



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Kilbrew Recuperation and Nursing Care
Name of provider:	Kilbrew Recuperation and Nursing Care Limited
Address of centre:	Kilbrew Demense, Curragha, Ashbourne, Meath
Type of inspection:	Short Notice Announced
Date of inspection:	04 June 2020
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0029576

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Kilbrew Recuperation and Nursing Care is a purpose-built premises. Residents are accommodated in single and twin bedrooms, some with en-suite shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ashbourne town on a large mature site, at the end of a short avenue in from the road. Together with gardens surrounding the centre, there are also two enclosed, themed gardens within the centre premises. The centre provides accommodation for a maximum of 74 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 June 2020	09:30hrs to 16:30hrs	Sheila McKeivitt	Lead
Thursday 4 June 2020	09:30hrs to 16:30hrs	Siobhan Kennedy	Lead

What residents told us and what inspectors observed

Residents told the inspectors about how their daily and evening routines had changed in recent months due to the COVID-19 outbreak. They said they were aware that staff wanted to make every effort to ensure that they were safe and comfortable. They told inspectors that nurses and carers visited them in their bedrooms to have chats about the pandemic and provide up-to-date information to reduce their anxieties. Some residents commented that while it was initially very frightening because they did not know what to expect, now, they have got used to the way things are. For example, they and their carers wearing masks. For others, they considered that as time passed and the pandemic continued it became more frightening because they did not know what the future would be like.

Some residents were familiar with all the new terminology associated with the pandemic; social distancing, hand hygiene, cough etiquette, isolation and lock down. Some residents said that they still had lots to do during the current restrictions and told the inspectors that staff were making extraordinary efforts to engage with them and to create situations for recreation and fun. Overall, the consensus was that isolation was the most difficult thing to deal with during the current situation. Residents missed their usual activity plans especially their interactions with the local community, family and friends. Residents described a range of opportunities that had been created in order to facilitate their relatives to communicate with them, including technologies such as video calling and having a window visit either in communal viewing areas or outside their own bedroom windows. A number of residents expressed a strong desire for the restrictions to be over and things to go back to the way they were. Other residents were very optimistic considering that they will soon be free to do all the things that they previously enjoyed.

Residents confirmed that they felt safe in the centre and they put this down to the dedication and commitment of the entire staff team. They accepted that if all the current changes and restrictions were necessary to keep everyone safe then that is what needed to be done.

Some residents expressed their concern for the staff who were also sick and communicated that they prayed fervently for them all during this time. They talked sadly about the regrettable deaths of some of their friends in the designated centre and grieved the loss of the vibrant atmosphere that had prevailed in their home prior to the COVID-19 outbreak in April 2020.

Residents who had recovered from COVID-19 described the attentiveness of staff when residents showed signs and symptoms. They confirmed that staff did everything in their power to make them feel well again. A number of residents expressed their gratitude to the committed staff who had cared for them successfully in their home without the necessity of having to be transferred to hospital.

The inspectors saw the personal efforts made by staff to ensure that residents were loved and had the things that would make their lives just that little bit more manageable during these days. For example, a staff member made a hand held activity skittles game for a resident who spent most of their time in bed. The inspectors read a framed tribute paid to the staff team by a relative who wanted to express deep gratitude to the committed and dedicated staff for providing care during the pandemic. It likened the pandemic to a war and depicted all aspects of it. Staff were referred to as warriors in their battle to protect residents from COVID-19. With much appreciation and joy, a resident and relative described how staff ingenuously celebrated a resident's significant birthday under the COVID-19 restrictions. This gave the resident and family immense pleasure.

At the time of inspection, some residents were in their bedrooms while others were in the communal areas participating in activities such as reading the newspaper, watching television chatting to each other, having a hand massage or having their hair done. Staff took appropriate precautions ensuring social distancing and wearing personal protective equipment such as face masks in line with the current guidance.

Staff were keen to normalise activities and events for residents and to this end the dining room was being brought back into use so that residents could share mealtimes while social distancing and maintaining hand hygiene and cough etiquette. Residents were happy with the food and meals they received. Some residents compared it to living in a hotel whereby they were supported and assisted to have what they wanted. Residents commented that staff would do anything and nothing was too much trouble for any one of them.

