

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Kilbrew Recuperation and Nursing Care |
| Centre ID: | ORG-0000143 |
| Centre address: | Curraghera, Ashbourne, Meath. |
| Telephone number: | 01 835 8900 |
| Email address: | info@kilbrew.eu |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Kilbrew Recuperation and Nursing Care Limited |
| Provider Nominee: | Francis Whelan |
| Person in charge: | Helena Moore |
| Lead inspector: | Ciara McShane |
| Support inspector(s): | Siobhan Kennedy |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 70 |
| Number of vacancies on the date of inspection: | 4 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 May 2014 09:40 To: 15 May 2014 18:45

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

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

Summary of findings from this inspection

This monitoring inspection took place in response to an application from the Provider to renew registration. The inspection was unannounced and took place over one day with two inspectors. As part of the inspection, the inspectors met with residents and spoke with staff. The inspectors observed practices and reviewed documentation such as care plans, medical files, policies and procedures in addition to staff files. The inspectors also reviewed the questionnaires which were obtained from both residents and their relatives prior to the inspection. The feedback from the questionnaires was noted as being positive and reflected good satisfaction levels.

Overall the inspectors found there to be good compliance with the Regulations and Standards as evidenced in the positive outcomes for residents noted throughout the day.

Residents' quality of life was enhanced by the good service delivery that they received daily and the pleasant environment they lived in. Residents had good input into the organisation of the designated centre, had varied and nutritious meal choices, had an array of activities which they could partake in and were supported by a committed staff team. Inspectors saw staff interacting respectfully with residents and engaged with them in a meaningful way. Inspectors saw visitors welcomed throughout the day of inspection and residents were able to receive them in an area of their choosing.

Risk management was robust and the person in charge endeavoured to ensure that residents were safe in the centre. Residents told inspectors that they felt safe and well cared for. Risk assessments were carried out as required and reviewed as necessary and systems were in place to record incidents and accidents in addition to allegations of elder abuse.

Some areas for improvement were identified including the need for a robust policy and procedure on managing resident's finances in addition to some improvement required for infection control. Some minor premises issues had also been highlighted, these along with others will be outlined in the body of the report and in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
 Leadership, Governance and Management

Judgement:
 Compliant

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

Findings:
 There was a statement of purpose in place that met the requirements of the Regulations.

The inspector read the statement of purpose and it reflected the services and facilities provided and described the aims, objectives and ethos of the service. The actions from the previous inspection to keep the statement under review was completed

satisfactorily.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Each resident had been provided with a contract of care which was in line with the requirements of the Regulations.

The inspector read a sample of completed contracts, from recent and long stay admissions, and saw they had been agreed and signed, for the most part, by the resident themselves. Where this was not possible it was signed by their next of kin on their behalf. The weekly fee payable by the resident was clearly stated as was any charge for additional services not included in the weekly fee.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The arrangements for the post of the person in charge met the requirements of the Regulations.

Helena Moore commenced her role as the person in charge March 2004. The person in charge throughout the inspection demonstrated a commitment to improve the quality of life for residents and supported staff to meet their needs. The Director of nursing and

person in charge was a qualified nurse with postgraduate qualification in healthcare management and gerontology. Her post at the centre was full-time and she was assisted by an assistant director of nursing in addition to a team of nurses, healthcare assistants and ancillary staff members. She facilitated the inspection well and demonstrated her knowledge of the Regulations and the Standards in addition to her responsibilities in implementing these throughout the day for example good care planning and record management.

The assistant director of nursing, who deputised in the absence of the person in charge, was full-time and demonstrated a working understanding of the Regulations and was aware of resident's needs.

Staff and residents told the inspectors who the person in charge was and staff said they felt supported by the person in charge and attended regular staff meetings. The person in charge had good systems in place to analysis trends and data as outlined further in Outcome ten.

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Not all aspects of the actions from the previous inspection had been addressed; information and documents specified in Schedule 2 of the Regulations had not been fully retrieved. This will be further outlined in Outcome 18.

