

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kiltipper Woods Care Centre
Centre ID:	OSV-0000053
Centre address:	Kiltipper Road, Tallaght, Dublin 24.
Telephone number:	01 462 5277
Email address:	mary@kiltipperwoods.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Stanford Woods Care Centre Limited
Provider Nominee:	Mary Woods
Lead inspector:	Deirdre Byrne
Support inspector(s):	Gearoid Harrahill
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	115
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 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:	To:
16 March 2016 07:30	16 March 2016 18:30
23 March 2016 11:00	23 March 2016 13:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of 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. Kiltipper Woods Care Centre gave a score of compliant in all six sections.

Inspectors met with residents', relatives, and staff members during the inspection. They tracked the journey of a number of residents' with dementia within the service. They observed care practices and interactions between staff and residents' who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and policies. Inspectors examined the relevant policies and the self assessment questionnaire which were submitted prior to inspection. Staff files and training records were reviewed on the second day as the human resource manager was on leave on the first inspection day.

On the day of the inspection there were 115 residents, 42 of whom had dementia. There are six units in the centre. While there was no special dementia care unit, two units provide focused care for residents with a dementia diagnosis. Residents' with a dementia also lived in other units of the centre. Inspectors spent their time in the two dementia focused units. Overall, inspectors found the provider and the person in charge were very committed to providing a high quality service for residents with dementia.

The centre met the requirements of the Regulations, the overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents' who lived there. Inspectors found the residents' were enabled to move around as they wished, and there was access to a number of internal courtyard available to them at all times. Throughout the centre, sitting rooms, meeting areas and private rooms areas were provided. Residents' could choose to move between these rooms and areas at their will. Each of the six units provided care for groups of between 12 to 25 residents. The person in charge ensured the same staff were assigned to each unit to ensure continuity of care to the residents. The small sized units allowed for improved supervision of and more time spent with the residents'. Signs and colours had been used in the centre to support residents to be orientated to where they were.

There were policies and procedures in place around safeguarding residents from abuse. Staff were knowledgeable about the steps they must take if they witness, suspect or were informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and the appropriateness of restrictive practices in the service. Residents' were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live as independent a life as possible.

Each resident was assessed prior to admission to ensure the service could meet their need and to determine the suitability of the placement. Residents' had a comprehensive assessment and care plans in place to meet their assessed needs. Care plans included a detailed profile of each resident and residents' were involved in developing and reviewing their care plans. Residents' had access to medical and allied healthcare and staff who were competent to meet their nursing and social needs to a high standard. There were two activity staff on duty to meet the social and occupational needs of residents'. All staff fulfilled a role in meeting the social needs of residents' and inspectors observed that staff connected with residents as

individuals. The environment was interesting with plenty of objects to engage and interest residents. A kitchenette was provided in each unit, along with a kitchen area in one dining room and residents were supported to engage in household tasks.

Staff completed all mandatory training and were offered a range of training opportunities, including specific dementia training courses.

Arrangements were in place to support the civil, religious and political rights of residents with dementia.

The centre was overall compliant in the six Outcomes.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Systems were in place to prevent unnecessary hospital admissions with nurses trained to replace percutaneous endoscopic gastrostomy (PEG) tubes and to administer subcutaneous fluids. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

The majority of resident were seen by a general practitioner (GP) who visited the centre five days a week, and inspectors met him at the inspection. Residents also could access a GP of their choice. There was very good access to a range of allied healthcare professionals. The service had its own occupational therapy and physiotherapy department with staff employed on a full time basis. Inspectors saw records of appointments and referrals to other services including dietetic, speech and language, dental, ophthalmology and podiatry services. Residents also had access to the mental health of later life services, with onsite visits from psychiatry of later life team and consultants. It was evident that follow up appointments were followed through. To facilitate outpatient appointments, staff were allocated to accompany residents who required assistance. A weekly escort list was read by inspectors that confirmed this.

