<table>
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<th>Killure Bridge Nursing Home</th>
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<tbody>
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<td>ORG-0000242</td>
</tr>
<tr>
<td>Centre address:</td>
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</tr>
<tr>
<td>Telephone number:</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:info@killurebridge.com">info@killurebridge.com</a></td>
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<td>Killure Bridge Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Kenneth Walsh &amp; David Hyland Walsh &amp; Hyland</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Mary Burke</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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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 judgements 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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

<table>
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<tr>
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<tr>
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<td>09 July 2014 18:10</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This was the tenth inspection by the Authority and as part of the monitoring inspection, the inspector met with the provider, person in charge, residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Residents’ comments are found throughout the report however, the collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The providers and person in charge were proactive in response to the actions required from the previous inspections and the inspector viewed a number of continued improvements during the inspection which are discussed throughout the report. The inspector found the premises, fittings and equipment were of a high standard, were clean and well maintained and there was appropriate use of colour and soft furnishings to create a homely environment.

There was a new clinical nurse manager appointed since the last inspection and the inspector met him during the inspection. There was evidence that the person in charge was fully involved in the day-to-day running of the centre and was reported to be easily accessible to residents, relatives and staff. There was evidence of
individual residents’ needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time and there were a large number of visitors in the centre during the inspection and a further number were attending that evening to attend a mass being held in the centre.

The person in charge, provider and staff demonstrated a commitment to care delivery and continuous improvement with comprehensive auditing of the service and care resulting in improvements for residents. They had adequate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector identified that some improvements were required in medication prescribing and in the record keeping for residents' property to enhance the findings of good practice on this inspection. These are discussed under the outcome statement. The related actions are set out in the Action Plan under the relevant outcome. These improvements are required to comply 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.
### Outcome 01: Statement of Purpose

**Theme:** Governance, Leadership and Management

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

**Findings:**
The statement of purpose and function had recently been updated to reflect the changes in the management structure and this was viewed by the inspector, it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The facilities, management structure and services provided were set out and other relevant information provided.

The philosophy of the centre as outlined in the statement of purpose and function is to “provide the best possible individual and social care to each resident to enable them to maximise their potential ability and so enhance their quality of life”. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The statement of purpose was found to meet the legislative requirements.

**Judgement:** Compliant

### Outcome 02: Governance and Management

**Theme:** Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
Findings:
There was a comprehensive quality improvement programme in place. The inspector viewed the yearly continuous improvements projects programme to facilitate quality improvements throughout the centre. The person in charge, the providers and staff displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of all aspects of resident care and the facilities, staff appraisals and provision of staff training.
The person in charge had an audit schedule in place for 2014 and showed the inspector regular audits that were completed in 2014 and in 2013. These included the following:
☐ medication management
☐ catering
☐ infection control
☐ cleaning
☐ care planning
☐ falls prevention
☐ complaints
☐ equipment
☐ restraint
☐ call bells
☐ wound care
☐ catheter care
☐ finances.

Different audits were delegated to different staff members to complete. The audits were seen to be very comprehensive. Feedback and actions from all audits were given to staff and they were discussed at staff meetings and were used for the purposes of ongoing quality monitoring and continuous improvement. Results of the audits were also made available to residents and relatives and fed back through the residents’ association.
There was an active residents’ association which offered residents and relatives an opportunity to participate and engage in the running of the centre. Minutes of meetings were seen by the inspector. Residents/relatives also participate in a regular satisfaction survey. The inspector was satisfied that the quality of care is monitored and developed on an ongoing basis.

The inspector saw and staff and residents confirmed that there is a clearly defined management structure in place that identified and defined the lines of authority and accountability. The inspector met the provider, the person in charge and the clinical nurse manager during the inspection who were clear on their roles and responsibilities. The management team met on a regular and consistent basis and demonstrated throughout previous inspections a commitment to ensure compliance with regulatory requirements and good governance of the centre.

The centre is purpose-built and provides a high standard of resident accommodation. The inspector found that the premises, fittings and equipment were clean and well maintained. There was a good standard of décor throughout. Landscaped gardens and courtyards with seating were available for residents’ and relatives’ use.

There was appropriate assistive equipment available to meet residents’ needs such as
electric beds, wheelchairs, hoists, pressure-relieving mattresses and zimmer frames. The person in charge informed the inspector that if further equipment was required for residents needs funding would be made available, she had recently requested further low beds and these were being provided. The inspector formed the opinion that there were sufficient resources to ensure the effective delivery of care to the residents.

