



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Kilbrew Recuperation and Nursing Care
Name of provider:	Kilbrew Recuperation and Nursing Care Limited
Address of centre:	Kilbrew Demense, Curragha, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	27 March 2018
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0020766

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Kilbrew Recuperation and Nursing Care is a purpose-built premises. Residents are accommodated in single and twin bedrooms, each with en-suite shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ashbourne town on a large mature site, at the end of a short avenue in from the road. Together with gardens surrounding the centre, there are also two enclosed, themed gardens within the centre premises. The centre provides accommodation for a maximum of 74 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Current registration end date:	10/08/2020
Number of residents on the date of inspection:	64

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 March 2018	09:30hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead
27 March 2018	09:30hrs to 16:30hrs	Una Fitzgerald	Support

Views of people who use the service

Inspectors spoke with several residents over the day of this inspection. Residents all commented in positive terms regarding the care and service they received in the centre. Many expressed a high level of satisfaction with the food they received, their comfort in the centre and the activities provided to meet their interests and capabilities. Residents said that staff were kind, attentive and caring towards them. Residents also said they felt safe in the centre and their call-bells were responded to quickly by staff. A resident receiving respite care said they would definitely come back again to the centre.

Capacity and capability

There was effective governance, management and oversight of the service, however improvement was required to ensure the monitoring system in place informed continuous quality improvement.

The governance and management structure was clear and lines of authority and accountability were defined. The provider representative and person in charge had regular management meetings where they reviewed key aspects of service provision. The provider representative reported at regular intervals to the provider to ensure appropriate oversight of the service.

A system was in place to monitor the quality and safety of care and service. Inspectors observed that key areas clinical care, the environment and residents' quality of life in the centre. While the information collated was analysed to identify areas needing improvement and there was evidence of improvements made, action plans were not developed to inform and track improvements to completion. Therefore the provider did not have sufficient assurances that all areas identified as requiring improvement were completed. Inspectors followed up on the progress made on the ten actions required from the last inspection in April 2017. Findings confirmed that, with the exception of one action regarding replacement of floor covering, all other actions were completed.

An annual review of the quality and safety of care delivered to residents for 2017 was prepared. It set out the priorities for 2018.

The centre was sufficiently resourced to ensure residents' needs were met. Inspectors found that there was sufficient staff available to ensure safe delivery of care in accordance with residents' needs and wishes. An action required from findings on the last inspection regarding staff deployment to ensure residents were

appropriately supervised and had sufficient access to suitable activities was completed. Staff were supported and facilitated to maintain their training and professional development needs. A record of staff training was maintained by the person in charge to ensure all staff had completed mandatory training requirements and training to ensure they had the skills and knowledge to meet the needs of residents. Assurance was given by the provider representative and person in charge that all staff had completed Garda Siochana vetting. There were no volunteers working in the centre.

Residents who spoke with inspectors said they could raise their concerns, were confident that they would be listened to and that their concerns would be addressed. The complaints procedure was prominently displayed in the centre reception area and the process was informed by a policy document. A record of complaints was maintained and included information on the investigation procedures completed. The outcome of investigations were communicated with complainants and their satisfaction was recorded where possible. An appeal process was available. Actions from the last inspection were completed regarding practices that did not reflect the complaints policy and recording of areas for improvement identified from investigations completed.

Regulation 15: Staffing

There were adequate numbers of suitably skilled staff to meet the assessed needs of residents. There was at least one registered nurse available in the centre at all times.

Judgment: Compliant

Regulation 34: Complaints procedure

Feedback on satisfaction with the service provided was welcomed from residents and their relatives. The complaints procedure in the centre had been improved since the last inspection and met the legislative requirements. All complaints received were recorded and investigated. An independent advocate was available to assist residents with making a complaint if necessary. Complaints were reviewed at the centre's governance and management meetings, and learning was implemented.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies were developed and available to inform all aspects of care and service provision. The policies were reviewed and updated to reflect best practice. Policies were available to staff and procedures were in place to ensure staff were aware of their content.

