

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Signature Care Killerig
Centre ID:	OSV-0005454
Centre address:	Killerig, Carlow.
Telephone number:	059 916 3544
Email address:	mags@prudentcapital.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Prudent Healthcare Limited
Provider Nominee:	Margaret-Anne Walsh
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	17

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 April 2017 09:30 To: 03 April 2017 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This centre had a registration inspection in August 2016 prior to its opening in October 2016. This current inspection was carried out to review the outcomes and plans in place from the registration inspection now that the centre was operational.

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

The safety of residents was promoted. A risk management process was in place for

all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment practices. Safe and appropriate levels of supervision were in place to maintain residents' safety. There was appropriate staff numbers and skill mix to meet the assessed needs of residents.

The dining experience was very pleasant, and residents were treated with respect and dignity by staff. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

The parts of the premises currently in use, was finished to a high standard and the second floor, currently unoccupied, was nearing completion.

This is discussed further in the report and included in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems are in place to support and promote the delivery of safe, quality care services.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

A quality and safety committee was set up within the centre to drive the auditing process. The inspector saw that comprehensive audits were completed to benchmark the service against the regulations and standards. Action plans were then put in place for any improvements that were required.

The annual review of the quality and safety of care was in draft format and not yet due for completion. Additional information and audit results were being collated for inclusion as the year progresses.

Data was collected each week on the number of key quality indicators such as antibiotic use and the number of wounds, to monitor trends and identify areas for improvement.

Judgment:

Compliant

Outcome 03: Information for residents

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

for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector read a sample of contracts for the provision of services and saw that it met the requirements of the regulations. It included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it too met the requirements of the regulations. The inspector saw that it was available to all residents and a copy was also in the front foyer.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse and has the required experience in nursing older people. She worked full time in the centre.

She had undertaken a post graduate course in gerontological nursing and a certificate course in health and safety and had previously completed a frontline management course.

She continues to attend clinical courses such as nutrition, infection control and dementia care.

During the inspection she demonstrated her knowledge of the regulations and standards. The person in charge was observed frequently meeting with residents, visitors and staff throughout the inspection.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Because of their medical conditions, some residents had episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector saw that assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. A detailed policy was in place to guide practice.

The inspector saw that staff approached residents with responsive behaviour in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector noted that training had been provided for staff and additional training was scheduled for the coming months. Support and advice were available to staff from the psychiatric services.

The use of restraint was minimal within the centre with only one resident using bedrails. Appropriate assessments and safety checks were completed and a policy was in place to guide practice.

The provider nominee confirmed to the inspector that they do not manage any residents' monies at this time.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

The inspector read the risk management policy which met the requirements of the regulations. The risk register was updated on a regular basis as resident occupancy increased within the centre.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was scheduled for annual servicing. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Other safety checks included a weekly fire alarm test and a quarterly visual inspection of evacuation equipment.

All staff had attended fire training. Fire drills were carried out on a regular basis and when required action plans were put in place. For example following one drill it was identified that in the event of a fire alarm activation, two way radios would improve communication within the centre and these were now in place.

An emergency box was available and the contents included emergency contact numbers, torches and high visibility jackets.

Personal emergency evacuation plan (PEEPs) were in place for each resident and included details such as the number of staff required to evacuate the resident and the ideal means and route of evacuation.

Judgment:
Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that medication management practices were safe. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. A minor documentation issue was identified during the inspection and was corrected immediately by the person in charge. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

The inspector saw that the pharmacy provides additional training and guidance for staff and residents. For example residents were recently invited to attend an information session on understanding colds and flu.

A resident's medication information pack was available to any resident who required one. This contained details of each medication they were taking and its uses along with general advice on medication management.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

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

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. There was evidence of resident or relative involvement at development and review. The inspector reviewed the management of clinical issues such as wound care and diabetic care and found they were well managed and guided by robust policies.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available and provided very valuable services to the residents. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also available either locally or in the centre. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. A programme of events was displayed and included religious ceremonies, flower arranging and music. The inspector noted that residents had recently organised a fund raising event for the Irish Cancer Society and plans were in place to hand over the cheque to the local representatives.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

As described at the previous inspection this is a centre that has been completely redesigned from its original purpose.

Three floors are in use with bedroom accommodation on the first and second floor. Two lifts provide access between the floors.