Residents were satisfied with their bedroom accommodation, confirming that they had sufficient space for their personal items. They acknowledged that the staff members kept the bedrooms and all areas in the home neat, tidy and clean. Inspectors saw household staff cleaning all aspects of the centre, paying particular attention to surfaces, including handrails, and decontaminating residents' equipment. The inspectors heard staff asking residents if they had washed their hands and observed staff patiently perform this task with residents while they chatted about the day.

Relatives who communicated with the inspectors were complimentary about the provision and delivery of services, care to their family members and support to themselves, particularly in these past challenging months. They told the inspectors that staff had time to listen to them and provide information and advice.

Capacity and capability

This was a short notice announced inspection carried out following an outbreak of COVID-19 in the centre in April 2020. The inspectors also followed up on concerns that had been received from families, staff and agencies to the Chief Inspector in relation to the care and services provided to some residents in the designated

centre and the management of the recent COVID-19 outbreak. This inspection validated some of the issues raised and these are addressed under the relevant regulations.

Prior to the recent COVID-19 pandemic Kilbrew Recuperation and Nursing Care (Kilbrew Nursing Home) had a good history of regulatory compliance. Leadership and management of the centre made every effort to ensure that a good quality and safe service was being provided to residents. Where regulatory compliance had not been fully achieved, management and staff were willing to initiate the necessary improvements to ensure full compliance.

There was a clearly defined management team which included the provider, the person in charge and an assistant director of nursing, who all worked full-time in the centre. They appeared to work well together. The centre had recently recovered from a COVID-19 outbreak which had resulted in the death of a number of residents. It was clear to inspectors that the consequences of this outbreak had a profound negative impact on the remaining residents living in the centre, their relatives and all staff working in the centre.

Inspectors found that some areas of practice were ineffectively monitored by the management team. There were no clear systems in place to monitor some areas of practice. This had resulted in the management team not having a clear oversight of all aspects of the service provided. The lack of oversight resulted in non-compliances identified below under:

- Regulation 34: Complaints
- Regulation 4: Policies and Procedures
- Regulation 6: Health care
- Regulation 26: Risk Management

The poor management of complaints was also reflected in the fact that HIQA had been contacted a number of times by relatives since the last inspection of the centre in July 2019. These concerns related to the quality of the care and services being provided to residents living in the centre.

Key policies and procedures had not been reviewed and implemented in line with the most up-to-date infection and prevention control guidance:- *"Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units"* version 5, 2 June 2020.

The number and skill mix of nursing and care staff was good during the day and night. Residents told the inspectors that their needs were met and that they were satisfied with the standard of care they were receiving. However, inspectors noted that there were no house-keeping staff rostered on duty after 2:30pm each day. This left the centre with no house-keeping or cleaning staff on duty for a long period of time which could increase the risk of the centre being exposed to a second outbreak of COVID-19.

Staff spoken with had a clear awareness of the signs and symptoms of COVID-19 and identified a clear pathway to report any concern regarding a resident. They had all received training in standard precautions, including hand hygiene, respiratory hygiene and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment. Residents had also received training on hand hygiene, respiratory hygiene and cough etiquette. However, staff informed inspectors that the channels of communication between the management team and staff did not always ensure that they had up-to-date information and guidance to support them in their work.

Inspectors reviewed the location of bedrooms 40, 41 and 42 and confirmed, as outlined in the floor plans, that the residents occupying these three bedrooms did not have access to a shower or bathroom close to their bedrooms to ensure that their personal care needs were appropriately met.

Regulation 14: Persons in charge

The person in charge was present on the day of inspection. She had commenced in this role on 30 April 2020 and had been deemed fit to hold the post of person in charge prior to this inspection. She worked full-time and was supported in her role by the provider representative and the assistant director of nursing.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the holistic needs of the residents living in the centre. There was a minimum of two registered nurses on duty on each shift. There were no agency staff used in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training. All staff working in the centre had completed the relevant training outlined in the *"Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units"* version 5, 2 June 2020. Staff members spoken with had a clear awareness of the early signs and symptoms of COVID-19. On the day of inspection, two staff completed training on

how to collect a sample for testing of COVID-19.

