

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Knightsbridge Nursing Home
Centre ID:	OSV-0000145
Centre address:	Longwood Road, Trim, Meath.
Telephone number:	046 948 2700
Email address:	care@barchester.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	HC Developments
Provider Nominee:	Isobel (Izzy) Nicholls
Lead inspector:	Louisa Power
Support inspector(s):	Mary McCann
Type of inspection	Unannounced
Number of residents on the date of inspection:	114
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 January 2015 11:05 To: 22 January 2015 16:45

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

Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures

Summary of findings from this inspection

This was an unannounced inspection which took place over one day. As part of the inspection process, inspectors met with the person in charge, residents, visitors and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. Since the last inspection, the Authority had received some concerns in relation to the provision of contracts (specifically with regard to fees to be charged) and healthcare. These concerns were looked into throughout the inspection and the inspectors' findings are outlined in the body of the report.

Following a review of notifications in relation to falls, the Authority requested that the provider completed an analysis of falls management. The information included in the analysis was examined into throughout the inspection and the inspectors' findings are outlined in the body of the report.

Overall, inspectors found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Residents looked well cared for, engaged readily with the inspectors and provided positive feedback on the staff, care and services provided. The inspectors found evidence of good practice in a range of areas. Staff interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences. A sample of residents' contracts and the fee structure were examined.

Inspectors found that contracts were in compliance with the Regulations and an "opt out" clause was provided for additional fees.

A number of improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. An action in relation to the review of care plans was completed prior to the completion of the inspection. The outstanding required improvements are set out in detail in the action plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Only the component in relation to monitoring reviews of medication management and falls prevention was considered as part of this inspection.

A system was in place for the reviewing and monitoring safe medication management practices both internally and externally. Unit managers complete a weekly check of medication storage, documentation and disposal. Results of an audit undertaken by the pharmacist were made available to inspectors which examined medication storage and documentation. There was evidence that the results of the audits were discussed at staff meetings and individual supervisory sessions. Improvements had been implemented as a result of these audits. Prevalence of infection rates and antibiotic usage was monitored on an ongoing basis.

The person in charge co-ordinated a comprehensive analysis following each fall to identify the root cause. Initiatives had been introduced to involve both staff and residents in falls prevention. The person in charge had undertaken a comprehensive review of all falls which included a mapping of the location and times of each fall to identify any trends which may contribute to falls. Learning from this review was evidenced in, for example, the installation of additional handrails around pillars.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Only the component in relation to contracts for the provision of services was considered as part of this inspection. A sample of contracts of care were reviewed by an inspector. The contract was supplemented by a service user's guide with additional information. The contracts reviewed set out the services to be provided and clearly stated the fees to be charged to the resident.

The person in charge confirmed that the contract of care was to be updated in February 2015 to reflect changes in fee structure. Residents and their representatives were given written notice of the changes in the fee structure in December 2014.

The person in charge described an 'opt out' clause in relation to additional fees for social activities should residents not wish to avail of these activities. The person in charge had spoken to a number of residents or their representatives on an individual basis to outline this clause and the fee was reviewed on a case by case basis.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Only the component in relation to medication management was considered as part of this inspection. As outlined in outcome 9, an inspector observed that the medication administration sheets examined were left blank at a number of infrequent times where medication was due to be administered. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Only the component in relation to falls risk management was considered as part of this inspection. There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. This was augmented by an enhanced falls risk assessment where appropriate. Care plans were developed based on these assessments. Preventative measures, such as hip protectors and regular environmental checks, were implemented. The person in charge confirmed

that the incidence of falls is monitored on an ongoing basis. Analysis is undertaken following each fall to determine the root cause of the fall and to identify any trends such as time and location. Staff meeting minutes made available to inspectors indicated that falls were discussed on a regular basis.

The person in charge outlined preventative controls in place to reduce the risk of and injury associated with falls, such as hip protectors and regular environmental checks. Assessments for specialised footwear had been completed for some residents. However, inspectors viewed a sample of plans relating to residents who had experienced a frequent number of falls and noted that controls were not always fully implemented. A resident's plan in relation to falls prevention outlined that footwear should be comfortable and well-fitting. Inspectors noted that, even though an appropriate allied healthcare professional had reviewed the resident, her footwear had not been assessed to ensure appropriateness.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre-specific policy on medication management, which had been reviewed in November 2014, was made available to the inspectors. The policy was comprehensive and evidence based. The policy was seen to be made available to staff on all units.