Written operational policies were in place to guide staff in their duties and were centre specific. The inspector spoke with a number of staff throughout the day who were aware of the policies and procedures and how these were implemented in practice such as the risk management and medication management policy. Files pertinent to residents and staff were secured and locked away. The inspector viewed the insurance policy for the centre and seen that there was appropriate cover in place regarding incidents and

accidents in relation to residents personal property.

There was a copy of the resident's guide; statement of purpose, resident's accounts and all other documents as outline in Schedule four at the designated centre. The directory of residents required a minor improvement to comply with the Regulations, not all residents' next of kin details were complete with a contact number.

Outcome 05: Absence of the person in charge

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.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had identified a deputy person in charge who was aware of their responsibilities as acting up in the absence of the person in charge.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found that there were, for the most part, appropriate measures in place to safeguard residents, however, some improvements were required.

The inspectors viewed a policy relating to elder abuse which had recently been reviewed

in February 2014. It outlined the types of abuse, who staff should report it to in addition to the role of the person in charge amongst other guidelines for staff. Inspectors identified an area for improvement within the policy; the response of staff in relation to receiving an allegation of abuse required further expansion and detail. Staff were aware who the designated officer was and told the inspector what they would do should they receive or witness an alleged instance of abuse. Training records viewed by the inspector demonstrated that all staff had up to date training in elder abuse.

Residents told inspectors that they felt safe and if they had any concerns regarding their safety they would go to the person in charge or a nurse on duty. Questionnaires received from relatives of residents and residents themselves confirmed they felt safe.

Inspectors reviewed the systems in place for safeguarding residents' money. Resident's money, who the service assisted with the management of same, kept the money in a locked safe. The service had a policy on resident's property and possessions but it failed to outline the guidelines for managing resident's money. The system for recording resident's monies required further development as it was not robust. Two staff did not sign off on all transactions and a formal ledger was not maintained for each resident. This will be further outlined in Outcome 17.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors found that procedures were in place to promote the health and safety of residents, staff and visitors. Some improvements were required to comply with the Regulations.

As part of the renewal of registration process, the Authority received updated fire and building compliance. The inspectors saw that fire fighting equipment had been serviced November 2013 and the testing of the emergency lighting and fire panel was also up to date, August 2013. One powder fire extinguisher had been overseen for servicing on the most recent check but, on the evening of the inspection, this was rectified by the operations manager who logged a service call. The operations manager ensured that servicing was routinely carried out and the inspectors saw a comprehensive service history that was kept up to date. Fire drills also occurred regularly. Fire exits were kept clear however the inspectors saw one internal fire door that was wedged open. The provider stated it would be rectified.

The inspectors saw in staff training files that all staff had fire safety training and staff told inspectors what they would do in the event of a fire. One staff was unsure what would happen in relation to the power in the laundry should there be a fire but the inspectors were later informed that there was a universal shut down should a fire break out. Inspectors were told that there were monthly health and safety meetings which were attended by the heads of each department.

The service had an emergency plan and the inspectors were told that there was a generator at the designated centre and there was a system in place should a back up facility be required.

There was a risk management policy in place that had been reviewed in February 2014. Inspectors viewed the risk register which was centre specific and identified potential and actual risks at the service. The service also had a centre specific safety statement.

Infection control was satisfactory and the inspectors saw systems in place to ensure that staff were aware of the infection control procedures and requirements within the designated centre. Staff used protective clothing where necessary and colour coding systems were visible.

Maintenance requisitions were recorded through a log book, this logging system was robust and guided staff to risk rate the issue as it was recorded. Inspectors saw that eight maintenance requisitions had been made within one week and were all resolved within a two day time frame with the exception of one which was a larger repair job.

The inspector saw that there was a good system in place for falls management and each resident's falls risk was regularly assessed and appropriate controls and targeted interventions were put in place. An audit of falls had been carried out but it failed to qualify the control measures that they were using to mitigate the risk. Inspectors also saw that neurological observations were being executed and recorded were necessary.

Since the last inspection the alarm call bell system has been upgraded as to not disturb residents in all zones when assistance was required from a staff member.

Additional areas of improvement were identified:

- Inspectors saw that a pull chord in an en suite was tied up but also it was not accessible to a resident should they require assistance whilst using the toilet facilities
- Surplus toilet roll was exposed and stored on top of a toilet
- One en suite had an item of bathroom furniture that was chipped
- A cleaning trolley was obstructing the handrail

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that there were robust practices and procedures in place for the safe management of medication.