Staff spoken with told inspectors that the communication systems between managers and staff during the recent COVID-19 outbreak did not ensure that staff were kept up-to-date at all times with the infection prevention and control guidance. Inspectors found that communications had since improved but further review was required to ensure that staff had the information and support they needed to provide safe and effective care.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The clearly defined management structure outlined in the statement of purpose was reflected in the day to day operation of the centre. An audit plan was in place to ensure that nursing care provided was safe, appropriate, consistent and effectively monitored. Audits had been completed on several areas of nursing care practices including falls management, nursing documentation, hand hygiene and medication management. These were last completed in January 2020. Improvements identified as a result of these audits had been implemented and a re-audit date was set on the schedule for July 2020. Areas of practice that were not adequately monitored by the management team included:

- The management of complaints
- Lack of clear policy on accessing appropriate health-care for residents
- Policies and procedures not updated with up-to-date guidance as reflected in *"Interm Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units"*.
- Ensuring the premises met the *"National Standards for Residential Care Settings for Older People in Ireland, 2016"*
- Appropriate management of risks in the designated centre.

An annual review had been completed in 2019 and included lots of feedback from residents which resulted in a number of recommendations being made and actions taken to enhance the quality of life being provided to residents living in the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

A revised statement of purpose was reviewed on inspection. It included details of the new person in charge and revised room dimensions for each room in the centre. A copy was given to each resident on admission as per the admissions policy.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure although displayed in the centre, was not positioned in a place where it was clearly visible to residents, relatives or staff. The procedure on display did not clearly identify the complaints officer, the appeals person or the person responsible for over-seeing complaints. As such, it did not meet the legislative requirements.

The management of complaints was poor. A number of complaints had been made to the provider and person in charge and, although the complaints records showed that they were followed up with, a number of complaints remained unresolved. The level of satisfaction of the complainant was not consistently recorded.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The schedule 5 policies were available for review. However, they had not been updated to include changes reflected in the *"Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units"* version 5, 2 June 2020. For example, the end-of-life policy, the visiting policy, the management of communication, and the admission, transfer and discharge policy did not reflect these guidelines.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that the care and support received by residents was of a good quality and ensured that they were safe and well supported in the designated centre. However, inspectors found that improvements were required to ensure that residents were able to access medical care in a timely manner.

Inspectors reviewed a sample of residents' care planning documentation. In some circumstances, it was found that the records of the medical and nursing condition of the residents and details of their plan of care did not accurately reflect their state of health and or circumstances at the time. For example, in wound care management and daily nursing records. It was also found that there was a delay in taking timely action to ensure that residents received appropriate medical care.

The care management of residents' weight loss was examined and it was found that the assessments and protocols that were in place helped to ensure that residents at risk of poor nutrition and weight loss were identified. These included referrals to allied health professionals and where specialist assessments were carried out their recommendations were seen to be implemented in the resident's care plan.

Following an incident in the centre in 2019, inspectors saw that managers and staff had implemented appropriate measures to ensure that residents who had had a fall underwent a rigorous assessment following the fall and that appropriate measures were put into place to prevent a re-occurrence of further falls. However further improvements were required to ensure that there were up-to-date moving and handling assessments available for residents with mobility problems.

Staff told inspectors how they responded and managed responsive behaviours in a manner that was not restrictive.

Residents lives had been significantly impacted by the COVID-19 restrictions that were still in place at the time of the inspection. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable. Staff were aware of residents' spiritual needs and did their utmost to ensure their spiritual well-being.

Residents were offered opportunities to exercise their choice in a range of personal matters within their private bedroom space. For example, opportunities for personal hygiene, choice of clothing and a selection of food menus. The inspectors saw that residents were comfortable and that their privacy and dignity was respected by staff.

Residents were encouraged by staff to maintain their personal relationships with family and friends, and visitors were welcomed in accordance with the public health guidance.

The design and layout of the premises was appropriate for the majority of the residents, however, three residents had to travel a distance and pass through through several internal doors in order to access bathroom facilities on the Woodlands 1 Unit.

Inspectors found that the risk management policy was not fully implemented in relation to a serious incident that occurred in the centre.

Infection prevention and control practices in the centre were observed to be safe. Staff were up to date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use

of appropriate personal protective equipment.

