

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kinvara House Nursing Home
<b>Centre ID:</b>	OSV-0000054
<b>Centre address:</b>	3 - 4 Esplanade, Strand Road, Bray, Wicklow.
<b>Telephone number:</b>	01 286 6153
<b>Email address:</b>	kinvarahousebray@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Kinvara House Limited
<b>Provider Nominee:</b>	Gillian Mangan
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	0

## 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
31 August 2016 09:00	31 August 2016 18:00
01 September 2016 09:00	01 September 2016 18:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the 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 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

The centre was registered by the Health Information and Quality Authority (the Authority) to accommodate 36 residents who require nursing care. This application for renewal of registration is seeking approval to accommodate 36 residents. On the day of the inspection there were no vacancies.

Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The inspector reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

Initially, one of the directors performed the dual roles of provider and person in charge, however with this application another director is taking over as the contact for the provider role. Satisfactory fit person interviews were carried out during the initial registration of the centre. In subsequent inspections of the centre, management have responded in a positive manner to bring about compliance with the legislation, regulations and standards.

Governance and management of the centre was found to be satisfactory through ongoing regulatory work, including inspection of the centre and compliance with matters arising from inspections in the period from the initial registration to this renewal of registration. There were no matters arising from the previous thematic inspection (nutrition and end of life) carried out on 5 June 2014.

The inspector found that staff involved in the management of the centre were knowledgeable of the legislation and standards governing the provision of care in the nursing home. A staff member participating in the management of the centre and who will deputise in the absence of the person in charge was interviewed during this inspection. This was satisfactory. Staff of various grades were aware of the organisational structure of the centre and the ethos and principles underpinning the provision of nursing and social care in the designated centre.

Residents and relatives were positive and extremely complimentary in their feedback to the Authority. They expressed satisfaction about the facilities and services and in particular, they highlighted the "kindness" in respect of the care provided/received and the support and assistance provided by staff and management.

An examination of the staff rosters, communication with staff on duty and residents and relatives showed that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. While residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans the records made were not fully reflective of the nursing care practices.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

The inspector saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities.

The provisions in place relating to health and safety and risk management were satisfactory.

The premises were safe and laid out to meet the needs of the residents. The inspector found that it was maintained to a good standard. Ongoing redecoration/refurbishment work was scheduled.

In the main, the centre was in compliance with the Health 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. The action plan of this report highlights the matters to be addressed.

**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 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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Judgment:**

Compliant

***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:**

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, for example sufficient staff were on duty to meet the needs of residents.

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care. A quality of care report was made available to the inspector for 2015.

Interviews of residents and relatives during the inspection and questionnaires completed by residents and relatives were positive in respect of the provision of the facilities and services and care provided. Some comments were as follows: –

“Staff are good at encouraging residents to be active but also appreciate that the residents are not fit some days”.

“Menu and drink choices are available”.

“Staff are expert and considerate in meeting residents’ health needs”.

“Residents’ care plans are constantly being reviewed”.

“There is good communication with family members”.

The inspector saw that there was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities and meals provided.

**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:**

Each resident had a written contract. The inspector examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and

included details of the services provided, the fees charged and services which incurred an additional charge.

Each resident was issued with a resident's guide. This contained relevant information, about the services and facilities of the centre, for example, information in relation to contracts of care, local amenities, policies and procedures regarding visitors to the centre, making complaints and the means by which residents can contribute to their care and participate in the day to day running of the centre.

**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 centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

She is a registered general nurse, has extensive experience of working with older persons and works full time.

During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider.

The person in charge and the staff team including the provider had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team and relatives and residents highlighted the positive interactions and support provided by the entire team.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the following records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval:

- The centre's insurance which covered against accidents or injury to residents, staff and visitors.
- Up-to-date and recent photographs of all residents.
- Menus and food provided.
- The directory of residents included all the information specified in Schedule 3.
- Incidents falls and accidents.
- Use of restraint.
- Money or other valuables deposited by a resident for safekeeping.
- Correspondence to or from the designated centre relating to each resident.
- Complaints.
- Fire safety
- Staff employed at the centre, including the current registration details of nursing staff, staff training and roster.
- Visitors to the centre.

The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. The inspector verified this on inspection.

**Judgment:**

Compliant

***Outcome 06: 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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider/person in charge was aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her/his absence.

The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and has experience of providing care to older people and deputising when the person in charge was not available. A fit person interview was conducted during the inspection and this was satisfactory.

**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:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The provider and person in charge clearly demonstrated their knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting the procedures and what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures have been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment.

For example there was a keypad lock on the main entrance of the centre but internally all other communal areas were accessible to residents. The inspector saw that there

were facilities in place to assist residents to be mobile for example hand and grab rails in all areas.

During interviews with the inspector residents confirmed that they felt safe in the centre due to the measures taken and relatives confirmed that they were satisfied that residents were protected from harm and were safe in the designated centre.