There was a comprehensive medication management policy in place which provided detailed guidance to staff. The policy was current and had recently undergone a review. Resident's medication was reviewed every three months; this was reflected in their files. The inspectors reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance to their own policy and professional guidelines. Frequent medication audits were carried out both internally and by the pharmacy, discrepancies that were identified were rectified immediately. At the time of inspection there was no medication that required strict control measures.

The inspectors observed a staff nurse administer medication in a wholly professional, patient and compassionate manner to residents.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications was compliant.

The person in charge was aware of her legal obligations to notify the Chief Inspector regarding incidents and accidents as outlined in the Regulations. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis however some improvements were required to comply with the Regulations.

The person in charge carried out audits quarterly identifying for example types of falls, the outcome of the falls and the times they occurred. Audits were also completed for restraints, pressure sores and weight loss amongst others. A yearly report was also compiled and seen by the inspectors on the day. Although this data was robust a quality report was required based on an analysis of the statistics which should then be made available to the Chief Inspector.

A satisfaction survey had also been carried out by the person in charge and completed by twelve residents. The results of which were summarised. Overall residents were satisfied with the services and facilities provided. The inspector also viewed the questionnaires from residents and relatives that indicated a high level of satisfaction with the service.

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors were satisfied that each resident's welfare was maintained by support from the nursing care and relevant medical and allied healthcare. For the most part the care plans complied with the Regulations but some improvements were necessary.

Each resident had a care plan and inspectors viewed a sample of these. The care plans were reviewed regularly and these were signed and dated. The information was up to date and reflected the individual needs of the residents. The use of restraints, mostly bed rails, were documented and reviewed on a three monthly basis. A consent form for the use of the restraint was signed. An inspector spoke to one resident who had a clear understanding of their care plan and was actively involved in its development and review. The resident had also signed their care plan.

Residents had access to allied health professionals. Inspectors saw records of appointments with speech and language therapist in addition to input from dieticians and occupational therapists. Residents, where necessary, saw their general practitioner and the inspectors viewed documentation that reflected regular observations of the resident's weights, blood pressure and pulse.

Risk assessments, where necessary, were outlined in the care plans. The inspectors viewed a falls assessment for a resident which was detailed and had recently been reviewed. The end of life wishes had also been addressed with residents and inspectors found the language in the documentation to be respectful and detailed.

Each care plan also outlined the 'key to me' which was an overview of the resident's life story, key people in their life and what was important to them. The inspectors saw a wound management care plan, although the plan was sufficiently detailed it was difficult to decipher the visual improvement as not all clinical documentation was maintained for the wound. The person in charge stated this would be rectified.

Other areas for improvement included the absence of guidance for the mini-mental for staff. Although the nurse on duty was aware of the guidance it was not present for all staff to refer to.

Residents had sufficient support to meet their social care needs and preferences for activities. On the day of inspection numerous activities were taking place in the centre and residents were actively participating, a therapy dog visited the centre every Saturday. Inspectors also saw photograph albums displaying events that occurred each month, for the previous year, such as celebrations to mark Valentine's Day, Easter and Christmas. Day trips were also organised and residents were supported to attend these. The centre also organised for music and shows to take place in the centre, most recently the inspectors were told that a deaf choir had performed and a fashion show had also taken place. The activities for the day and upcoming events were clearly marked on a large noticeboard.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found the purpose built premises was maintained to a high standard and a good standard of hygiene was observed. The environment was comfortable and was decorated to reflect a homely feel. Since the last inspection the carpet had been replaced as recommended and a smoking area was built so that residents were facilitated to smoke outside.

The centre was a two storey building located on well maintained grounds. There was 50 single en suite bedrooms and twelve two bedded rooms with shared en suite facilities. All residents had access to two well maintained and inviting enclosed courtyards. Within these areas there was ample seating some of which required freshening and to be repainted. There were four large lounge areas with sufficient seating. These were decorated to a high standard and inviting. There were also two dining areas as seen by inspectors both of which created a pleasant dining experience for residents. The centre also had an oratory that was used weekly. Staff facilities and administrative offices were located in the first floor, which was accessed by a secure stairwell from the reception

area. Laundry and catering facilities were located on the ground floor. There was also a hairdressing salon and snoozen room on the ground floor which residents accessed and availed of with the support of staff.