Regulation 11: Visits

The inspectors saw that staff made every effort to provide suitable facilities for residents to meet and or communicate with their visitors in accordance with the restrictions imposed by COVID-19, in line with current infection prevention and control guidance.

Judgment: Compliant

Regulation 17: Premises

The centre is a purpose-built single storey residential care facility. Overall, the centre is well laid out to meet the needs of the residents and provides comfortable private and communal spaces, as well as pleasant outside gardens for residents to enjoy.

A number of bedrooms have en-suite facilities and there were enough communal bathrooms and toilets for the number of residents accommodated in the designated centre. However, inspectors found that the communal bathroom available for residents in bedrooms 40, 41 and 42 was not located close to their bedrooms and did not ensure that they had access to bathing facilities that ensured their privacy and dignity could be met at all times. This is addressed under Regulation 9.

Judgment: Compliant

Regulation 26: Risk management

There was a plan in place for responding to COVID-19 and this had been updated in accordance with the guidance as it was released by the Department of Public Health within the HSE.

Inspectors found that arrangements for the identification, recording, investigation and learning from a serious incident involving residents had not been adequately carried out and, as a result, it was not clear that practices had changed in response to learning from such events.

Judgment: Not compliant

Regulation 27: Infection control

There was strong evidence that staff were knowledgeable of the standards and updated guidance for the prevention and control of health-care-associated infections in relation to COVID-19.

All staff had received education and training in this area and were knowledgeable of hand hygiene, the use of protective clothing, decontamination of equipment, and management of laundry (including their uniforms) and waste.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were prepared based on assessment. Care plan reviews were carried out every four months, and there was evidence that care plans were updated in line with the review.

However, a review of residents' care records showed that significant improvements were required to ensure that care plans were followed and that care was delivered appropriately. For example, documentation in a number of care records did not give a clear and comprehensive account of the care given to the residents, nor were the records reflective of residents' current needs.

Judgment: Not compliant

Regulation 6: Health care

The current arrangements in place for access to medical and specialist reviews did not ensure that all residents had access to medical and or specialist advice based on a change in their health or well-being.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Inspectors followed up on the non-compliances in relation to the management of challenging behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) that were found on the previous inspection and found that they had been addressed.

The non-compliance related to staff having appropriate knowledge with regard to managing responsive behaviours. On this inspection, inspectors found that staff had attended training in this area and had knowledge and skills appropriate to their role understand the potential triggers for each resident's behaviours and how to respond to support those residents who became agitated or distressed.

Judgment: Compliant

Regulation 8: Protection

This regulation was not fully inspected but a matter arising from the previous inspection was reviewed. This related to staff having the necessary vetting disclosures in accordance with the National Vetting Bureau. A review of staff files showed that all staff had An Garda Siochana (police) vetting disclosures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had made every effort to ensure that, as far as as was practicable, under the current restrictions, residents had opportunities to participate in social and recreational activities in line with their preferences and abilities.

Through direct observation and feedback from residents, the inspectors found that residents had the opportunity to exercise their religious rights in the designated centre.

Staff demonstrated genuine respect for the residents they cared for and were mindful of each resident's privacy and dignity in their interviews with the inspectors. Overall, inspectors found that residents' rights were upheld. However, the location of communal bathrooms on Woodlands 1 Unit did not ensure that the privacy and dignity of residents in three bedrooms on that unit were upheld at all times.

Residents had access to TV and other media, and staff had introduced a range of additional communications during the current restrictions in order to facilitate residents to communicate with friends and families.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilbrew Recuperation and Nursing Care OSV-0000143