Medications for residents were supplied by a local community pharmacy located in close proximity to the centre. The person in charge outlined that residents often visited the pharmacy independently to access healthcare advice or to purchase toiletries and accessories. There was regular communication between the centre and the pharmacist. The pharmacist was facilitated to meet the obligations under legislation and guidance issued by the Pharmaceutical Society of Ireland.

Medications were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

An inspector observed medication administration practices and found that the nursing

staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Staff reported and the inspector saw that it was not practice for staff to transcribe medication at the time of inspection. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management.

On the day of inspection, staff confirmed that one resident was self-administering medication. Safe and secure storage was provided to residents who self-administer their medications. An inspector confirmed that appropriate assessment had been completed establishing the resident's willingness and capacity to administer medications independently. This assessment was reviewed at least every four months, most recently in January 2015, by nursing staff, GP and pharmacist. A robust procedure was in place to ensure compliance and concordance with medicinal product therapy. However, the resident's care plan did not sufficiently outline that the resident did not self administer all medications; this is covered in outcome 11.

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

There was a system in place to identify, record, investigate and learn from medication errors. An incident form was used to report medication errors. Where a serious medication error had occurred, inspectors saw that a multi-disciplinary investigation had been undertaken to identify the root cause. There was evidence that effective preventative measures were implemented as a result of learning from medication incidents.

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

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

In relation to the management of epileptic seizures, the appropriate medication had been prescribed to manage such situations. However, the prescriptions and associated protocols did not provide sufficient guidance for staff in relation to the appropriate time to wait before administering such medication. This was outlined to staff and the person in charge who arranged for the documentation to be reviewed and amended prior to the end of the inspection.

Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the community pharmacy for disposal.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

There was evidence that timely access to health care services was facilitated for residents. The person in charge confirmed that a number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including neurology, physiotherapy, podiatry, dietetics, speech and language, chiropody, psychiatry of old age and dental.

Inspectors reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weight, mobilisation and, where appropriate, pain. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives.

However, inspectors noted that care plans were not always updated following review by healthcare professionals. For example, a resident's care plan in relation to eating and drinking did not include the most recent advice from the speech and language therapist. Care plans were not sufficiently linked and could be running in parallel. A resident's diagnosis of Lewy Body dementia was recorded in a care plan relating to Parkinson's Disease but not in the mental health and cognition care plan. As outlined in outcome 9, care plans in relation to self-administration of medication did not outline that the resident did not administer all medications. Therefore, care plans may not contain

sufficient information to guide staff in relation to the care of residents.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaints of each resident, his/her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure in place.

An inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. The person in charge outlined that letter acknowledging the complaint was sent to each complainant following the receipt of a complaint. This letter included a copy of the complaints procedure.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Knightsbridge Nursing Home
Centre ID:	OSV-0000145
Date of inspection:	22/01/2015
Date of response:	31/03/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Medication administration sheets examined were left blank at a number of times where medication was due to be administered

Action Required:

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

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

the Chief Inspector.

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

We had already undertaken a full audit of our Mar sheets and had identified this issue prior to the inspection. A supervision was carried out with all nurses in respect of this and all nurses received a follow up letter. This will be audited on a weekly basis during the weekly medication audit. Feedback will be given immediately to all nurses with on-going education and monitoring.

Proposed Timescale: 31/05/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Preventative controls in place to reduce the risk of and injury associated with falls were not always implemented.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

On reviewing our documentation our Podiatrist has documented in our care profiles a resident's footwear when there has been an issue. For example it was documented on one care profile re inappropriate footwear whereby the podiatrist herself met with the family and discussed and advised the family on appropriate footwear. We have now had a meeting with our podiatrist's and they will document with regards to appropriate footwear in all care profiles going forward. DON, ADON and CNM's will audit documented assessments from podiatry when auditing falls in the Nursing Home to ensure footwear has been assessed. This will be done on a monthly basis to co-inside with our falls audit.

Proposed Timescale: 31/05/2015

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 were not always updated following review by healthcare professionals

Action Required:

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

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

Education and training will take place on the importance of updating care plans at the time of any changes. CNM's will take ultimate responsibility to ensure care plans are updated in a timely manner. DON and ADON will audit care plans on a monthly basis and ensure appropriate action plans and reviews are in place.

Proposed Timescale: 31/03/2015

Theme:

Effective care and support

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

Care plans were not sufficiently linked and may not contain sufficient information to guide staff in relation to the care of residents.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Supervision and training will take place with all nursing staff regarding the appropriate information in care plans and linking of care plans. All care plans will be reviewed and updated if needed by the end of march and this will be monitored during our monthly care plan audits.

Proposed Timescale: 31/03/2015