Inspectors focused on the experience of residents with dementia and they tracked the journey of a number of residents with dementia. They also reviewed specific aspects of care such as nutrition, wound care and restrictive practices in relation to other residents.

There were systems in place to optimise communication between the resident/families, the acute hospital and the centre. Prospective residents and their families were invited

to visit the centre and meet other residents and staff before making the decision to live there. The assistant director of nursing visited prospective residents in hospital and home prior to admission. This gave the resident and their family information about the centre and also to ensure that the service could adequately meet the needs of the resident.

Residents' files held a copy of their hospital discharge letter and the files of residents admitted under 'Fair deal' also held the Common Summary Assessments (CSARS), which detailed the assessments undertaken by a geriatrician, a medical social worker and a comprehensive nursing assessment. Inspectors examined the files of residents who were transferred to hospital from the centre. Discharge letters were included on their file. It was noted one resident who had been admitted to hospital recently had no copy of the transfer letter on file. This was discussed with a nurse. Inspectors were shown how transfer letters were printed off the residents electronic care plan and the information they included such as a summary of the residents' health, medications and their specific communication needs.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also a pain assessment tool for residents who were unable to communicate. A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a three monthly basis or to reflect the residents' changing care needs. There was documentary evidence that residents and relatives, where appropriate, had provided information to inform the assessments and the care plans. They were also invited to a formal care plan review meeting every three months. Staff nurses, health care assistants, residents and relatives who spoke with inspectors demonstrated appropriate levels of knowledge about care plans.

Staff provided end of life care to residents with the support of their GP and if required the community palliative care team. A team of nurses were trained in the provision of palliative care and inspectors were told as a result this reduced the need for resident to go to hospital. The inspectors reviewed a number of "end of life" care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care. Single rooms were available for end of life care and if resident wished to return home this would be arranged. There were no residents requiring palliative care team at the time of inspection. If resident reached this stage, a "comfort pathway" care plan was developed, that outlined the specific care to be provided to the resident at that time.

Staff outlined how religious and cultural practices were facilitated within the centre. People over 65 years, with dementia or a cognitive impairment are at risk of delirium and inspectors noted that staff were trained to screen residents for delirium in order to facilitate early diagnosis and management of the condition. The centre had a urinalysis analyser machine to monitor resident at risk of urinary infections. Nurses were also trained to replace percutaneous endoscopic gastrostomy (PEG) tubes and to administer subcutaneous fluids in order to avoid unnecessary hospital admissions.

Residents with diabetes were appropriately monitored and managed. Inspectors found care plans guided staff practice if residents were hypo/hyper glycaemic. Residents with diabetes were managed by the GP and referred to the diabetic clinic where appropriate.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records, when required were appropriately maintained. Inspectors joined residents having their lunch in two dining rooms, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents' on weight reducing, diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Mealtimes in the dining room were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. Inspectors tracked the care of a resident who had a PEG tube and found that the care plan directed the resident's care in relation to the management of the tube and the feeding regime. One resident who had unintentional weight loss, had been assessed by a dietician and advice to increase calorific intake had been incorporated in the care plan.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and updated following a fall. It was noted for one resident who had fallen that a falls risk assessments had not been completed or care plan had not been revised post fall to include interventions to mitigate the risk of further falls. Following the inspection, the person in charge submitted an updated care plan that outlined the preventative measures in place.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Residents had access to the pharmacist of their choice and the pharmacist was available to meet with residents if required. The nurse managers and pharmacist undertook audits of medication practices and improvements were made. Records showed that staff received training on the management of medication practices.

Inspectors followed up on the issues raised at the last inspection and found that the actions had been satisfactorily completed. The care plans examined were found to guide practice reflecting the assessed needs of residents. Inspectors noted that end of life care plans included religious preferences. Nutritional care plans for residents included information on swallowing difficulties and any likes/dislikes.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The provider ensured residents with dementia were provided with support that promoted a positive approach to behaviour that challenges and a restraint free environment was promoted.

There was a safeguarding of vulnerable adults policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. It incorporated the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. It contained a user friendly flow chart that summarised how to respond to alleged elder abuse.