Inspection ID: MON-0029576

Date of inspection: 04/06/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>After reviewing Kilbrew's Covid-19 outbreak and the speed of its impact, improvements have been made to the sharing of new information to all areas of Kilbrew. Staff team meetings on days that new guidelines or information is released. Alerts forwarded via email or text to read new information in canteen.</p> <p>Staff meetings scheduled for every month with good attendance response. Minutes of meetings posted in canteen and signed when read. Emails with updates on changing guidelines & information sent to families, and staff on a weekly basis. The same information is shared with residents.</p> <p>Staff asked to report any concerns during shift change to senior nurse to report to Clinical management team. These concerns can be related to staff, residents or families. Meath Mental health have provided teleconferencing for staff on a weekly basis on Psychological support for nursing home staff during Covid-19 pandemic starting 28/4/2020. New teleconference on The Psychology of Stress and how to manage it started 20/7/20</p> <p>Annual Reviews completed in June, July, and August. Staff had opportunity to express opinions, ask questions and talk about what their future objectives are. They also felt supported by the resident and the families who sent beautiful wishes over the Covid outbreak.</p> <p>Annual staff mandatory training all up to date with extra training on HSE eLearning land completed in response to Covid-19.</p> <p>Covid-19 staff survey handed out at staff meeting on July 23rd for all staff to complete. This has a comment section for each question and staff encouraged to complete. Due for review Aug 9th</p> <p>Staff Training since June include</p> <ul style="list-style-type: none"> • Assessment in the Care of the Older Person on HSE Learning Land completed by all nurses by July 1st, 2020 and certs on file • Recording of Clinical practice (ABA 2002 & NMBI 2015) on HSE Learning Land completed by all nurses by June 15th and certs on file 	

• 1-day webinar on Covid 19 Learning from Experience Planning the future (HCI & Skillnet) completed by 4 staff
 Covid swab test training, Self-Assessment of Competence and hands on experience completed by 2 staff, Certs on file.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Prior to the recent pandemic, Kilbrew had a good history of regulatory compliance. Kilbrew, like the rest of healthcare and nursing homes, has been working in unprecedented times, having to make decisions based on advice and guidelines that were changing frequently.

Kilbrew agrees that a well governed service makes the right decision or action for the person receiving care and is the essence of person-centred care.

As a result of SWOT analysis and external expert led reviews, Kilbrew has implemented several changes to its method of operating and installed additional supports to its practices and staff to continue providing high quality care for our residents.

1. The development of an Emergency Response Team, that has defined roles and clear lines of accountability and responsibility at all levels, including individual, team and service levels, with overall executive accountability for the quality and safety of the services delivered clearly allocated.
2. Kilbrew has taken learning from its Covid-19 outbreak in relation to governance by acknowledging the inter-dependencies between organisational arrangements and clinical practice and integrating these to deliver high quality, safe and reliable care and support. Kilbrew governance illustrates a balance of skills across Kilbrew to ensure it can be truly considerate of the risks associated with the provision of care.
3. A comprehensive approach to collecting, analysing, and discussing relevant data that is reflective of service indicators. The governing body must ensure appropriate action is taken to address the identified risks.
4. A clear and extensive Covid-19 contingency plan was in place and ongoing improvements have been made to it. 25/3/2020-08/08/2020. New contingency plan starting from 09/08/2020 following the end of recent outbreak
5. A series of checks have been developed to ensure paperwork and policies are being kept up to date.
6. As noted by HIQA, leadership, and the management of Kilbrew made every effort previously to ensure that a good quality and safe service was provided to residents. As a result of the recent reviews conducted, Kilbrew has decided that a more devolved decision-making process, where appropriate, would benefit residents through greater efficiency of work procedures, clinical decision making, and staffing processes. A cultural change, like this takes time to establish. Kilbrew will support this change through direction, reassurance, and training where required over the next twelve months.
7. The effects of these changes will be regularly monitored through resident surveys,

staff surveys, and management reviews and audits

After reviewing the Covid-19 outbreak in Kilbrew, the board of directors wish to reinforce a strong culture of quality and safety. This is always characterised by effective governance arrangements which place resident safety at the top of their agenda. Continual reinforcement of the idea of "person-centred care" at every opportunity and of constantly seeking improvement for our residents in the service we provide.

Areas of practice that have been reviewed and improved are:

The management of Complaints

Complaints Policy updated at front door with:

1. Clear steps to making a complaint including who can receive a complaint. Names of Complaint officer, Monitoring officer, and Independent appeals officer on signage.
2. Position of sign was lowered and more concise summary of procedure. 8/6/2020

Complaints Policy was updated with this information, printed for staff to read and sign they have read and understand same. 8/6/2020

The family meeting form was updated to include an action plan, responsible person date completed and resolved or not. 8/6/2020

Complaints Audit completed 30/7/2020

Clear policy on accessing appropriate health-care for residents

Access to GPs, hospitals, and related third party services was sometimes considerably reduced during March, April, and May 2020. As a result, contingency plans have been developed in case of similar future events.