There was ample parking for staff and visitors at the front of the house. The external grounds were well manicured and the inspectors seen a number of residents enjoy the grounds throughout the day.

The inspectors saw a selection of the bedrooms both single and two bedded. The single bedrooms had sufficient space and storage available to the resident. Their bedrooms were personalised to reflect their own taste and many had photographs of their friends and family and artwork was nicely displayed. The two bedded rooms met the requirements of the Regulations and had privacy curtains.

The furnishings throughout the centre were purchased with the client group in mind, furniture had curved edges, chairs had discreet wheels on them so they could easily be moved, and the beds were all fitted with discrete hydraulics and were equipped with a mattress that contained butterfly springs which moved with the resident. All rooms had movement detectors and a call bell system to ensure safety.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of good practice in the management of complaints.

Inspectors saw the complaints procedure displayed in the centre and residents spoken with were aware of who to go to should they have a complaint. The policy was last reviewed February 2014 and it outlined the appeal process and appeals person. Staff were also familiar of how to support residents if they had a complaint.

Since the last inspection there had been four complaints, three of which had been verbal and then documented by the person in charge. The inspector reviewed these complaints and noted that the person in charge had looked into the complaints, documented the outcome and fed-back to the complainant and their satisfaction noted. All complaints were resolved and learning had been realised and documented as a result of them.

One minor area for improvement had been identified regarding the policy. In practice

the person in charge fed-back the outcome to the complainant and this was noted on the complaint log form however it was not stipulated as a step in the policy. The person in charge agreed to revise this element of the policy.

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence that end of life care was well managed. At the time of inspection no resident was receiving this care however there were adequate procedures in place should the need arise.

There was a centre specific policy on end of life care and the assistant director of nursing had responsibility for leading out on this and provided staff with support in this area where needed. As seen in the staff training files, nine staff had recently attended End of Life training.

Inspectors saw in a resident's care plan that end of life care had been addressed and was sufficiently detailed in a comfort care plan. Appropriate questions were asked and the resident's wishes were ascertained and documented.

The person in charge told the inspectors that the centre had a yearly memorial mass and relatives of residents who passed were invited. Inspectors were also told that they centre had good links with the palliative care team and the local undertaker.

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that the residents received a varied and nutritious diet and one that offered choice and a pleasant dining experience.

On the day of inspection an inspector observed the lunchtime meal. Residents were given choices at mealtimes and told the inspector they enjoyed the food. The inspectors sampled the food on the day of inspection and found it to be tasty. The inspectors found that mealtime was a pleasant experience for residents and those that required assistance were discreetly assisted by staff. The dining room was nicely decorated and tables were finished with table cloths and flowers.

The inspectors saw the menu for the day which outlined a variety of options for the three main meals but also for additional snacks throughout the day. Drinks were readily available for residents and the inspectors saw water being distributed to residents at various times throughout the day. Food supplements were available to residents who required and were prescribed them. There was a variety of flavours available and the stock was replenished and rotated daily.

There was a good communication system in place so that the chef was kept up to date of any changes in resident's dietary requirements. Kitchen staff and some care staff had HACCP training as seen in their training files.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that residents were involved in the operations of the centre and that staff respected the rights and dignity of residents.

Staff members were observed knocking on doors and waiting for a response before entering and staff were observed interacting with residents in a respectful and courteous

manner. Residents were observed as being well dressed.

Residents were supported to maintain contact with family and friends. Residents were assisted to contact family abroad via the internet and were supported to host family events in the centre such as birthdays and communion parties. The inspectors observed visitors come and go throughout the day and residents had space, other than their room, to meet visitors in private. The religious beliefs of residents were also supported and promoted. There was an oratory where mass was held once a week and at the time of inspection there was daily rosary for the month of May. For residents who were unwell, there was an additional facility where they could receive mass in their bedrooms through an internal television channel.