**Judgement:**
Compliant

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**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:**
No actions were required from the previous inspection.

**Findings:**
The person in charge was clear on her roles and levels of responsibility and was committed to creating an environment that supported quality improvement. She had been instrumental in the implementation of a number of improvements in the centre as discussed throughout the report. The person in charge is an experienced nurse and manager and there was evidence of a commitment and person-centred approach to the resident’s care. She was very involved in the day-to-day management of the organisation and had a good reporting mechanism in place to ensure that she was always fully aware and up-to-date in relation to each of the residents’ changing needs. Staff and residents identified the person in charge as the one with overall authority and responsibility for the service. During this inspection and on previous inspections and through all communication to the authority she displayed a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Judgement:**
Compliant

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**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:**
No actions were required from the previous inspection.

**Findings:**
There has been no change to the person in charge since the last inspection but the provider was aware of the obligation to inform the Chief Inspector if there is any proposed absence.

On this inspection a new clinical nurse manager had been appointed who will act up in the absence of the person in charge. The clinical nurse manager was interviewed by the inspector and had worked in the centre for the last three years as a staff nurse. Although he is new to the managerial role he had been involved in a number of managerial issues as a staff nurse and was regularly in charge of the centre at night time, evenings, weekends. He demonstrated an awareness of his responsibilities in being in charge of the centre under the legislation.

**Judgement:**
Compliant

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**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

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

**Findings:**
The training records viewed by the inspector showed that staff received ongoing elder abuse training. Staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse at home and had completed questionnaires to establish their understanding of their responsibilities. Staff interviewed by inspectors were aware of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of no tolerance to any form of abuse in the centre. Any allegations of abuse had been acted on immediately, investigated fully and appropriate action taken. Notification was sent to the chief inspector as required by legislation.

Residents’ finances were safeguarded by the policy on the management of residents’ accounts and personal property. The inspector saw a record of all money and valuables kept in the safe for safekeeping for residents, along with a list of all withdrawals or
lodgements. The system for safeguarding residents’ property was found by the inspector not to sufficiently robust in that items other than money handed in for safekeeping were not documented and recorded. There was no record kept of the deposit or return of an item to a resident or a relative.

The inspector saw that bedrails were being used for a number of residents in the centre, some residents had requested them for their comfort others were used for restraint purposes. The use of lap belts had been substantially reduced with only one resident using it as a means of restraint on a regular daily basis. The inspector saw that assessments for the use of restraint were being completed on residents and alternatives to restraint had been tried. These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented. The reduction in restraint usage demonstrated to the inspector that they were aiming towards a restraint free environment. The person in charge told the inspector she was very aware that there were a high number of residents using bedrails and was endeavouring to reduce that number with further low low beds on order. Many families had requested bed rails and further education was also required for residents and relatives.

The inspector viewed a comprehensive policy on managing behaviour that is challenging dated march 2014. There was evidence in care plans of evidenced based assessments and treatment plans for residents who exhibited any challenging behaviour and a number of staff had received training to enable them to provide the appropriate care in April 2014. Further training for the remaining staff to receive this training is planned for and the inspector saw this on the training plan for 2014.

Judgement:
Non Compliant - Minor

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

Findings:
The fire policies and procedure was viewed by the inspectors and were centre-specific. There were notices for staff on “what to do in the case of a fire” appropriately placed throughout the centre. The fire alarms, extinguishers, hoses, blankets and emergency lighting were all checked and serviced by external companies and records reviewed showed that they had all been checked and serviced on a number of dates in October 2013 and in 2014.

Fire training was provided to staff in November 2013 and January 2013. Regular fire
Evacuation drills were undertaken; the last one documented for 03 February 2014 which demonstrated effective evacuation and improvements for the future. The emergency evacuation plan was viewed by the inspector and showed arrangements in place to evacuate residents in the event of an emergency and where temporary accommodation would be provided in the event of being unable to return to the centre. The emergency plan was updated since the last inspection to include action to be taken in the event of other emergencies such as the kitchen or laundry not being in operation or the water supply being cut off.