New Policy developed for access to GP

New flow sheet with quick reference guide to accessing a GP posted in each nurse's station, includes phone numbers and after-hours doctor on call numbers

These actions were completed on 22/06/2020

Policies and procedures updated.

All 20 policies were updated fully between June and July with up-to-date guidance as reflected in most current "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units".

Each policy was printed for staff to read and sign they have read and understand and will implement same.

New policies were placed in binders and left at nurses' station and in DON office

Each binder has a list of policies with issue and review date at front

These actions were completed 20/07/2020

Ensuring the premises met the "National Standards for Residential Care Settings for Older People in Ireland, 2016"

Kilbrew was deemed compliant when examined under premises but in keeping with our stated aims of providing quality care to our residents in an environment of dignity and respect Kilbrew shall be installing an additional communal shower room. New shower to be installed beside room 42 as soon as external workers allowed in. This will ensure the

residents in room 40, 41 and 42 have close access to bathing facilities that ensured their privacy and dignity. This will replace the Oxygen Room which had been used for storage for past 5 years. Target date Dec 2020

Management of risks reviewed to make sure the Kilbrew protects the rights of the resident and has arrangements in place to monitor this on an ongoing basis.

Under management of risks and infection control, Household practices and hours of work have been ammended. Risk analysis identified the need for more cleaning measures as a result of the new visiting guidelines. The safety of our residents is of paramount importance to all in Kilbrew.

Audits

Infection Control Audit carried out on 12/05/2020 by a member of the Health Protection Team (HPT) from the Department of Public health (DPH), HSE north East. The outcomes and actions from this audit were completed within 2 weeks. Using the same tool as HSE Kilbrew staff carried out an infection control audit in July. Risks identified in May were closely monitored and actions completed.

- Audits due in July have been completed with some actions due for completion by 14/08/2020. Completed audits include Fire Management, Health & safety, Medication, Infection Control, Complaints, Documentation, Laundry, Waste disposal, Environmental, PPE, Kitchen, Falls, Clinical handover and Care planning audit, Covid-19 Risk Assessment and Covid-19 Contingency plan updated on an ongoing basis. Risk assessments in place for staff returning to work, visitors entering the building or residents leaving the building. Staff sign in and record temperature and fitness to work on every shift

Independent audit and review commenced on 22/07/2020 of a resident's chart, outcome pending

Residents

Information to residents since Covid pandemic included information leaflets in rooms, discussing importance of hand hygiene and cough etiquette. Reminder to wash hands before meals. Updating and daily reminders of guidelines during outbreak

Communication during the Covid Pandemic for our residents was through the use of phones in room, Mobile phone from reception, iPad for Skype calls and received emails with letters and pictures through reception@kilbrew.eu. They were also able to see families for window visits in their rooms during outbreak or in lounges post outbreak.

A mass is to be held in Curraghera this September, subject to guidelines on gatherings, for all the residents that passed away during the very difficult period of the year to date, all the families were contacted about this ceremony. Families were all very thankful and look forward to this event as we were all deprived of saying goodbye to our residents & families.

All residents were Covid-19 swabbed on April 24th, resulting in our outbreak being declared over by Public Health on May 21st.

Resident council meeting continues with May 23rd discussing the effects of Covid-19 on the each of them. They completed a short survey on Covid-19 experience and next meeting 8/8/2020.

A Covid-19 Resident survey to be distributed after Aug 8th with results to be completed by Aug 31st

Families

Weekly emails to all our resident's families continue, updating them with guidelines and activities for current week. There are 2 families that receive updates by post. Families

were aware of changing guidelines about visiting and were happy with window visits
 Families are encouraged to ask questions, make suggestions, email, call or set up meetings about any concerns. Over 10 family meetings recorded since July 6th
 Families are encouraged to email letters or photos to the residents which are printed up and delivered. This is very popular as letters are printed out in large font which is easy to read.

A Covid-19 Family survey to be distributed after Aug 8th with results to be completed by Aug 31st

Staff

Staffing levels have the appropriate skill mix, as noted by HIQA on the day of the inspection, and during the Covid outbreak Kilbrew maintained levels by use of agency staff for only 5 shifts. All our staff have remained with us, even the new staff that were hired in early March. Each staff member has up to date training on hand hygiene and use of PPE all completed with certs on file from HSE eLearning land. All staff have Garda vetting for Kilbrew.

