### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Knockeen Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000243</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Knockeen, Barntown, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053 913 4600</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@knockeennursinghome.ie">info@knockeennursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Knockeen Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Nicola Doran Kinsella &amp; Eimear Kiely</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</td>
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<tr>
<td>Support inspector(s):</td>
<td>Leanne Crowe</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>47</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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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: 11 May 2016 09:30
To: 11 May 2016 17:30

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

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<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
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Summary of findings from this inspection
This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on progress of the action plans from the last inspection of the centre and reviewed notifications and other relevant information.

The provider had completed a self assessment tool on dementia care and had assessed the compliance level of the centre as substantially compliant. The findings of this inspection are broadly in agreement with the provider's assessment. As part of the inspection, the inspectors met with residents, relatives and staff members. They observed practices and reviewed documentation such as policies and procedures, staff rosters, care plans, medical records and risk management processes.
Inspectors found a good standard of care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviours that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents’ safety.

As a result of continued progress in all areas in implementing the required improvements identified by previous inspections, the provider was found to be substantially compliant on this inspection and three action plans were generated following inspection. Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.
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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors tracked the journey of residents with dementia and also reviewed specific aspects of care such as nutrition, wound care, end-of-life care and management of behaviours that challenge. Inspectors found that there were systems in place to optimise communications between the resident/families, the acute hospital and the centre. Pre admission assessments were undertaken by the person in charge or clinical nurse manager.

Comprehensive nursing assessments, using validated assessment tools were carried out on admission of all residents including those with dementia. Each resident had a care plan developed to address their individual needs. Residents' care plans were reviewed and updated if necessary every four months or more frequently in response to their changing needs. Care plans for residents with dementia or behaviours that challenge were person centred and specific to guide staff and manage the needs identified. Inspectors observed that where a small number of residents exhibited aspects of behaviour that challenged, which were related to the behavioural and psychological symptoms of dementia (BPSD) the care plans described effective positive behavioural strategies for use by staff to manage these behaviours.

Inspectors observed that residents transferred to hospital from the centre had appropriate information about their health, medications and their specific communication needs included with their transfer letter. Additional information to support residents, with behaviours that challenge was also included.

There was evidence that the resident and their families were involved in the development of care plans. Inspectors saw evidence that residents’ health care needs were met through timely access to general practitioner (GP) services. Residents had the option of care from their own GP and there was evidence of a medical review of each resident at least once every three months. There was evidence of good access to specialist care in old age psychiatry, in particular via the community psychiatric liaison nurse who reviewed residents on site.
Residents also had access to allied health professionals such as dietician, speech and language therapy and occupational support services. The inspectors observed that referrals made on behalf of residents were tracked to ensure timely consultations. Recommendations made from specialist consultations were documented and implemented.

The centre had two specific beds allocated for residents requiring palliative care who were referred by the consultant in palliative care. A pre-admission assessment was undertaken by the palliative care team prior to referral. Following admission, residents had access to the specialist palliative care home care team who provided 24 hour support. A number of nurses had specific third level qualifications in palliative care and all nursing staff had updated training on either end of life care or palliative care. Accommodation was available for end of life care and relatives were accommodated to stay with the resident during this time.

The hospice foundation philosophy and standards for end of life care was integrated into the culture of the centre. Inspectors observed that the end-of-life assessment of residents' wishes and preferences was commenced on admission. Residents had a corresponding end-of-life care plan developed to inform their 'end of life' preferences and wishes for their physical, psychological and spiritual needs, including their preferences regarding their preferred setting for delivery of their end of life care. The person in charge told inspectors that two residents had returned home to die as this was their wish at that time. Advance care plans for residents were supported with documented multidisciplinary input including the involvement of the resident concerned.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and the inspectors noted evidence of appropriate nutritional care planning. Residents who were identified as having a change in nutritional status were referred to the dietician. A three day food and drink chart was maintained prior to this referral. Recommendations from the dietician were communicated to the kitchen staff who maintained a copy of each resident's dietary requirements. Catering staff spoken with were able to articulate each resident's nutritional needs.

There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents and disposal of unused or out-of-date medicines. The inspector reviewed a sample of residents' individual medicine prescription charts and there was evidence that residents' prescriptions were reviewed at least three monthly by a medical practitioner. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. There was evidence that residents had a choice of pharmacist on admission. Medication audits were completed on a regular basis. There was a medication champion nurse who had remit for reviewing and monitoring safe medication practices.

Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear. However, the signature of the prescriber was
not in place for each drug prescribed in a sample of two drug charts examined. This was also an issue on the previous inspection.

**Judgment:**
Substantially Compliant

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### 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:**
There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

The person in charge and clinical nurse manager were train the trainers in the prevention, detection and management of abuse. All staff have received training in the prevention, detection and management of abuse in the last two years, with the exception of two members of staff. These two staff members had subsequently watched a DVD on prevention, detection and management of abuse. Staff spoken to by the inspectors confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place.

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. Inspectors spoke with some residents during the inspection who were satisfied with the overall level of care being provided, and stated that any concerns they raised were addressed.

There was a policy in place for behaviour that is challenging. Staff had received training on understanding and managing challenging behaviour as part of dementia care training. Staff spoken to by the inspectors were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents. Residents had been regularly reviewed by their GP and there was access to psychiatric services for further specialist input as observed by inspectors. The behaviour support plans seen were person-centred and included input from the psychiatric liaison support team, the resident and their families.

In conversation with several residents all confirmed they were happy living in the centre. All were full of praise for staff working in the centre and felt safe and well cared for. Inspectors observed interactions between residents and staff were mutually respectful.
friendly and warm. It was noted that there was a culture of promoting a restraint free environment. Incidents where restraint was used were notified to HIQA. There was a policy on the management of restraint. There was a restraint register and four residents were using bed rails at night.

Inspectors observed that 50% of residents had low low beds and crash mats were in use. One resident had a safety belt in use and this had been assessed by the relevant allied professional. The system in place to safeguard resident's finances with invoices being issued for any additional services. There was a property box and property book securely maintained which was audited on a six monthly basis by the person in charge. There was no money kept on behalf of residents and the provider was not acting as a pension agent for any resident.

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. There was evidence in the care plans that residents received a comprehensive initial assessment which also included social interaction “My day, My Way”. This information outlined included participation in social interactions, going to mass and other activities that residents liked to do. Residents' privacy and dignity was respected and there were opportunities for residents to participate in activities that suited their interests. Inspectors reviewed the minutes of residents' meetings and records were maintained of issues raised by the residents at these meetings. Activities within the centre, and the menu were discussed, and it was clear that residents were individually given the opportunity to raise their own issues at these meetings. Residents told inspectors that they were facilitated to exercise their civil, political and religious rights. Residents were also facilitated to vote in national and local elections, either in the centre or in polling stations locally.

There was evidence of a good communication culture amongst residents and the staff team. There was a communication policy in place. Staff told inspectors how they would communicate with residents with dementia, and gave examples of how they communicate with residents that cannot always verbalise their needs.

Inspectors observed that residents were well dressed. Personal hygiene and grooming were well attended to by care staff. The inspectors observed staff interacting with
residents in a courteous manner and respecting their privacy at appropriate times. Residents told inspectors that they were able to exercise choice regarding the time they got up and were able to have meals at a time that suited them. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the communal area or their rooms.

Inspectors saw that residents had access to televisions and radios. Newspapers were widely available and the main news topics were discussed each day with residents. There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by staff from all departments. Inspectors saw that there was protected time allocated each day for a staff member to do an activity with residents. For example, a member of the catering staff did a baking activity one week and arts and crafts the following week. There was a knitting club and external musicians came in on a weekly basis also.

Staff who spoke with inspectors understood the needs of residents with dementia and were creative to ensure residents were provided with activities that met their interests and capabilities. Staff told inspectors that it was an integral part of their role to engage socially with residents. There was evidence of appropriate techniques such as life stories, reminiscence, sonas, imagination gym and music used to enhance communication. Inspectors were satisfied that the activity schedule provided for both cognitive and physical stimulation.

There was a notice board available providing information to residents and visitors. The person in charge outlined details of independent advocacy services that were available to the residents. There were no residents presently requiring the service. However, this information was available and referrals would be made on the resident’s behalf if required.

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. Observations of the quality of interactions between residents and staff in for selected periods of time indicated that the majority of interactions demonstrated positive connective care. Staff were observed to be very familiar with residents’ physical care needs and their family backgrounds.

Overall, staff were observed to make eye contact use touch and gentle encouragement in low key moderate and supportive tone of voice. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. The meal was unhurried and independence was promoted and residents were encouraged to eat their meal at their own pace by themselves. There was a calm and peaceful atmosphere during lunch providing a sense of positive wellbeing for residents with dementia.