The inspector saw that there was a policy and procedure in place for managing behaviour that is challenging. During discussions with the inspector the provider and the person showed that they could respond to and manage this behaviour. There were no residents presenting with behaviours that are challenging.

There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge. Reviews of restraint measures were evident and records were maintained, for example the times when bedrails were not in use.

**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:**  
From a review of the risk management documentation held in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk.

There was an up to date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation.

There was a personal emergency evacuation plan (PEEP) for each resident that clearly identified the resident's cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time.

The inspector reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well recorded and clearly archived.

Certification and inspection documents were available on fire fighting equipment service, emergency lighting tests and at a minimum six-monthly fire drills were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received fire safety training in the past 12 months.

The inspector was informed that upholstery and curtains in the centre were flame retardant.

All doors in the centre were fire doors, and were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation.

Emergency exits and fire assembly points were clearly indicated.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place.

**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 informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents, seeking approval from residents for the inspector to accompany the staff nurse while administering medicines and performing good hand hygiene.

Medicines were contained in a blister pack prepared by the pharmacist. Prescription and administration sheets were available. The inspector saw that the administration sheet

contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis. The inspector was informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register.

**Judgment:**  
Compliant

***Outcome 10: 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

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

**Findings:**  
The record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days.

Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

**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 centre provides care primarily for residents with long-term nursing needs.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. Each resident's assessed needs were set out in an individual care plan. There was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition and continence. There was evidence of the plan was drawn up with the resident involvement or the resident's next of kin. This was further confirmed during interviews with relatives. Some relatives specifically reported in the written questionnaires that their relatives' healthcare needs were met through timely access to medical treatment and the care delivered encouraged the prevention and early detection of ill health.

Although the provider had a system in place to audit care plans the inspector found and that there were some gaps in the care planning documentation, for example, in some instances the written daily notes did not reflect on the specific assessed needs and subsequent intervention plans and therefore the 4 monthly review of care that is whether to continue with the treatment plan was not based on written documentation. Records of food and fluid intake kept for a resident had not been comprehensively completed in that the quantity of input and output was not detailed.

There were arrangements in place to manage and monitor wounds, however, there were no residents with pressure ulcers at the time the inspection. A staff nurse described the protocols in place regarding wound prevention and treatment and confirmed that a specific person centred care plan would be compiled and wound assessment and repositioning charts would be in place to monitor whether the wound was progressing or otherwise. The inspector was informed that the centre had access to a tissue viability nurse to provide up to date guidance and support to the nursing team. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and speech and language therapists.

**Judgment:**

Substantially 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:**

The inspector found the premises were laid out to meet the needs of the residents, and all parts of the building and grounds were accessible to residents.

The centre is laid out over 3 floors and divided into 3 units. It has 36 single ensuite (some with full bath, toilet and wash hand basin and others with toilet and wash hand basin) bedrooms measuring from 9 m<sup>2</sup> to 13 m<sup>2</sup>. A telephone and television is available in each bedroom. There was space for storage of personal belongings, including lockable storage for valuables. Residents were encouraged to bring in their own personal mementos and furnishings which many availed of. The inspector saw that residents were encouraged to display their artwork and photographs throughout the centre. Residents, relatives and visitors to the centre highlighted the homely nature of the centre.

Communal facilities include a dining room, 2 spacious sitting rooms, hairdressing facility, two bathrooms with a parker bath in each one. Laundry and kitchen facilities are available.

All bedrooms, bathrooms and communal areas were fitted with a call bell system and large displays clearly identified the location of a call.

The building was sufficiently heated and ventilated with plenty of natural light. The centre was kept in a good state of repair and maintenance staff available as required. A log of repairs required is maintained and referred to the appropriate service.

Medication storage rooms, cleaner's stores and sluicing facilities were secured and kept in good order.

The premises were safe and secure, with a contained garden and electronic external door locks that did not overly restrict residents' movement. Close-circuit television (CCTV) was present in the centre but camera devices were subtly placed, and notices of their presence were posted.

**Judgment:**

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:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and residents and relatives who communicated with the inspector was aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspector examined the complaints record and there were no serious complaints as it was the policy of the centre to address complaints through the local resolution process.

**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:**

From discussion with staff and relatives it was found that end of life care was person centred and respected the values and preferences of individual residents.

Staff described the policy and protocols in place for the end of life care.

There was good evidence of relatives' involvement in a resident's care plan who was assessed as nearing end of life. The information identified in this care was detailed and

informative.

Care planning assessments related to the resident's physical, emotional, psychological and spiritual needs. Risk assessments in relation to eating and drinking, nutritional screening and pain management were available.

There was documentary evidence of interventions and treatments to support the resident at end of life in the centre, for example availability of general practitioner, and an out of hour's service.