Staff meetings scheduled for every month with good attendance and response. Emails with updates on changing guidelines & info sent to families, sent weekly to our staff. Minutes of meetings posted in canteen and signed when read.

Staff participated in Covid-19 swabs for 4 weeks starting on July 2nd – 23rd as per NPHET recommendation.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The management of Complaints

Complaints Policy updated at front door with:

1. Clear steps to making a complaint including who can receive a complaint. Names of Complaint office, Monitoring office and Independent appeals officer on signage. 8/6/2020
2. Position of sign was lowered and more concise summary of procedure. 8/6/2020

Complaints Policy was updated to including this information, printed for staff to read and sign they have read and understand same.8/6/2020

The family meeting form was updated to include an action plan, responsible person date completed and resolved or not 8/6/2020

Complaints Audit completed 30/7/2020

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The schedule 5 policies are updated to include changes reflected in the "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units" . V6.0 28/07/2020</p> <ul style="list-style-type: none"> • Infection prevention control guidance updates were received twelve times between 30th March 2020 and 22nd July 2020. The frequency of updates for guidelines illustrates the need for efficient time management by Kilbrew and clear, robust procedures for maintaining policies. • Policies reviewed at a minimum of every three years or as needed when new information is received • End of Life policy updated June • Visiting policy updated June and reviewed July • Communications updated June and reviewed in July • Admission Transfer and Discharge policy updated June • All 20 policies reviewed in July, printed up in Binder with a copy at nurses' station and in DON office • A complete list of the policies, in front of binder with date of issue and review date • Staff must sign off that they have read and understood each updated policy 	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Kilbrew's governing body is responsible for risk management and maintaining effective risk management systems within the organisation through: Corporate Risk Management, Service and Care Risk Management, Health and Safety Risk Management, Individual Risk Management</p> <p>Kilbrew believes in an approach of pro-active rather than reactive risk management and the need to get ahead of the potential issues and work to identify controls that, if not eradicate the risk, then at a minimum reduce their occurrence or potential impact. Kilbrew believes when errors are reported that they are "learning opportunities". This ethos is an important building block of a learning culture.</p> <p>Focus must be from a systems perspective, i.e. how the systems in place allowed for the failure to occur, not individual blame. The systems must be fair and just so when issues of individual accountability are identified that the service responds to these in a manner which is proportionate, and safety focused</p> <p>Systems must be responsive, and actions taken are timely and proportionate. This is to</p>	

ensure effective details of events so that they can be appropriately analysed and addressed

Systems must be focused on improvement so that incidents occurring are viewed by the service as an opportunity to improve.

The completion of a Critical Incident Risk Assessment Report in June 2020 made clear that there were learning opportunities and that practices needed to be reviewed, particularly considering the ongoing nature of the pandemic.

Learning and actions from this report included:

- Complete review of GP policy, including a new flow sheet created to ensure timely access to GP service.
- Training and education of staff nurses included completion of Assessment in the Care of Older persons & Recording of Clinical practice on HSE learning land. Certificates on file
- Printed copy of Recording Clinical Practice (ABA 2002) given to each nurse
- Review and changes of Wound Management Record completed
- 1-day webinar on Covid-19 Learning from Experience Planning the future (HCI & Skillnet) completed by 4 staff.

Kilbrey has always believed that clinical audits are the primary tools to ensure the service is systematically monitored, evaluated and continuously improved. Audits identify issues with current processes and, particularly within clinical audit, it is an internationally recognised way of getting evidence into practice. Effective auditing is agreed annually and conducted in line with regulatory requirements and best practice.

Kilbrey needs to be effectively responsive to risk, just as we endeavoured to do in the past. The use of our building risk register, incident reports, complaints, audit findings and satisfaction surveys can provide a reflection of the activities and support identification of issues that signal risk.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

To ensure improvements that care plans were followed and that care was delivered appropriately staff nurses had additional training and audits were completed.

