

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Knightsbridge Nursing Home
<b>Centre ID:</b>	OSV-0000145
<b>Centre address:</b>	Longwood Road, Trim, Meath.
<b>Telephone number:</b>	046 948 2700
<b>Email address:</b>	gmcdonald@barchester.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	HC Developments
<b>Provider Nominee:</b>	Isobel (Izzy) Nicholls
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Leanne Crowe; Sheila Doyle
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	115
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 04 May 2016 09:00 To: 04 May 2016 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This was an announced inspection which took place over one day following a completed application to renew the registration of the centre.

As part of the inspection process, the inspectors met with the provider nominee, the person in charge, residents, visitors and staff members. Inspectors observed practices and reviewed documentation such as care plans, general and clinical

records, incident records, policies and procedures, fire safety and risk management documentation and staff records.

Since the last inspection, the Health Information and Quality Authority (HIQA) had received unsolicited information outlining concerns in relation to the provision of care and welfare of residents. Provider lead investigations were carried out in response to some information received. Recommendations following these investigations had brought about improvements that were implemented and verified on this inspection. Information provided in unsolicited communications to HIQA was considered within this inspection and the inspectors' overall findings are outlined in the body of this report.

The action plan response to the previous inspection 22 January 2015 and notifications submitted to HIQA since the last inspection were also followed up and the inspectors' findings are outlined in the body of the report.

Overall, inspectors found good governance and management systems in place, with adequate arrangements available to meet the health and social care needs of residents. The actions required following the previous inspection had been addressed.

A recent initiative to enhance the quality of care and service provision to residents had been introduced on the first floor and was to be rolled out to all areas. Improvements had been brought about from learning from incidents or events. Residents were well presented, informed that the inspectors were visiting their units and engaged readily with the inspectors. In the main, the feedback from residents, relatives and staff and in questionnaires received was positive in relation to the care, services and arrangements provided.

The inspectors found evidence of good practice in a range of areas. The premises, facilities, furnishings and décor were of a high standard. Staff interacted well with residents and in a respectful, responsive and appropriate manner. Staff demonstrated sufficient knowledge of residents' needs, likes, dislikes and preferences.

While compliance was awarded to 16 of the 18 outcomes inspected, improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The findings and required improvements in relation to medication management and infection prevention and control are discussed within the body of this report and set out in the action plan at the end for response.

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: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A statement of purpose that consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services provided for residents was available.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The Statement of purpose was kept under review and had been revised at intervals of not less than one year.

Staff were familiar with the statement of purpose which was reflected in practice.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems and sufficient resources were in place to promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. Since the last inspection the management structure had been enhanced operationally by the addition of an associate general manager. A clinical nurse manager had also been added to clinical governance structure and team since the previous inspection.

The person in charge as director of nursing and other senior nurses worked in a supernumerary capacity each week including weekends. On-call arrangements were in place.

The provider nominee told inspectors she attended the centre on a monthly basis for up to four days. She described her involvement in the audits and quality review of care on each visit to the centre.

Management had systems in place to capture statistical information in order to compile reviews of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, incidents, complaints, health and safety, resident records and medication management.

An annual review of the quality and safety of care delivered to residents was completed for 2015. Improvements identified and initiated for 2016 were brought about as a result of the learning from the monitoring review and audits maintained.

There was evidence of consultation with residents and their representatives to inform care and service provision.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A Residents' Guide was freely available, and inspectors noted that it met the

requirements of the Regulations.

Inspectors reviewed the contract of care, which clearly set out the services provided and the fees charged to residents. A signed copy of the fees agreement was kept in residents' files, however, the sole copy of the contract of care was kept by each resident. This prevented the centre from holding signed contracts of care for its residents. Staff informed inspectors that the centre was reviewing the current contract and were expecting to introduce a new contract in the near future. The format of this new contract would allow both the resident and the centre to hold a copy of the contract of care.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge told inspectors she worked in the centre on a full-time basis which was reflected in the staff roster received and confirmed by the provider nominee and staff on duty.