The policy document gave definitions of the different types of abuse, and staff spoken with during the inspection were clear on what these were, and the signs to look out for. In relation to residents with dementia staff were aware that it was important to look out for changes in the way they interacted with people, unexplained bruising, listening to what people were saying to them when they were communicating with staff.

There had been no allegations of abuse in the centre. The person in charge was very clear of her role and the procedures to follow if there were an investigations was required.

Inspectors spoke to staff who were familiar with the types of elder abuse and what action to take if they witnessed, suspected or had abuse disclosed to them, and the reporting procedures if they had any suspicions of abuse. The person in charge outlined the systems in place to ensure that all staff were knowledgeable. Each staff would have at a minimum completed elder abuse training or attended education sessions or "tool box talks". These talks were informal discussions at unit level on a key operational policies such as protection of vulnerable adults. Inspectors read attendance sheets that confirmed this.

Training records were reviewed that confirmed staff had received regular training on the safeguarding of vulnerable adults that included recognising and responding to elder

abuse. The clinical director facilitated training for staff.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

There were policies in place about managing behaviour that challenges (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Inspectors were informed by some nurses and care assistants that they had training in how to support residents with dementia. The clinical director facilitated a range of training for staff. This is discussed further in Outcome 5.

There were care plans that set out how residents should be supported if they had behaviour that was challenging. Inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff spoken with were very clear that redirection and considering how residents were responding to their environment were important in supporting people to feel calm.

For some residents 'as required' medication had been prescribed, and these could be administered if residents remained anxious. For those residents who had those prescriptions, there had been only one recorded incident of this type of medication being used to manage an incident of behaviours that challenge in the centre in a nine month period. The person in charge and the GP outlined the alternatives that must be considered and a multi-disciplinary approach to the use of such medications was followed at all times.

Nurses spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

Inspectors also observed the staff interacting with residents, and taking steps to support individuals when they started to communicate distress or anxiety. For example, moving residents out of the lounge where people were chatting to the quiet of their own room, or taking them for a walk round the corridor and chatting to them.

There were some residents who required the use of bed rails. Risk assessments had been completed. A care plan confirmed when bed rails were in use, the timing of regular checks as needed when the bed rails were in position. There was evidence that consent had been obtained or, consultation with families where required. The alternatives to bed rails had been considered for example low beds, and the risk assessment explained this in each case.

There was a detailed policy on restrictive practices that reflected the National Policy "Towards a Restraint Free Environment". It was evident the policy was implemented in practice and a restraint free environment was promoted. Inspectors read records that confirmed only five residents required bedrails (on both sides) in the centre. The person in charge attributed this to the on-going and regular risk assessment process and staffs

understanding of the policy. The use of all physical restrictive practices were reviewed and monitored through regular assessment and audits.

Inspectors reviewed incident reports in relation to resident's behaviour, and it was seen that a follow up of each incident was carried out with a risk assessment, and identification of any changes needed to reduce the possibility of it occurring again.

There were safeguarding arrangements in place to manage residents' finances on their behalf. Inspectors reviewed these and found satisfactory and robust measures were in place. All transactions included the residents and/or two staff signed the records.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

There were residents meetings held in the centre every month, and the minutes of these were read. The meetings were facilitated by three independent advocates who were not staff of the centre. They recorded the minutes of the meeting and these were displayed in the centre prior to the next meeting. The findings of the meetings were passed onto the person in charge after the meeting and any action taken was included in the minutes, and discussed at the next meeting. The residents' feedback was generally positive, and some had taken the opportunity to give comments on areas they felt could be improved.

