

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilbrew Recuperation and Nursing Care
Centre ID:	OSV-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:	James Keeling
Lead inspector:	Ciara McShane
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	10

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 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 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 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: 11 February 2015 08:40 To: 11 February 2015 15:30

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

Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises

Summary of findings from this inspection

The inspection of this centre was unannounced and took place over one day with two inspectors. The focus of the inspection was to follow up on the actions from the previous inspection in addition to reviewing the falls management and medication management at the centre.

The inspectors found all actions, with the exception of one, as outlined in Outcome 7, had been addressed. The inspectors found that the premises were, for the most part, in good state of repair and were well presented. On the day of the inspection there were adequate staff on duty to meet the needs of the residents.

The inspectors reviewed falls management at the centre in particular where falls resulted in a serious injury. As part of this review the inspectors reviewed resident's files, the centres' policy on falls management in addition to the systems regarding risk management and the documenting of incidents and accidents. The inspectors were assured that falls management was appropriate and where residents received a serious injury post fall the care, provided and delivered, met the needs of the resident and multi-disciplinary team members were involved.

Some areas for improvements were identified regarding documentation, more specifically the directory of residents and medication management. The inspectors noted that a warfarin record had not been updated to reflect the most up to date prescription. The inspectors found that a medication refrigerator, with medications such as insulin contained within, was left unlocked. These actions along with others

are further detailed in the body of the report and 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 Quality 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):

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

Findings:

Since the most recent inspection in May 2014, a new provider nominee had been employed with the person in charge remaining the same. The inspectors met with both the provider nominee and the person in charge during the inspection. The provider nominee spoke with the inspectors regarding his role in the centre including the areas he has been involved with to date and the length of time spent in the centre. The inspectors found the provider nominee to be informed of areas such as human resources and staff training. Staff spoken with confirmed his presence in the centre and they knew who the new provider nominee was.

The inspectors reviewed the four most recent management meeting minutes. The inspectors found that the board of directors, the provider nominee along with the person in charge and department managers were in attendance. Actions had been identified, along with the responsible person and time-lines. From a review of the minutes the inspectors found the centre remained committed to the service they provided and the upkeep of the centre remained at a good standard.

The inspectors reviewed the falls audit from quarter one of 2015 and found that an analysis had been completed for the falls to include details of the times, location, date and the identity of the resident. During the last inspection the inspectors found that although there was an annual review of the quality and safety of care, further improvements were required to ensure the statistics were analysed which would subsequently inform the quality and safety of care. The inspectors were unable to review this on the day of inspection as it was unavailable. It was subsequently made available post inspection. The inspectors reviewed it and found that there was further

detail provided regarding the quality and safety care. For example in addition to providing statistical detail regarding falls the report also outlined plans to continue to support residents regarding their safety and the provision of ongoing training to staff in falls management.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

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

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

Findings:

The inspectors reviewed the action from the previous inspection and found the next of kin details were adequately outlined in the directory of residents at the time of inspection. On review of the directory of residents the inspectors found that all transfers of residents to and from hospital had not been updated in the directory, the inspectors relayed two examples of this at feedback. The inspectors also followed up on the system in place to record resident's monies. The inspectors were assured there was now a system in place which was transparent in documenting when monies were lodged or withdrawn, accounted for and signed off by two staff members.

The inspectors reviewed the rosters on inspection and found that improvements were required to ensure that the roster was easily translated. Shorthand was used in the absence of a key and therefore the inspectors were unable to completely interpret the roster. The person in charge informed the inspectors of the meaning of the shorthand at feedback.

The inspectors reviewed the medication management policy and medication administration records as part of the inspection. As outlined in outcome 9, the practice of transcription was not in accordance with the centre's policies in relation to medication management. Transcribed orders for warfarin and where residents admitted for respite did not consistently include the signatures of two nurses; the nurse transcribing and the nurse independently checking the transcribed order. Transcribed documentation in a resident's warfarin record had not been updated to reflect that a more recent prescription

had been issued.