The inspector viewed the comprehensive log of accidents and incidents that took place in the centre. Resident accidents and incidents were documented in their notes and these entries corresponded with the centre’s accident and incident log. Accidents and incidents were trended and investigated using a root cause analysis which resulted in an action plan. Individual changes were implemented following falls such as review and reduction in medication, introduction of a low low beds and a physical review by the GP.

The centre-specific health and safety statement dated November 2013 was seen by the inspector to be very comprehensive. The risk management policy was also viewed by the inspectors which contained numerous safe working practice sheets and hazard identification sheets with control measures. The inspector viewed that this contained risk assessments for chemical and biological agents as well as risk assessments for violence and aggression of residents, individual assessments for residents who smoked and residents on warfarin therapy. Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency and pressure sore development, continence and moving and handling.

The inspector observed staff abiding by best practice in infection control with regular hand washing and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the buildings and throughout staff and resident areas.

Training on moving and handling was seen by inspectors to be up-to-date for staff and safe practice was observed when staff were assisting residents using the hoist and other equipment.

**Judgement:**
Compliant

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**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:**
No actions were required from the previous inspection.
Findings:
The inspector observed that medications were stored, and disposed of appropriately in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007). Residents who spoke with the inspector were knowledgeable about their medications. Resident medications were being reviewed on a three-monthly basis and sooner if required by the GP and this was seen by the inspector to be documented in the residents medical notes.

The pharmacist has not yet got fully involved in reviewing medications on a regular basis but the person in charge said there are plans to have further involvement of the pharmacists in the provision of information to residents and to staff and the regular review of residents’ medications as is required by legislation. Further involvement, training and audit from the pharmacist would help to enhance the service provided to the residents.

The inspector accompanied the nurses on a medication round and safe practice in medication administration and in the recording of the drugs administered was observed and this was carried out in line with An Bord Altranais Guidelines 2007. The medication prescription sheet contained all the required information and included the resident’s photo.

A number of medication prescriptions were not signed individually by the GP but written and a bracket put against them with one signature for numerous medications this practice could lead to errors.

The inspector saw a number of charts for residents that required their medications to be crushed. Although there was a letter signed by the GP to say residents medications could be crushed individual medications were not individually prescribed as could be crushed and signed by the GP. It is a requirement of legislation that the GP prescribes crushed medications as medications which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe medications in this format. The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurses displayed a good knowledge of medications, effects and side effects.

The medication policy seen by the inspector included required policies and procedures on all aspects of medication administration storage and safe keeping as required by legislation. The medication trolleys were secured and the medication keys were held by the nurse in charge. Medication management was the subject of audit by the person in charge and inspectors saw the results of these audits are communicated and actioned by the staff.

Judgement:
Non Compliant - Minor
**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:**
No actions were required from the previous inspection.

**Findings:**
A number of different GPs provided medical services to the residents. Residents generally have the choice whether or not to remain with their own GP. GPs visit routinely and undertake rounds on two weekly/monthly basis and all residents care is reviewed at least three monthly. There was a responsive out-of-hours service available to residents seven days per week. Residents’ medical records were inspected and these were current with entries including referrals, reviews, blood and swab results. The inspector found that resident’s general healthcare needs were adequately met and monitored. Vital signs and weights were recorded monthly; blood sugar levels were recorded daily or weekly as required.

Residents’ additional healthcare needs were met. A chiropody service is provided to the residents on a regular basis. Dietician and speech and language services were provided by professionals from a nutritional company who was also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Residents have regular nutritional screening and regular weight monitoring. Optical assessments were undertaken on residents in-house by an optician from an optical company. Complementary therapy services included exercise with the fit-for-life programme and reflexology was available. Physiotherapy sessions were available as required and funded privately by residents. Access to occupational therapy services were provided via referral to community HSE services.

The inspector was satisfied that facilities were in place so that each resident’s wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely along the corridors. Residents and relatives said they were satisfied with the healthcare services provided.

Residents had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a monthly basis or sooner if the residents’ condition had required it. The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the person-centred care plans available for
each resident and named nurses were responsible for the planning of that care. The care plans were used to prescribe and direct personalised care for the residents and a copy of the care plan was available to all staff and the care staff completed their daily checks in conjunction with the care plans. The care plans were reviewed and updated at least two monthly and more frequently as required. There was evidence of residents and their representative’s involvement in the discussion, understanding and agreement to their plan of care as is required by legislation.