**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:**

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of choices and meals.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the mealtimes.

The training record showed that staff had been trained in nutritional in the elderly. This included weight loss and gain, what to do when changes occur and dysphagia.

Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served.

Documentation in the residents' care plans examined by the inspector showed that residents were weighed on a monthly basis and appropriate action taken as necessary.

There was a policy on food, nutrition and hydration management.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

Residents had access to drinking water at all times, with an ample supply of bottled water available and accessible throughout the day. The inspector saw residents being offered tea, coffee and snacks at regular intervals throughout the inspection process, and residents verified that they had choice around the times of meals if they wished. Fresh fruit was available.

The most recent Environment Health officer report of the kitchen had generated 3 actions for improvement. The provider informed the inspector that these matters had been addressed.

The chef had a four week menu plan in place, which had been reviewed by the dietician, and residents had a choice at lunch time of meat or fish. The inspector heard that residents could change their breakfast menus when they wished. Breakfast was served in residents rooms each morning, with lunch and tea available for serving in the main dining room or residents' rooms depending on their wishes.

The inspector was present for the lunchtime meal, and found a pleasant atmosphere in the dining room, residents tended to sit with friends in their chosen seats and enjoyed the social aspect of the dining experience.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**  
Person-centred care and support

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

**Findings:**  
A formal consultation process had been set up for residents and an advocacy service was available to residents.

Residents have access to the internet and a private telephone system.

The inspector saw that residents' privacy and dignity was respected as residents could receive visitors in private and personal care could be provided in the residents' bedrooms.

Many residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, times of getting up in the morning and going to bed in the evening.

Social care planning was undertaken by the staff team and the inspector saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Relatives who communicated with the inspector highlighted the events which residents were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television, reading the local newspaper, magazines or books. The inspector saw the majority of residents participating in an exercise programme organised by a physiotherapist and a singsong session.

Relatives informed the inspector of the importance of the centre in the community and when visitors came to see their relatives, they also visited other residents whom they knew from the local community.

**Judgment:**  
Compliant

***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

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

**Findings:**  
There was a policy on handling residents' personal property.

An inventory of residents' belongings and personal possessions is compiled for each resident on admission and updated as required.

Residents have adequate storage space in their bedrooms including lockable storage for valuables and the centre provides secure storage for residents' valuables.

Residents' clothing was identifiable and laundry was organised in batches so as to ensure that residents do not have their clothes misplaced.

**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:**

From an examination of the staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

The inspector reviewed a sample of personnel files and found them to contain all documentation required by Schedule 2 of the regulations.

The inspector found staffing levels and skill mix of staff to be sufficient to meet the needs of the residents in the centre. There were appropriate numbers of healthcare assistants and nurses on shift at all times of day and night and the planned and actual staff rosters clearly identified staff by name, role, area of duty and shift times.

All staff were up to date on their mandatory training, for example, fire safety, manual handling, infection prevention and control, challenging behaviour and protection of residents from abuse. The majority of staff had received training in dementia care and falls management. Some staff had received specialised training such as wound care, diabetes care, venepuncture and continence care.

Staff who communicated with the inspector demonstrated that they had a good knowledge of the residents in the centre and were familiar with procedures of emergency evacuation, and in identifying and reporting instances of resident abuse.

Residents and representatives were full of praise for the staff team and spoke highly of their competency, friendliness and delivery of care.

The inspector observed staff on the floor being patient and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

There is a suitable recruitment policy and the inspector was satisfied with the arrangements for supervision and development of staff which included induction, probationary period and an annual appraisal system.

No volunteers were working at the centre, however management were aware of the legislation in relation to having volunteers in the centre for example vetting, supervising and establishing the level of their involvement in the centre. They implement these principles in relation to persons on work experience in the centre.

The service did not utilise agency staffing.

**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:*

Siobhan Kennedy  
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 report<sup>1</sup>

<b>Centre name:</b>	Kinvara House Nursing Home
<b>Centre ID:</b>	OSV-0000054
<b>Date of inspection:</b>	31/08/2016
<b>Date of response:</b>	19/09/2016

### 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 11: Health and Social Care Needs

#### Theme:

Effective care and support

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

There was insufficient written documentation in respect of each of the care planning objectives to assist in the formal 4 monthly review process.

Records of food and fluid intake kept for a resident had not been comprehensively completed.

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

**1. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

A. Review of care planning process concentrating on written daily notes.

B. Following review implement an appropriate method of capturing information that reflects on the specific assessed needs. Then that written evidence guides intervention plans and whether to continue with the treatment plan in 4 monthly reviews.

C. Audit Care plans following implementation.

D. New Records of food and fluid updated form to reflect detailed quantities.

A. 14th October 2016 review completed

B. 28th October 2016 intervention implemented

C. 15th December 2016 audit

D. Immediately

**Proposed Timescale: 15/12/2016**