<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kiltipper Woods Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000053</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kiltipper Road, Tallaght, Dublin 24.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01462 5277</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mary@kiltipperwoods.ie">mary@kiltipperwoods.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Stanford Woods Care Centre Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Woods</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Breda Hayes</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Deirdre Byrne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>117</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 29 April 2014 08:00  
To: 29 April 2014 16:00

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority's Regulation Directorate (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

The inspector found minor non compliances with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector found that residents’ end of life needs were well met and a high standard of nursing care was provided at this stage of life. The inspector noted many examples of good practice in this area and staff were knowledgeable and sensitive to the needs of residents and families. Relatives of residents approaching end-of-life spoken to were very satisfied with the care given to their loved ones. Some improvement was required to ensure the policy on end-of-life was fully implemented with regard to care planning.

The nutritional needs of residents were met to a high standard. There was good access to the general practitioner (GP) and other allied health professionals including
the dietician and the speech and language therapist (SALT) for residents at risk of poor nutrition. Residents and relatives were very satisfied with the service provided. An area of improvement was also required in relation to the implementation of the policy regarding aspects of care planning and input of SALT recommendations to care plans.

These matters are discussed further in the report and in the Action Plan at the end of the report.
### 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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

**Judgement:**
Non Compliant - Minor

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

**Findings:**
Care planning, as it relates to nutrition, was reviewed under this outcome. The details of the findings are discussed below under Outcome 15. Other aspects relevant to this outcome were not reviewed during this inspection.

### Outcome 14: End of Life Care

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

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

**Judgement:**
Non Compliant - Minor

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

**Findings:**
The inspector found that residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual. However, some ongoing improvement in the care planning process was required.
There was a comprehensive policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy and it had been discussed with them. However, it was not fully implemented in practice. Whilst each resident had an end-of-life care plan in place, some care plans reviewed did not consistently direct care to be delivered. For example, some care plans did not reflect residents’ individual preferences or their religious beliefs.

There was evidence of regular discussions with the residents or their next of kin. Regular family meetings were held as appropriate and were attended by the GP and nursing staff.

The inspector visited some of the residents who had care plans for end of life in place and spoke to their family members. The inspector found that practices and facilities were in place to ensure that residents’ needs were met and the residents’ dignity and autonomy was respected. There was a "comfort care pathway" commenced for residents approaching end-of-life. These were documented advanced care practices and checks that were carried to ensure the resident received end-of-life care that respected their wishes and needs. The relatives spoken to expressed a high level of satisfaction with the care provided and the emotional, spiritual and social support given. The majority of residents resided in single rooms and the person in charge stated that a single room was always facilitated for end-of-life care.

The inspector reviewed questionnaires returned by the relatives of residents who had passed away in the centre. This information showed that relatives were very satisfied with the care which had been provided at the time of death. Relatives were made feel welcome and were facilitated to stay overnight and be with the resident when they were dying. Relatives reported that residents' wishes, with regard to their place of death, was respected and residents had access to a single room at this time. Residents also reported a high level of satisfaction with the care and respect shown by staff members following the death.

The person in charge stated that the centre maintained links with the local palliative care team. The person in charge explained there was good access to this service when required. Additionally, two members of staff had completed certificates in palliative care and provided additional support for residents.

The inspector read records that showed a high number of staff had received training in April 2014. The person in charge stated additional training would be provided as the need arose. A number of members of staff had completed a train the trainer course in end-of-life and had facilitated this training in the past.

Residents and visitors were informed sensitively when there was a resident passed away in the centre. A designated room, known as the "Lavender Room" was provided and residents were facilitated to pay their respects. An oratory was also provided where mass took place. An annual remembrance service was held in the centre to which residents, family and friends were invited.
Outcome 15: Food and Nutrition

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

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

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

Findings:
The inspector found residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, improvements were required in the care planning process.

There was a food and nutrition policy in place which was centre-specific and provided detailed guidance to staff. However, it was not fully implemented in practice the residents care plans they did not consistently direct the care to be delivered or address residents identified needs. For example, the risk of dysphagia or residents likes and dislikes.

There was prompt access to the G.P. and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. There was evidence of residents being regularly reviewed by the dietician and a SALT. However, an area of improvement was identified in the implementation of SALT recommendations in care plans. For example, care plans were not consistently updated with the advice from SALT in relation to residents assessed needs. This was discussed with the person in charge, who undertook to address the matter.

The inspector observed the breakfast, and the midday meal in three dining areas. The food provided was varied and was fortified where appropriate to meet particular nutritional needs. Meals served were hot and attractively presented. A menu was displayed the wall of each of the eight units in the centre. It showed the choices available and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Second helpings were offered. Residents who required assistance received this in a sensitive and appropriate manner. Mealtimes were social and unhurried.

There was ongoing monitoring of residents nutritional and hydration needs. Records seen confirmed residents were weighed on a monthly basis. Dietary monitoring records and fluid balance charts were implemented for those residents at risk of poor intake and the inspector saw that these records were accurately maintained. Drinks and snacks were readily available and residents and their visitors were free to access these. A separate coffee shop and small kitchenette in each unit could also be accessed.
There was clear, documented system of communication between nursing and catering staff regarding residents’ nutritional needs. The inspector spoke to the chef who was very knowledgeable about special diets and food fortification options for individual residents. The chef met all residents individually and received information on their admission of their preferences.

The inspector spoke to a number of residents regarding food and nutrition. They expressed a high level of satisfaction with the choice of food, the meal times and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents. Resident also completed questionnaires on the day of the inspection, and they reflected the satisfaction of residents who were spoken to during the inspection.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Deirdre Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Kiltipper Woods Care Centre
Centre ID: ORG-0000053
Date of inspection: 29/04/2014
Date of response: 26/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:
Care plans for residents’ nutritional needs did not consistently incorporate the most up-to-date recommendations of the SALT.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:
Kiltipper Woods Care Centre acknowledges the inspectors observation that residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements and that residents have prompt access to professionals such as the

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

The recommendations from the SALT are present in the SALT instruction sheet incorporated in the resident’s nursing documentation in order to guide Nursing Practice.

The SALT instruction sheet is also made available to the Chefs and also catering staff in the individual kitchenettes to ensure the resident receives the appropriate diet. All staff are familiar with the residents’ individual dietary needs and have easy access and vision of the recommendations.

We are satisfied that the written instructions of the associated professionals are followed at all times, however we will also ensure that the SALT recommendations are incorporated in the residents person centred care plan.

Commenced immediately and for completion by 23rd May 2014

Proposed Timescale: 23/05/2014

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**Outcome 14: End of Life Care**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The end-of-life care plans in place did not consistently direct the care to be delivered.

**Action Required:**
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**
Kiltipper Woods Care Centre acknowledges the inspectors findings that residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual resident and that there was a comprehensive policy on end-of-life care which was centre specific and provided detailed guidance to staff. However, we shall ensure that the policy is fully implemented to reflect in more detail individual preferences in the care plans.

**Proposed Timescale:** 13/06/2014

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**Outcome 15: Food and Nutrition**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The nutrition and hydrations care plans did not consistently direct the care to be...
delivered.

**Action Required:**
Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents’ nutritional intake.

**Please state the actions you have taken or are planning to take:**
Interventions to manage dysphasia are consistently in place and guided by the SALT instruction sheet, we will also ensure that the care plans consistently reflect these instruction in a person centred way. Commenced and will be completed by June 13th 2014.

**Proposed Timescale:** 13/06/2014