1. Training & Education of staff ;

- Assessment in care of older person HSE eLearning land completed by staff nurses and certificates on file (The assessment of Older Persons provides a foundation on which to build and extend your knowledge of Assessment with this client group. Grounded within the Nursing Process, this programme is relevant to those nurses and professionals with a role in the assessment of older persons' needs and their subsequent care.)
- Recording clinical practice keeping HSE eLearning land. (This includes guidelines to assist nurses to establish and maintain accurate, clear and current records)
- Copy of recording clinical practice given to each staff nurse

2. Audits

o Clinical handover audit completed 1/7/2020
 o Care planning audit Completed 31/07/2020

3. Changes made to wound care record to indicate time
4. Independent Audit and Investigation of chart started July 22nd

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care: Access to GPs, hospitals, and related third party services were significantly reduced during the Covid-19 outbreak.

All residents have evidence-based care plans developed and are individualised to reflect their wishes and needs.

Individual Risk Assessments completed during outbreaks to assess the impact of Covid restrictions on residents, from a health and wellbeing perspective. 12/05/2020 & 20/07/2020

Measures taken to ensure that all residents have access to medical or specialist advice based on a change in their health and wellbeing includes:

1. New policy on access to GP established (22/07/2020). Review of all policies to ensure they are evidence based, resident focused, appropriately approved, and made accessible to all relevant staff.
2. New flow sheet created, "for the resident of concern", responding to a sick or injured resident" printed and posted at each nurse's station. The names of GPs with phone numbers and emails during office hours along with the after-hour Doctor on Call number and the Ambulance number are posted on this. 22/07/2020
3. Director of Nursing and ADON met with staff nurses on duty over 24h period and discussed new policy. Agreed to sign they have read, understood, and will implement the policy 23/07/2020
4. All GP's notified via Health mail that if family have any concerns regarding medical treatment that staff in Kilbrew will forward to GP in a timely manner (22/07/2020)
5. Communication with GP's via phone, Health mail and site visits continues. Contingency plans for GP's to perform video consultation during emergencies with Kilbrew having a new computer tablet available at nurses' station.
6. All GP's can request Covid testing from their office and ambulance service provide the service in a timely manner
7. GP's can request x ray for residents to be performed in Our Lady's Hospital, Navan, to avoid A&E triage
8. Bloods can be sent twice a week from Kilbrew and GP's have computer access to get results the same day.
9. Access to Department of Medicine for the Elderly in Connolly Hospital, Blanchardstown can be requested via email by charge nurse, having completed a detailed referral signed by GP. GP referral to nursinghomeclt.connolly@hse.ie for residents requiring onsite

assessment in the Nursing Home followed by a call from the Nursing Home team to ensure receipt of referral. The community liaison nurse will plan for assessments in the Holly Day ward. The consultant and nurse will plan an onsite visit for residents in Kilbrew. The team always follows up any residents that are discharged from hospital with a phone call, email or onsite visit

10. Access to Mental Health for older person for Meath is done by nurse after GP completes the referral form which can be faxed. Urgent referrals can be called in by GP.

11. Residents have access to Meath Specialist Palliative care services after referral from hospital or their GP. They can be reached on the phone and will do site visit for symptoms out of control. Located at Kells Primary care Unit, Navan rd., Kells, Co Meath

12. Chiropody service recommenced in June and next date in Sept

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: The location of communal bathrooms on Woodlands 1 Unit did not ensure that the privacy and dignity of residents in three bedrooms.

Kilbrew was deemed compliant when examined under premises but in keeping with our stated aims of providing quality care to our residents in an environment of dignity and respect we shall be installing an additional communal shower room. Completion date target of 18th December 2020 while acknowledging that currently non essential external workers are not allowed into nursing homes.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.	Not Compliant	Yellow	20/07/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2020
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes	Not Compliant	Orange	30/07/2020

	arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Not Compliant	Orange	08/06/2020
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	08/06/2020
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a	Not Compliant	Orange	08/06/2020

	record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Not Compliant	Orange	08/06/2020
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Not Compliant	Orange	08/06/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and	Not Compliant	Orange	08/06/2020

	any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Not Compliant	Orange	08/06/2020
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Not Compliant	Orange	08/06/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any	Not Compliant	Orange	20/07/2020

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	22/07/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	22/07/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	18/12/2020