**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 policy and procedure in place in the centre for the management of complaints. A copy of the procedure was displayed prominently within the centre. Inspectors spoke to a resident and another resident's family member and found that they were aware of the complaints process. There was a nominated person to deal with complaints and maintain records of complaints, and an independent person to deal with appeals was also named in the complaints procedure.

Inspectors viewed the complaints log and found evidence that all complaints were documented and investigated fully and promptly. However, records reviewed showed that in some cases the outcome of the complaint or the complainant's satisfaction with the outcome were not recorded.

Judgment:
Substantially 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 the levels and skill mix of staff on the day of the inspection were sufficient to meet the assessed needs of residents, which was confirmed by a planned staff roster. The roster also indicated that a nurse was on duty at all times in the centre.

Staff were seen to be supportive of residents and responsive to their needs. Inspectors were satisfied that education and training was available to staff to enable them to provide care that reflected up-to-date, evidence-based practice. Inspectors also spoke to staff and found that they were knowledgeable in fire safety, evacuation procedures and moving and handling practices. Inspectors viewed records confirming that all staff attended mandatory training in moving and handling practices. Training records for fire
safety indicated that four members of staff had not received up-to-date training. However, the person in charge confirmed that they have been scheduled to attend the next training date in June.

Staff had also undertaken other training such as challenging behaviour and dementia, palliative care needs of people with dementia, wound management and medication management. Inspectors viewed records of regular meetings in which all levels of staff were involved, as well as nursing staff meetings which were held as frequently as required.

There was a comprehensive policy in place for the recruitment, selection and vetting of staff. Inspectors examined a sample of staff files and found that all contained the documents as required by Schedule 2 of the Regulations, including up to date An Bord Altranais professional identification numbers (PIN) for registered nursing staff. The person in charge confirmed that they conducted appraisals for all staff every two years.

Inspectors viewed a number of files relating to volunteers within the centre and found evidence that volunteers had Garda Síochana vetting. While a generic list of volunteers' responsibilities was in place, volunteers did not have their roles and responsibilities set out in detail as required by legislation.

Judgment:
Substantially 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 centre was a purpose built nursing home and was bright, clean, spacious and well decorated. There were a number of lounge and quiet areas which were well furnished and comfortable. Inspectors observed there had been interior and exterior improvements since the previous inspection. A new sensory garden had been constructed with a wild flower garden. The smoking room had been relocated. The hairdressing room and hospitality room had also been refurbished.

Accommodation was provided in 45 single en suite bedrooms and two double en suite bedrooms. Some appropriate signage and cueing to support freedom of movement for residents with dementia was found. Picture cueing on menus and other communication notices were in place. There was adequate screening in shared rooms to ensure privacy for personal care. Each bedroom included sufficient space for storage of personal belongings in fitted wardrobes and lockable storage for valuable items. There was a
functioning call bell system throughout the premises. The call bell system was audited four times per year.

Overall, the location, design and layout of the centre was suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. There was a maintenance officer employed on a part-time basis and inspectors observed the on going programme of works in the centre. Inspectors saw that there were plans in place to covert the two double rooms into single rooms and build two new hospice suites this year.

The person in charge also told inspectors that the remaining courtyard was also to be reconstructed in 2016. There was appropriate assistive equipment available and stored conveniently to meet the needs of residents, such as electric profiling beds, hoists, pressure-relieving mattresses, wheelchairs and walking frames. Inspectors observed all residents moving around independently on wide corridors which had hand-rails that promoted independence. All walkways were clear and uncluttered to ensure resident safety when mobilising.

**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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Knockeen Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000243</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11/05/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/06/2016</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 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 01: Health and Social Care Needs

**Theme:**

Safe care and support

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

The signature of the prescriber was not in place for each drug prescribed in a sample of two drug charts examined.

**1. 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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 person in charge has spoken to the G.P in question again and the drug charts in question have been amended.

Proposed Timescale: 01/06/2016

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure that the outcome of all complaints and the complainants' satisfaction with the outcome of complaints are recorded.

2. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The person in charge has amended any complaint received in 2016 by stating specifically the complaints’ satisfaction and outcome. This policy will be adhered to in the future.

Proposed Timescale: 01/06/2016

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that people involved on a voluntary basis within the designated centre have their roles and responsibilities set out in writing.

3. Action Required:
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
The person in charge has reviewed the previous generic roles and responsibilities form...
and added specific roles and responsibilities in detail for each volunteer.

| Proposed Timescale: 01/06/2016 |