Judgment: Compliant

Regulation 16: Training and staff development

While staff had access to appropriate mandatory and professional development training, some staff had learning needs regarding implementation of the national restraint policy. Staff were supervised according to their role. The person in charge completed annual appraisals with each member of staff. Procedures for recruitment and induction of new staff were in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure to ensure the centre delivered appropriate, safe and consistent care to residents. Adequate resources were provided to meet residents' needs. There was an annual review report on the quality and safety of care and quality of life for residents prepared for 2017. Service improvements for 2018 were detailed in this report.

While there was a system in place to monitor the quality and safety of care, continuous quality improvement was not informed by action plans that tracked necessary improvements to completion.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that, on the day of inspection, the residential centre was providing a good standard of care, support and quality of life for residents.

Inspectors found that the centre was homely and provided sufficient physical space to meet each resident's assessed needs. Improvements were made since the last inspection to provide a room where residents could choose to quietly rest and relax outside of the various communal sitting rooms. The centre was bright and visibly

clean. Many parts of the centre had been recently repainted and the provider representative and person in charge discussed replacing carpet floor covering in residents' bedrooms and on corridors. Their preparations for this work were nearing completion.

Residents could independently access two well-maintained, themed and enclosed garden areas. Enclosed gardens were readily accessible from doors located on a number of circulating corridors. Inspectors saw residents using the enclosed gardens and walking, or using their motorised wheelchairs, with their visitors in the large mature gardens surrounding the centre.

Since the last inspection, the person in charge had ensured that residents unable to participate in group activities had access to activities to meet their interests. This has a positive impact on their quality of life. The inspectors also saw that staff focused on ensuring that all other residents had access to activities that were meaningful, varied and met their interests and capabilities. Residents were involved in developing of the activity programme which, was based on information collected from assessment of their interests. The person in charge and activity coordinator told inspectors that the activity programme provided was under continuing review and revised in response to feedback from residents.

Residents' rights to privacy and dignity was respected. Staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. There were measures in place to safeguard residents from abuse. A policy was available to inform management of any suspicions, allegations or incidents of abuse. Residents told inspectors that they felt safe in the centre.

A proactive approach was taken to managing risk in the centre. There was a low incidence of residents falling and sustaining an injury. An action from the last inspection regarding detail of records of accidents and incidents to residents, review by the person in charge and identification of learning was completed. The person in charge now reviewed all accidents and incidents and documented any areas for learning. Areas identified for learning were implemented in practice in the centre.

Residents were protected by safe medicines management procedures and practices. Staff nurse practices with administering medicines to residents were observed to meet with professional guidelines. Staff nurses administering medicines were patient and took time to explain rationale for medicines to individual residents. Medicines controlled under misuse of drugs legislation were stored securely and the balances were checked twice every 24 hours. The pharmacist responsible for dispensing residents' medicines was facilitated to meet their obligations. Medicines management in the centre was audited. Residents' medicines were prescribed and regularly reviewed by their doctor.

Inspectors were told that three residents experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. A positive approach was taken to support these residents' care needs. Each resident had a detailed, person-centred behaviour support care

plan in place that clearly identified their support needs and informed prevention management strategies. Compassionate, sensitive and supportive care from staff positively impacted on their wellbeing and quality of life in the centre. Residents were referred as necessary to community psychiatric services.

A restraint-free environment was promoted in the centre and the use of a small number of bedrails had been reduced since the last inspection. Less restrictive alternatives to bedrails were tried and, when used, a safety assessment was completed before their implementation. Although documentation regarding bedrail use was now in place, further improvement was necessary regarding practices to minimise the amount of time bedrails were used and ongoing safety assessments.

Residents' assessed needs were addressed by person-centred care plans that reflected their individual preferences and care choices. An action from the last inspection regarding improvement in the detail of residents' activity care plans to inform their needs was completed to a good standard. Residents' needs were regularly reviewed, including at times when there was a change in their health status. The sample of residents' care documentation examined by the inspector evidenced appropriate and timely access to medical and other healthcare services. This was confirmed by residents. Recommendations and specific instructions made by allied health professionals were reflected in residents' care plans. Residents, or families on their behalf, were involved in developing their care plans and were consulted regarding subsequent reviews.