Entrance to the centre is through a large bright reception area which has several seating areas as well as a busy coffee dock for residents' use. A variety of communal day and dining spaces are available. The day and dining rooms were bright with large windows looking out onto the nearby golf course. The provider had designed a village streetscape which had old style shop fronts to the hairdressing salon, the multi-faith prayer room, a GP and allied health treatment room called the clinic and a post office front. The inspector saw that a small lounge bar was also located on the ground floor.

The inspector was satisfied that the bedroom accommodation meets residents' needs for privacy, leisure and comfort. In total there were 35 single and five twin rooms, all with full en suite facilities. Adequate lighting was provided including sensor lighting for all toilet areas. The first floor is occupied and as yet there are no residents on the second floor where minor finishing work is required.

This building promotes a dementia friendly environment. All toilet doors were a similar colour while each bedroom door was a different colour to act as a prompt for residents. Contrasting colours were also used in the toilets to aid orientation. Appropriate signage in word and picture format was available at eye level height throughout the centre to orientate residents and to promote independence.

There are additional assisted toilets and bathrooms throughout the premises; these are located strategically, for example, close to day rooms and along the corridors. A wheelchair accessible visitors' toilet is also available. Baby changing facilities were also provided.

Call bells were provided in all bedrooms and communal areas. The corridors were wide, had grab rails, were clutter free and allowed residents plenty of space to walk around inside.

The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and the safe use and storage of cleaning chemicals and disinfectant agents.

There are two sluice rooms; the one on the first floor was fully equipped while the one on the second floor was awaiting the installation of the bedpan washer. Adequate arrangements were in place for the disposal of clinical and domestic waste. There was adequate storage space provided to ensure that equipment and assistive devices are stored in a safe and discreet manner.

Additional facilities available include a kitchenette on each floor, staff changing rooms and dining room, main kitchen with facilities for the catering staff. Two fully equipped cleaners' rooms were also provided. Laundry is currently outsourced.

The inspector saw that an adequate supply of assistive equipment was available for use including a variety of hoists and pressure relieving mattresses. The inspector saw that servicing contracts were in place.

There is a secure garden area to the back of the building which can be accessed from the day room and dining room. This has been finished to a high standard and includes safe walkways and planted areas. Contrasting stone colours have been used at the edge of the pathways to assist residents. In addition non-slip rubber flooring has been provided on the decking area. Raised flower beds and appropriate seating were provided.

There is an additional garden area to the front of the building. Adequate parking was available to the front of the building.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that the complaints of each resident and relative were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. A review of complaints recorded to date, both verbal and written, showed that they were all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant with the outcome were all recorded. There was an appeals process if needed.

Judgment:
Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided.

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life.

The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The person in charge stated that the centre received support from the local palliative care team.

Other initiatives continued in the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. At the time of inspection this was on display in the front hall.

Additional equipment had been purchased to improve the level of respect shown to the deceased. This included a purple drape for the bed. There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

The inspector spoke with relatives of a resident who was very ill. They praised the staff and the service provided. One relative said his loved one was 'at home here'.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The inspector found that the proposed plans outlined at the registration inspection were in place.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector saw that residents had been reviewed by a speech and language therapist if required.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them. The inspector saw that the menu had been reviewed by a dietitian who confirmed that all dietary requirements were clearly met.

There was a large dining room nicely furnished located near the kitchen. There was a servery located to the side of the dining room which allowed residents to see the food choices on offer. Desserts were also displayed there. The inspector noted that the chef brought a choice of desserts to each table asking residents what was their preferred choices.

The inspector saw that the dining experience was pleasant. Tables were nicely laid and meals were appetisingly presented. Adequate assistance was available. Residents spoken with described how happy they were with the menu choices and said that staff would get you anything you wanted. The menu was on display in the dining room.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the regulations. A checking system had been introduced to ensure that required information was in place. The recruitment policy met the requirements of the regulations.

The inspector saw that there was an induction and appraisal system in place. The provider outlined the purpose of these which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in falls management, end of life care and nutritional care. Training was already completed on dementia care and additional training was scheduled for the coming months. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement as required by the regulations.

Judgment: Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
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:	Signature Care Killerig
Centre ID:	OSV-0005454
Date of inspection:	03/04/2017
Date of response:	20/04/2017

Requirements

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

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

Outcome 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:

The second floor needs to be finished to the agreed standard and made ready for occupation.

1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

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

designated centre.

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

- Bedpan washer installed on level two
- Minor works are completed to the agreed standard
- The second floor is ready for occupation

Proposed Timescale: 19/4/17 Completed

Proposed Timescale: 19/04/2017