Residents confirmed that their religious and civil rights were supported. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

The person in charge outlined details of independent advocacy services that were available to the residents. The information was available in the Statement of Purpose that was given to all residents or their families. If required referrals would be made on

the resident's behalf if required. There were no residents presently requiring the service.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room. Inspectors observed residents with dementia in the two units being encouraged supported to follow their own routines. In one unit, residents were observed to take part in group activities, while one resident preferred to sit in a quiet sitting area listening to the radio and watching the coming and goings of staff and visitors. Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup for female residents. There were care plans developed that included residents preferences for personal care and their appearance. One resident told inspectors she going to get her hair done in the hairdressing salon.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place in the two dementia-focused units of the centre for an hour each. We will provide you with an overview of the observations below:

The first observation period took place in the TV room and activities area of one unit. Inspectors found 100% of the observation period of sixty minutes, broken into five minute stages, had a quality of interaction score of +2 (positive connective care). Staff knew the residents well and could comfortably connect with each resident on a personal level. The staff were familiar with aspect's of the resident such as their personality, families, likes and dislikes, former occupation. The TV was playing a DVD of traditional Irish music sessions and the care assistant was aware of which residents in the room played instruments or danced when younger, to engage personal conversation. Resident were offered the choice to be involved in light exercise routines with the activities coordinator. All interactions were accompanied by good eye contact and light touch and use of the resident's name to retain attention. Staff were observed to respond residents queries in a patient, respectful manner. The coordinator made sure a new resident was introduced to the residents in the room he had not met before. Overall staff has good interaction with residents and everybody was at ease in the setting.

The second observation period was during a sing-along session with a visiting nun. Over twenty residents were listening, singing or dancing, and were accompanied by three care staff who joined in, sat among the residents or danced with them. No resident was left without some interaction by care staff or other residents for long. As it was St Patrick's Day the next day, many of the songs were those of the counties of Ireland, and staff were familiar with residents' home counties to encourage them to lead the singing if they wanted. All residents were gently encouraged to join in. Staff assisted more active residents to join the staff in leading the session. Residents and staff were observed chatting and joking in the room and any instance of a resident needing to leave to meet a visitor or use the bathroom was done subtly and with dignity. Inspectors rated 82% of the interactions as +2 (positive connective care), and 18% +1 (task

oriented care), the latter scoring awarded when staff provided good physical care, where the conversation focused on the task such as assisting residents to sit or offer drinks. Overall interactions were of a good standard and active involvement of the residents in the activities was facilitated as far as practicable rather than the residents being passive observers.

Some residents with dementia were spending time in their own rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the communal areas of the two units. Activities were provided in the centre and two activities staff facilitated these. The activities for residents with dementia were regularly assessed and needs driven. There were assessments, resident profiles, a "Key to Me" and activities of daily living records that provided detailed information on each resident's assessed needs, likes and interests. An activities programme was displayed that outlined the range and type of activities, which included one to one time, yoga, chair based exercise, music, poetry, reading. Inspectors observed one to one time with residents, and where some joined in on activities, others were socialising with family and friends, and others were sitting quietly.

Inspectors found that residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Staff were heard explaining to residents why they were coming into their room, e.g. to give refreshments or administer their medications.

There was access to pet therapy, and the pet dog of the person in charge was also a visitor. The residents were seen enjoying the dogs visits on the day of the inspection. The person in charge said these pets had a positive impact on the residents who enjoyed their company.

Residents had access to a number of private areas and meeting rooms whereby they could meet with family and friends in private, or could meet in their rooms. In each of the six units, the main sitting-dining room was seen to be used by lots of people visiting the home, and they could access drink making facilities. A kitchenette was also provided in these areas where residents and visitors could enter to make a cup of tea.

There was a laundry service provided in the centre and residents' clothes were regularly laundered. The person in charge outlined the system in place to manage residents' clothes in such a large centre. One resident told inspectors her clothes were brought home by her family and were well looked after. Where resident clothes were laundered internally no complaints of missing clothes had been made.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. As set out in outcome 1, staff were observed to be speaking with residents in a respectful way, and using their preferred names. All residents had a section in their care plan that covered communication needs, and staff were seen to be familiar with them. For example, a resident with a hearing deficit or had difficulty verbalising had care plans developed to guide staff practice.

Residents were seen to be wearing glasses and hearing aids, to meet their needs.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process.