Residents' nutritional needs were met to a good standard. They were provided with a choice of menu and residents with specialised needs had their food and fluid prepared as recommended by the dietitian and speech and language therapist. An action from the last inspection regarding records of residents' fluid and food intake was completed. Residents could choose to have their meals in either of the two dining rooms. Residents were provided with discreet assistance with eating and drinking as necessary. Residents' weights were monitored and residents with unintentional weight loss or gain had been reviewed, and dietary changes had stabilised their weight with good outcomes for their overall health.

Closed circuit television (CCTV) monitoring was in place on entrances, corridors and in communal sitting and dining areas. An action from the last inspection requiring review of residents' privacy in relation to use of this monitoring system. Although CCTV monitoring was still in use, procedures to ensure access to this data was controlled at all times was implemented. A policy was available to inform management of CCTV monitoring in the centre. Residents' care records were stored electronically and were password protected.

Regulation 18: Food and nutrition

Residents' dietary and hydration needs were met. Residents were provided with sufficient staff assistance to meet their needs.

Judgment: Compliant

Regulation 26: Risk management

The centre maintained a risk management policy that was in accordance with the legislation and a register of hazards was kept. The level of risk of each hazard was assessed and controls were described to mitigate risk of occurrence. Accidents and incidents involving residents were recorded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored safely and staff knew about the medicines prescribed for residents. All medicines were regularly reviewed by the resident's GP. Staff nurses administered residents' medicines as prescribed and in line with professional guidelines. The pharmacist dispensing residents' medicines was facilitated to meet their obligations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were assessed on admission and regularly thereafter. Each resident had a detailed and person-centred care plan that clearly informed their care needs. Residents' care plans were reviewed in consultation with them, or with their relative on their behalf, at least every four months, or more frequently in response to changes in their health and wellbeing.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that measures were in place to ensure residents were protected from all forms of abuse. Training had been provided to all staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected. An action from the last inspection to ensure residents' privacy and dignity was protected regarding use of CCTV in the centre was completed. Residents' access to meaningful and suitable social care enabled them to optimise their quality of life in the centre.

Judgment: Compliant

Regulation 17: Premises

Carpet floor covering in some residents' bedrooms and on corridors was worn and discoloured. Although plans were underway to replace carpets, this was an action from the last inspection and was not completed.

Judgment: Not compliant

Regulation 6: Health care

Each resident has access to a general practitioner (GP) of their choice. Residents had timely access to healthcare including allied health professionals, community psychiatric services and transfer to acute services as needed. Residents' right to refuse care recommended for them was respected. All staff were not aware of the rationale for use of bedrails to meet individual resident's care needs.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff confirmed that they removed bedrails frequently to minimise the period of time this restrictive equipment was in place and that they completed safety assessments each time the equipment was reapplied. However, residents' documentation did not confirm completion of these procedures. Some staff who spoke with an inspector were also not aware of the frequency with which residents' bedrails should be removed or the rationale for their use.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant

Compliance Plan for Kilbrew Recuperation and Nursing Care OSV-0000143

Inspection ID: MON-0020766

Date of inspection: 27/03/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A more enhanced training programme has been developed to ensure all members of staff are educated on their roles and responsibilities when deciding to engage in any form of restrictive practice An audit of this training will take place to monitor the outcome of the training programme. Action plans will stem from this audit as required.	
30 -6- 2018	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Action plan are now included as part of our auditing process Monitoring and re-audit will take place where action plans have not been completed	
30-4-2018	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: As outlined on the day of inspection the plan to change the flooring is in delayed by the receipt of estimates and the availability of the contractors.	

The flooring in the lounge area in Woodlands 1 will be replaced in May
The remainder of the public area will be replaced in September.
Bedrooms requiring flooring replacement will carried out on a rotational basis

31-10-2018 |

Regulation 6: Health care	Substantially Compliant
---------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 6: Health care:
A more enhanced training programme has been developed to ensure all members of staff are educated on their roles and responsibilities when implementing any form of restrictive practice

An audit of this training will take place to monitor the outcome of the training programme.

30 -6- 2018

Regulation 7: Managing behaviour that is challenging	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A more enhanced dedicated training programme will be provided as part of our annual training schedule.

An audit will be carried out to establishing the level of understanding the staff have in the role in non use of restrictive practices. Action plans will be developed on foot of the audit results as required.

30-7-2018 |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30-6-2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31-10-2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30-4-2018

Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30-6-2018
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30-7-2018