The person in charge is a suitably qualified and an experienced nurse who has worked as the director of nursing in this centre from 2011. She had sufficient clinical experience and knowledge of the legislation and of her statutory responsibilities.

The person in charge, provider nominee and the staff team had facilitated the inspection process by providing documents and information required. They had knowledge of residents' care and conditions.

Staff confirmed that good communications exist within the staff team. Residents and relatives could identify the person in charge, management and staff members.

**Judgment:**  
Compliant

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and a sample of records was reviewed by inspectors. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors and the directory of residents was recorded and maintained in the centre.

The centre's insurance was up to date and a certificate of insurance cover was available.

A sample of staff files were also reviewed. While most were found to be compliant with the regulations, it was noted that there were some gaps in documentation in relation to volunteers. This will be discussed in Outcome 18: Suitable Staffing.

Inspectors also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the Regulations. All policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. Many of these policies had recently been reviewed by the person in charge.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**



Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There were no reported or notified absences by the person in charge since the previous inspection.

The provider nominee was aware that:

- if the person in charge is expected to be absent for 28 days or more, the Authority is to be notified one month prior to the expected absence
- in the case of an emergency absence, the Authority is to be notified within 3 days of its occurrence and within 3 days of person in charge's return and
- suitable arrangements are required during any period of absence made and to notify HIQA accordingly.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**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 being harmed or abused. Residents were provided with support that promoted a positive approach to behaviour that challenges.

There was a policy in place which gave guidance to staff on the prevention, detection, assessment, reporting and investigation of allegations or suspicion of abuse. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

Improvements were noted around the use of bedrails although usage still remained high. Staff spoken with confirmed the various alternatives that had been tried prior to

the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Inspectors noted that appropriate risk assessments had been undertaken. Hourly checks were completed when in use. Inspectors saw that a policy was in place to guide usage.

Because of their medical conditions, some residents showed behavioural and psychological signs of dementia (BPSD). Inspectors saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. Behaviour logs were maintained and all episodes of BPSD were analysed for possible trends and to map times of higher anxiety levels. Inspectors saw that 'pop up workshops' were used to share information with all staff on new admissions to the unit. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The provider managed some residents' monies. Staff spoken with discussed plans to make this system more robust by introducing a new procedure for documenting transactions. Balances checked on inspection were correct.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
The centre had policies and procedures relating to health and safety that included a health and safety statement and risk management policy to include items set out in regulation 26(1). An infection control policy with supporting protocols was also available.

There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for investigating and learning from audits, serious incidents and adverse events involving residents. Some actions taken to prevent incidents included increased supervision, residents being transitioned to other areas within the centre and or discharged to a more suitable placement. Missing person drills had been carried out following an unknown absence of a resident. An emergency response kit called the 'grab bag' was centrally located to support staff to react in an emergency situation that included relevant information and equipment.

Reasonable measures were in place to prevent accidents to persons in the centre and in the grounds. The management and staff team had completed a comprehensive review of incidents and accidents involving residents to identify the key cause or likely factors to inform control measures. Initiatives had been introduced to involve staff and residents such as in falls prevention. A reduction in the frequency and number of resident falls was reported.

While actions following audits and control measures were implemented since the previous inspection to promote resident safety, further improvements were required and identified on this inspection. For example, consideration regarding the storage of linen and laundry trolleys along handrails obstructing access to handrails along corridors on each floor was seen in parts near where residents were seated.

In addition, satisfactory arrangements consistent with the national guidelines and standards for the prevention and control of healthcare associated infections required improvement. The centre had notified HIQA of two recent outbreaks of infection in close succession in the past month. As a result of this residents had limited or no access to visitors for lengthy durations of up to 23 days. On this inspection the inspectors were unable to easily access hand washing facilities or hand sanitisers in units or on corridors for staff between residents or visitors use. For example, when visiting residents hand hygiene between visits was limited to either entering a resident's personal en-suite or using a communal toilet or bathroom further along the corridor. Access to these hand washing facilities required direct hand contact with a door handle for entry and access to the wash hand basin. Therefore, the potential transmission of infection on handle surfaces was possible.

On examination of a sluice area in one unit, the inspector saw the number of clinical items inappropriately stored. For example, up to eight opened packets of continence products and two uncovered rolls of plastic aprons were seen on the floor of the room that adjoined the sluice room. Entry to this room was via the sluice room. The storage of clean linen and clinical supplies such as towels, bed sheets and continence products seen on trolleys on corridors along with laundry skips required review to control the risk of cross infection.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Staff interviewed and records reviewed confirmed fire drills, fire alarm tests, checks of escape routes and of fire fighting equipment tests on the regular basis.

Fire safety and response equipment was provided. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained and those who spoke with inspectors knew what to do in the event of a fire alarm sounding.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures***

***for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

Improvement was required regarding a number of medication management practices to ensure that each resident was protected by the centre's procedures for medication management.

Inspectors reviewed a sample of administration and prescription records and noted that some improvement was required around some medication management practices. The action required from the previous inspection relating to administration records had been addressed.

Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Inspectors reviewed the management of medications that required strict controls. Although a count of controlled drugs was carried out at all staff changeover shifts, it was noted that in some instances the two staff carrying out the check were both on the same shift. This reduced the overall efficacy and safety of these checks. Inspectors also noted that this check did not individually state the number of each drug in stock. Rather it just stated that all medications were correct. This again reduced the value of carrying out these checks and did not provide a definitive count for each drug should errors be noted.

Otherwise inspectors saw that a secure fridge was provided for medications that required specific temperature control. Inspectors noted that the temperatures were within acceptable limits at the time of inspection.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

Inspectors noted that there had been some medication errors. These had been thoroughly investigated and any actions required were completed. This included additional training for staff.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and,***

<b><i>where required, notified to the Chief Inspector.</i></b>
<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.</p> <p>The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days.</p> <p>Quarterly reports were provided, where relevant, for example the use of restraint and number of deaths as prescribed in the regulations.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 11: Health and Social Care Needs</i></b> <b><i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i></b></p>
<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Inspectors were satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.</p> <p>Inspectors reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. There was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls, malnutrition and pressure ulcer development.</p> <p>Each resident's care plan was kept under formal review as required by the resident's</p>

changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. Action required from the previous inspection relating to updating the care plans following review by healthcare professionals had been addressed.

Inspectors reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by robust policies. Extensive work had been undertaken on falls prevention and management including audits to ensure compliance with the policy. In addition each fall was analysed to identify any possible patterns or trends. The location of falls was also plotted on a floor map to review the exact location of the falls and identify any potential environmental hazards. Inspectors saw that an area outside the nurses' station had been identified as a risk area. Additional handrails were put in and inspectors saw that no falls had occurred in this area since.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available and provided very valuable services to the residents. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. Inspectors reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities and many of the activities were particularly suitable for these residents. A programme of events was displayed and included religious ceremonies and music and an extensive range of both group and individual activities. Records were maintained of each resident's participation or otherwise in the various activities.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

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 manner. The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

It is a three storey purpose built centre which has been operational since 2008. The centre forms part of a larger care facility. Onsite facilities included private community dwellings, a community hall, a health centre where resident's GPs practiced and a pharmacy. Landscaped gardens, secure courtyards and secure internal areas to access outdoors were available. A spacious care park adjoined the centre and the minibus was available to facilitate residents requiring transport.

The building design and layout was of a high standard that could comfortably accommodate 117 residents in single occupancy rooms with full en-suite facilities. Sitting rooms, lounges and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control beds, chairs and televisions along with battery operated or motorised mobility aids were seen in use by residents that promoted their independence.

Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Handrails were provided on both sides of the corridors and a passenger and separate catering lift were available in addition to the enclosed stairwells.

The centre was clean, warm and well ventilated. The ground floor had an open plan reception with a coffee lounge that could easily accommodate up to 40 people. This facility was staffed and operated a daily menu that offered a choice of meals, snacks and drinks to residents, staff and visitors.