Inspectors reviewed the complaint's policy and found it to be comprehensive, and met the requirements of the regulations. As well as naming people in the centre to deal with complaints it also contained an independent appeals process. There was also a nominated person who held a monitoring role to ensure that all complaints are appropriately responded to, and records kept.

The person in charge told inspectors that any complaint received would be thoroughly investigated and the outcome would be discussed with the resident. This would also include if the resident was satisfied with the outcome or not. All complaints were attempted to be resolved locally at first, and this was evident from the information seen and the promptness of acknowledging complainants issues and taking appropriate and timely action.

At the time of the inspection there were no open complaints. Records of past complaints showed that there were systems in place and they detailed, the action taken, outcome and whether the person was satisfied with the outcome.

The complaints procedure was on display at the entrance the centre. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

The staff were aware of the need to monitor residents with dementia to ensure they were no expressing frustration or annoyance at something that could be resolved. For example listening to what they were trying to convey if they are verbalising. Considering things like if they were warm enough, had their belongings available to them, or were receiving drinks and snacks that they liked. A record of these concerns would be recorded, and the nurse in charge of the unit would be notified.

This outcome was judged to be compliant in the self assessment, and inspectors judged

it as compliant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.

Inspectors found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents, and in particular residents with a dementia. At a minimum there were four nurses based in the centre over a 24 hour period. Along with clinical nurse managers, a clinical nurse facilitator enhanced governance at unit level. The person in charge who was based full time in the centre was supported by three ADONs and a clinical director.

Residents and staff spoken with felt there was adequate levels of staff on duty. Staff were adequately supervised to their role and appraisals were also conducted.

An actual and planned roster was maintained in the centre with any changes clearly indicated. Inspectors reviewed staff rosters which showed there was clinical nurse manager and nurse on duty at all times in the dementia units, with a regular pattern of rostered care staff. The staffing complement included activity therapists, occupational therapy staff and physiotherapists, catering, housekeeping, administration and maintenance staff. The person in charge ensured the same nursing and care staff were assigned to each unit to ensure continuity of care to the residents.

The centre did not use agency staff as it had sufficient numbers of staff to provide cover. A team of bank staff provided relief cover for any emergencies or unexpected staff absences. A separate roster was maintained that clearly recorded the dates these staff were on duty.

A sample of staff files were reviewed and found to be compliant with the mandatory information and documentation required under Schedule 2 of the regulations.

Inspectors reviewed a training plan for 2016. There were set dates for mandatory training of fire safety and safeguarding of vulnerable adults. All staff in the centre were up to date on safeguarding training. There were some gaps identified in the provision of

up-to-date fire safety (9 staff) and movement and handling (11 staff) training. However, training dates had already been scheduled for these staff who were mainly new staff and staff who had returned from leave. All catering staff had received training in food hygiene and safety.

Inspectors reviewed training records that outlined the training received by staff who working in the dementia focused units. For example, 16 staff members had attended training in dementia care and 33 had had training in managing responsive behaviours. Specialised training was also held for the staff of these units in areas such as use of restraint, infection control, wound care, continence, nutrition, care planning and CPR (cardio-pulmonary resuscitation).

Training was facilitated both internally and externally. Inspectors were shown a database of all training conducted in the centre and a matrix of staff due to attend or refresh mandatory training. Using the information reports could be generated to flag staff in need of training, which would be forwarded to management who would book staff on the next available session.

Inspectors saw documentation on the induction and appraisal process for new staff. Staff appraisals were completed annually and included self-assessment on a wide range of duties in the role.

The centre had one volunteer, who had a long standing and regular role with the centre and was seen doing important work with the residents alongside the centre staff. There were supervision arrangements in place and An Garda Siochana vetting.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The design and layout promotes the dignity, well being and independence of residents with a dementia.