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

Findings:

The inspectors reviewed the actions from the previous inspection, of which there were four. The inspectors found that three of these had been completed however an action relating to infection control remained incomplete. The inspectors found, as with the previous inspection, surplus toilet roll was exposed and stored on top of the toilet, in a shared bathroom. This required a review in light of appropriate infection control procedures.

The inspectors reviewed risk management in relation to the management of falls. The inspectors found that safe systems were in place to minimise and prevent the occurrences of falls. The falls management policy was robust and provided clear guidance to staff and was complete with a quick glance easy to read guide for staff. The inspectors saw in resident's files, who had been identified as a falls risk, assessments and care plans in place. The inspectors saw in the rooms of those residents at risk of falls control measures such as call bells, appropriate lighting, clutter free floor, low low beds, sensor mats and bed rails where required. Where bed rails were in use the resident's general practitioner had been involved and consent from the resident, where permissible, had been received. Documentation regarding their usage was also present in the restraint register. Where residents required assistance of two care staff, due to their mobility, the inspectors found there was sufficient space in their bedrooms for this assistance. The bathrooms they availed of were equipped with appropriate facilities and space for two staff. The inspectors were assured that falls management was appropriate to the individual needs of residents.

The inspectors identified areas of improvement regarding the sharps bins. The inspectors found instances where sharp bins were uncovered and could be accessed therefore posing a risk of injury. This required a review to ensure appropriate infection control was adhered to and risk was minimised. The inspectors were shown a risk assessment for the management of sharps boxes and the prevention of needle stick, however this required inclusion into the risk register.

The inspectors reviewed the incident and accident log and found that incidents were recorded in detail along with the actions of staff. For example where falls were unwitnessed, staff completed neurological observations and documented outcome of same.

During a walk through the premises the inspectors identified a radiator, in an en-suite, that was excessively hot and required an immediate review.

Judgment:
Substantially 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:
Overall, residents were protected by the designated centre's policies and procedures for medication management.

The centre-specific policies in relation to medication management were made available to inspectors. The policies had been reviewed in March 2013 was comprehensive and evidence based. Staff with whom inspectors spoke demonstrated adequate knowledge of these policies. However, the practice of transcription was not in accordance with local policy; this is covered in outcome 5.

Medications for residents were supplied by a community pharmacy. The pharmacist was facilitated to meet obligations to residents under legislation and guidance issued by the Pharmaceutical Society of Ireland, including regular medication reviews (most recently in February 2015).

Inspectors noted that medications to be stored at room temperature were kept in a locked trolley or within a locked room. The temperatures of medication refrigerators were noted to be within an acceptable range; the temperature was monitored and recorded daily. Medication refrigerators could be locked but inspectors observed one refrigerator containing medications such as insulin to be unlocked in an unattended nurses' station. This was brought to the attention of the nurse on duty who locked the refrigerator immediately.

Handling of controlled drugs was in accordance with current guidelines and legislation.

An inspector reviewed a sample of prescriptions where residents had difficulty swallowing tablets. Alternative preparations had been considered such as liquids and soluble tablets. Where it was deemed necessary, the prescriber had identified the need for crushing on each individual prescription.

Medications were administered by nursing staff. An inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. The inspector observed that pouched compliance aids were used by nursing staff to administer medications to residents. References were available to nursing staff to identify a specific medication among several medications in the pouch.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

Based on a sample reviewed, an inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medication. However, the medication administration sheets examined were not always complete; this is covered in outcome 5.

Medication prescription charts contained the required elements as set out in the Medicinal Products (Prescription and Control of Supply) Regulations. However, inspectors noted that a warfarin record had not been updated to reflect the most up to date prescription; this is covered in outcome 5.

Staff reported that medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. Records for the return of medications, including controlled drugs, were completed and allowed for an itemised, verifiable audit trail.

The use of chemical restraint was in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health.

Inspectors saw that there was a system in place for reviewing and monitoring safe medication management practices. Results of audits in relation to medication management and clinical documentation were made available to inspectors. Pertinent deficiencies were identified and actions emanating from audits, e.g. additional training, were seen to be implemented.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspectors reviewed a sample of resident's personal plans who were high risk of falls or who had received a serious injury as a result of a fall.

The inspectors found the care plans in place to support residents were recently reviewed, suitably detailed and appropriate to meet the needs of the residents. For example for a resident who had poor mobility and a diagnosis of osteoporosis in addition to a recent injury due to a fall, the inspectors found satisfactory detail in their care plan providing clear guidance to staff to meet these needs. The inspectors saw the resident had links with the dietician and a corresponding plan, in addition to links with orthopaedics and physiotherapy post fall. There was a discharge letter on file in addition to guidance from the occupational therapy. This resident also had an up-to-date falls assessment; falls care plan and a mobility care plan. The inspectors saw there were suitable controls in their bedroom which were in line with those detailed in the care plan such as a sensor mat. The inspectors were assured that the clinical care and support given to residents, at risk of falls in this instant, was appropriate and suitably executed and documented.

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):

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

Findings:

The inspectors found that the purpose built centre, for the most part, continued to be well maintained.

On the morning of inspection the inspectors saw adequate domestic staff on duty and also the presence of the maintenance department all whom were responsible for the upkeep of the centre. The residents' bedrooms were found to be in good state of repair, clean and personalised to reflect the residents' preferences. The carpet in a number of corridors was new, some areas required the paintwork to be touched up and this was seen outlined in the actions of the management meeting minutes..

The courtyard and grounds were found to be in a satisfactory condition and the garden furniture was in a good state of repair. The residents were seen safely navigating around the premises, some residents using their walking aids. There were rails, along the hallways, also available for residents to use. En suites and bathrooms were found to be equipped with hand and grab rails and toilets were at a recommended height. Floors in bedrooms were found to be clutter free and promoted a safe environment for residents to move around.

The inspectors saw some minor items for repair:

- The towel rail in a bathroom was broken and had damaged the wall
- Another bathroom was found to have a hole in the wall, behind the door.

Overall the inspectors found the actions from the previous inspection were completed and the premises remained to be in a good condition and sufficiently equipped to meet resident's needs.

Judgment:

Substantially 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:

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:	OSV-0000143
Date of inspection:	11/02/2015
Date of response:	13/03/2015

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The practice of transcription was not in accordance with the centre's policies in relation to medication management.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

The nursing staff have been provided with further education on their role in transcribing prescriptions as per An Bord Altranais agus Cnáimhseachais Medication Management guidance 2007.

Proposed Timescale: 13/03/2015

Theme:

Governance, Leadership and Management

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

A number of documentation omissions were observed in the medication administration sheets examined.

Where residents were transferred to hospital this was not updated, for some residents, in the Directory.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All staff involved in updating the register have been further educated on their responsibilities in updating the register.

Proposed Timescale: 13/03/2015

Outcome 08: 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:

The inspectors identified a hazard within an en-suite; the radiator was excessively hot.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Our maintenance team have carried out remedial work on the radiator in question.

Proposed Timescale: 13/03/2015

Theme:

Safe care and support

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

A number of sharps bins were found to be unlocked.

Surplus toilet roll was found exposed and stored on top of the toilets.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

We have engaged with our house keeping staff and requested excess toilet rolls to be removed and to monitor same.

Proposed Timescale: 13/03/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

The medication fridge was found to be unlocked on the day of inspection. The nurse on duty subsequently locked it.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The nursing staff have been re-educated in their roles and responsibilities in ensure safe storage and administration of medication. as per An Bord Altranais agus Cnáimhseachais Medication Management guidance 2007 .

Proposed Timescale: 13/03/2015

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 towel rail in a bathroom was broken and had damaged the wall
- Another bathroom was found to have a hole in the wall, behind the door.

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 designated centre.

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

All required remedial work has been carried out and completed.

Proposed Timescale: 13/03/2015