Resident's right to vote was upheld. The inspectors were told during the recent elections the person in charge organised a polling station in the centre attended by a local Garda Síochaná and a returning officer.

Resident's meetings were held monthly, the most recent of which was 6 May 2014. The inspector saw the minutes for this meeting. The inspectors also seen a suggestion box at the centre and seen a survey recently carried out by the person in charge which reflected a high level of satisfaction.

Wireless internet access was available in many areas throughout the building.

Outcome 17: Residents clothing and personal property and possessions

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

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:

The inspector found that for the most part adequate provisions had been made for the management of resident's personal possessions, an area of improvement was identified. As referred to in outcome six the policy regarding resident's property and possessions needed refining to outline the process for staff managing resident's finances.

Resident's clothes were laundered at the centre and their items were identifiable as each resident's item was labelled. The inspectors saw clothes neatly ironed and folded in the laundry room and there was a good system in place to ensure that items were returned to residents. Wardrobes were also well maintained and tidy and there was a locked

facility within each wardrobe. There was also a list of resident's belongings and furnishings in their care plan.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that the practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory; some improvements were required with regards to staff files.

On the day of inspection the person in charge told the inspector they were in the process of renewing all staff contracts as additional policies such as bullying and harassment at the work place had been introduced and amendments in legislation were also being added. An external consultant was assisting the person in charge in this process.

The inspector observed staffing levels and skill mix on the day of the inspection, reviewed rosters, spoke to staff on duty and concluded there were adequate nurses and health care assistants on duty to meet the assessed needs of the residents. Inspectors observed that all lounge rooms were supervised. Residents told the inspectors that when they rang their bell for assistance it was answered quickly. Residents and relatives of residents spoke favourably, in the questionnaires, about the staff and their availability.

From discussions with staff, the inspectors found them to well informed and familiar with the resident group in addition to their responsibilities. Staff confirmed they were supported by the person in charge in addition to senior nurses.

Staff had relevant and up to date training. The inspector reviewed staff training files and noted that all mandatory training was up to date. The most recent training included manual handling and elder abuse.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|---------------------------------------|
| Centre name: | Kilbrew Recuperation and Nursing Care |
| Centre ID: | ORG-0000143 |
| Date of inspection: | 15/05/2014 |
| Date of response: | 24/06/2014 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

Not all details for the next of kin provided a contact number.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

All information has been updated and completed.

Proposed Timescale: 24/06/2014

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

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there was a policy on elder abuse in place it required further development with regards to the actions staff should carry out should they receive or witness an allegation of abuse.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

We are reviewing the robustness of our policy and will continue to highlight the areas identified to staff at their training sessions.

Proposed Timescale: 22/08/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a risk management policy in place which highlighted infection control, however on the day of inspection deficits in infection control were identified:

- Surplus toilet roll was exposed and stored on top of a toilet
- One en suite had an item of bathroom furniture that was chipped.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

We have identified the cause and will monitor same.

A new piece of furniture has been provided.

Proposed Timescale: 24/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The emergency pull chord in an en suite was not effective.

A handrail was partially obstructed by a cleaning trolley.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

We have spoken to the staff regarding their role in ensure access to all emergency equipment and emphasised the need for vigilance in leaving equipment accessible for residents at all times.

Proposed Timescale: 24/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A fire door was wedged open.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Staff have been further educated in their role in ensuring fire defence mechanisms are functional, effective and available.

Proposed Timescale: 24/06/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a statistical report made available to the inspectors however an analysis of the statistics was required and a report developed.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

As required quantitative statistical data is collected and audits carried out on an on going basis. A descriptive qualitative overview will be carried out and made available.

Proposed Timescale: 22/08/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The relevant clinical documentation for a specific care plan for one resident was not maintained in full.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

All current documentation is now up to date and available.

Proposed Timescale: 24/06/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some items of the garden furniture required repainting.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

The tables in question have been assessed and remedial actions are taking place.

Proposed Timescale: 30/06/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy on residents' possessions and property failed to satisfactorily outline the procedures for managing residents' finances.

Action Required:

Under Regulation 7 (1) you are required to: Put in place written operational policies and procedures relating to residents personal property and possessions.

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

A revised method of record keeping is now in place.

Proposed Timescale: 24/06/2014