The inspector viewed the wound care provided in the centre wounds were assessed using an appropriate measurement system with assessed size, type, exudates, wound bed and allowed to see easy progress or deterioration. Photographic evidence was also used and the inspector was able to see improvements made in wound healing. There was evidence that consent for photographs and treatment was documented in the residents care plans.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents’ comments that their daily personal care needs were well met. There were very good links with psychiatric consultants and community services for residents who required these services and assessments and treatment reviews were seen in residents notes.

Judgement:
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:**
No actions were required from the previous inspection.

**Findings:**
The resident’s bedrooms were bright, clean and cheerful. Residents interviewed said that they were happy with the accommodation provided and they were encouraged to personalise their rooms with pictures of family and friends and individual items and possessions. Plenty of storage space was provided to residents with wardrobes chest of drawers and lockers available. Locked storage space was made available to residents who wished to store or lock away private items, money or valuables.

The laundry system was seen by the inspector and found to be satisfactory; residents said they were happy with the laundry facilities. Clothes were discreetly marked and residents reported that their clothing was generally returned to residents laundered and in a timely fashion.
Judgement:
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:**
No actions were required from the previous inspection.

**Findings:**
Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. There was a clear management structure and staff were aware of the reporting mechanisms. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

There was evidence of good communication amongst staff with all staff attending handover meetings. The inspector viewed minutes of regular staff meetings between the nursing staff, care staff, catering staff and housekeeping staff and noted that numerous relevant issues were discussed.

The human resource policy was centre-specific and included details for the recruitment, selection and Garda Síochána vetting of staff. There had been a recent turnover of staff with a number of nursing staff leaving for a variety of reasons the inspector met a number of new nursing staff that had recently been recruited who informed the inspector that they had received a comprehensive induction period and because they were always on with another one or two nurses they always felt they had somebody to consult with. The inspector reviewed the planned and actual rota. The inspectors noted that there were adequate staff numbers on the day of the inspection to meet the needs of the residents. Residents and staff agreed that there were staff available in sufficient numbers and with the appropriate skills and competencies to meet the personal and health needs of residents. The person in charge assured the inspector that she was keeping staffing levels under constant review particularly at night and had recently worked nights herself to ensure that the two nurses working from midnight was sufficient to provide nursing care to the residents.

An extensive variety of professional development training was provided to staff. The staff training and education records viewed by the inspector showed that staff had
attended mandatory training in manual handling, fire training and elder abuse. The nursing staff had attended a large variety of professional training including training on medication management, dementia care, venepuncture, care of the older person, wound care, behaviours that challenge, cardio-pulmonary resuscitation (CPR) training and first aid, end of life training and numerous other courses. The records showed that care assistants had received Further Education Training Awards Council (FETAC) Level 5 training. Staff that spoke to the inspector reported a great level of support and encouragement from the person in charge to attend training and keep their knowledge base up-to-date.

The inspector met two volunteers who were undertaking a knitting group with the residents during the inspection. The inspector saw that there was a comprehensive policy on volunteers and those volunteers were vetted and recruited in accordance with best recruitment practice.

The inspector saw that appraisals were completed for staff in the staff’s files and this assisted in the identification of staff training needs. The inspector viewed four comprehensive staff files, which contained all the information as outlined and required in the regulations. One member of new staff did not have Garda vetting but the person in charge demonstrated evidence that this had been applied for.

**Judgement:**
Compliant

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**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:**

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

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<th>Killure Bridge Nursing Home</th>
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<td>ORG-0000242</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with 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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system for safeguarding residents’ property was found by the inspector not to sufficiently robust in that items other than money handed in for safekeeping were not documented and recorded. There was no record kept of the deposit or return of an item to a resident or a relative.

Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The record for documenting items lodged in safe was updated to include all items.

**Proposed Timescale:** 09/07/2014

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of medication prescriptions were not signed individually by the GP but written and a bracket put against them with one signature for numerous medications. Some medication that required crushing were not individually prescribed as could be crushed and signed by the GP.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The Nursing Home has fourteen GP’s who visit the Nursing Home, of the fourteen one GP prescribed using a bracket and one signature. This GP was contacted and advised of his obligations to sign each drug individually. The one kardex that was missing the “open capsule” for one drug was updated on the 10th of July and signed by GP. All GP’s contacted to advise them of their obligations for prescribing as per regulation 29(5).

**Proposed Timescale:** 10/07/2014