Overall, the centre may accommodate residents with a dementia diagnosis. The designated centre comprises a purpose built nursing home. The centre may

accommodate 117 residents. There are six units that may accommodate between approximately 12 and 25 residents. The person in charge explained two units with time had evolved into focused on care for residents with a diagnosis of dementia. These units were laid out in accordance with practice and design standards for long term care units for residents with a dementia. The size of each unit ensured the resident individual and collective needs were met.

In one unit there was one four bedded bedrooms. Inspectors spent time in this room. It was of adequate size to meet the current residents identified needs. There was space for a locker, a wardrobe and chair by each bed. Screens were provided between beds to ensure residents' privacy. An en-suite shower and toilet was provided which was observed to have sufficient storage for each residents' toiletries. The person in charge stated that a single room would be made available for residents in these rooms if approaching end-of-life.

All other bedrooms were a mix of single and two bedded occupancy with en-suite facilities provided.

There were assisted bathrooms and level access shower rooms in all of the units. There were also communal toilets along the corridors for residents to access.

In one unit, corridors were colour designed with contrasting colours on doors for example, bedroom doors were large brightly painted in different coloured numbers. Bathroom doors were a different colour, with a picture of a toilet or bathroom on toilet doors. This would help residents with dementia orientate better. The person in charge advised inspectors that the change in design was a work in progress and that she will be making further changes and bringing a similar design to the second unit.

The units were nicely laid out with a sitting and separate dining area. There was a second quiet sitting room and sitting areas also. A well equipped kitchenette was provided in each unit where staff could reheat meals and provide refreshments for residents. There were hot drink making facilities also. Residents and relatives were able to use if for refreshments at times that suited them.

There was a large internal garden, and access to a separate secure sensory courtyard garden from the units. The garden was also accessible from some residents bedrooms. The garden had paths for walking and a seating area. There was a key pad to open the door to the garden. The doors from communal areas that led to the garden required a number entered into a key pad to exit. Inspectors were advised by the staff this was to ensure the security of who was entering and leaving the centre.

Within each unit were large, bright corridors, that were designed and laid out with interesting things for residents to see and interact with. For example:

- glass boxes along walls of the corridor with interesting information and photos of the 1916 Rising;
- shelves provided with vases and ornaments,
- tactile paintings had different textured clothes for residents to stop to look at or touch,
- a mock house key and lock device,

- seats provided with vintage phones;
- coats, bags and items hanging on walls for residents to pick up if they wished,
- couches and chairs at various points (some with views into a garden) if residents wished to sit and have some quiet time.

Overall, the atmosphere in the centre was conducive and respectful to the needs of residents with a dementia. Stimuli were controlled to create suitable environment for people with dementia:

- noise levels were controlled with TVs lowered down while activities and meals were in progress,
- glare was minimised with the use of matt flooring,
- there was good lighting throughout and natural light was maximised with the use of improved internal lighting,

There were also a range of other rooms including a large catering kitchen, visitors rooms, staff rooms, meeting rooms, administration offices, laundry, and many store and linen rooms.

Inspectors observed that all of the areas allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were also bright and well lit, with lots of natural light in the day, and electric lighting when dark.

All bedrooms were seen to be personalised. Some residents had brought their own furniture such as pictures and ornaments. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side.

All bedrooms, bathrooms and communal areas had access to a call bell, which inspectors observed was fully functioning during the inspection. The call bells would be accessible to residents when in bed.

There was a range of equipment in the centre to aid mobility, including personal wheelchairs and walking frames. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced. Staff were seen to support resident to be as independently mobile as best as possible and used aids to support people to maintain their mobility as long as possible such as rollator.

Staff records showed that staff had completed manual handling training in relation to the equipment available in the centre.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

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:

Deirdre Byrne
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:	Kiltipper Woods Care Centre
Centre ID:	OSV-0000053
Date of inspection:	16/03/2016
Date of response:	14/04/2016

Requirements

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

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

<p>Theme:</p> <p>The is failing to comply with a regulatory requirement in the following respect:</p> <p>1. Action Required: Under Regulation you are required to:</p> <p>Please state the actions you have taken or are planning to take:</p>
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¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: