. The welfare and safety of our residents is paramount.

We would like to take this opportunity to thank the inspector team for the courtesy shown to the staff and residents at Kylemore House

Provider's name: Ruth Behan

Date: 30 May 2012