The reception was staffed daily by administration personnel and by security personnel in the evening and at night. Entry to the centre was controlled.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

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



*procedure.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints.

The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspectors examined the complaints record and this showed that of the complaints investigated there were details and an outcome for the complainant. A matter arising from a recent complaint included a delay and poor response by staff on the unit to incoming telephone calls. The provider nominee and person in charge told an inspector they were still following up on this matter. They described issues encountered with the building design, staff availability when with residents and access to telephones in private locations. These arrangements were still under review. However, an assurance was given that improvement in the arrangements and methods of communication available between staff working on units and with those enquiring by phone externally would be improved on foot of this complaint.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**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 caring for a resident at end of life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs



and wishes. The practices were supported by an end-of-life policy.

Having reviewed a sample of care plans inspectors were satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. In some cases very specific information was documented regarding their preferences. This included their wishes regarding transfer to the acute hospital or if their local parish priest was to be contacted.

Staff spoken with confirmed that the palliative care team provide advice and support as needed.

There was a procedure in place for the return of possessions and specific boxes were set aside for this. Additional equipment had been purchased to improve the level of respect shown to the deceased including the necessary religious artefacts and bed linen. The oratory was available for the removal should that be the residents' or relatives' choice.

A remembrance mass is held each year and relatives are invited to attend.

Staff spoken with discussed plans afoot to further improve the service provided. Information leaflets to assist relatives with decisions at this time were available. Additional training was planned.

**Judgment:**  
Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**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 each resident was provided with food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The centre continued with the work undertaken last year as regards improvements in meals and mealtimes. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were

regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required.

Inspectors saw that records of residents' food intake and fluid balance were accurately completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Inspectors saw that residents had been reviewed by a speech and language therapist when required. Inspectors saw that the care plans for these residents had been updated to reflect the recommendations. Inspectors observed practices and saw that staff were using appropriate techniques when assisting these residents with their meals.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required. Residents had a choice of where to have their meals. The tables in the dining rooms were attractively and invitingly set and a menu for the day was displayed. Inspectors noted that to help some residents with their choices, both main courses were presented to the residents on plates and the residents asked which they would like.

The food provided was appropriately presented and provided in sufficient quantities. Inspectors noted that residents who required their meal in altered consistencies had the same choices as other residents. In addition these were served attractively.

Inspectors saw that snacks and fluids were readily available. Night fridges were also available on each floor and these were stocked with sandwiches, snacks, meat and cheeses should they be required.

Inspectors visited the kitchen, spoke to the catering manager on duty and sampled the food on offer. It was found that food was wholesome, nutritious while also properly prepared, stored and cooked. Residents spoken with also expressed satisfaction with the food provided. Residents told inspectors they could have anything they wanted and staff always made sure they had enough to eat. One resident described it as hotel quality.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**  
Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's forum was facilitated and the group met on a regular basis. A Plan to facilitate smaller resident group meetings at unit level was described by management. Information sessions had been held for residents' family members and their involvement was central to care planning.

Access to and information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, inspectors saw residents from the first and second floors being able to access all parts of the centre independently at the time of their choosing with their mobility aids. In the main, residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, visit the coffee dock on the ground floor to meet visitors as opposed to meeting and dining in the unit.

The inspectors saw that residents' privacy and dignity was respected and personal care was provided in their own en-suite and bedrooms and they could receive visitors in private. Residents were of the varied age range, they were seen to be well dressed in appropriate manner with clothes and personal effects of their choosing.

Respondents who completed questionnaires confirmed that staff informed them of their relatives' health care needs and any changes in the conditions.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors saw that there was adequate space provided for residents' personal possessions and mobility aids. Residents had a locked facility in their bedrooms.

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed actual and planned rosters for staff, and found that staffing levels and skill mix were sufficient to meet the needs of the residents. The person in charge informed inspectors that a high number of staff had been recruited to ensure that the centre was sufficiently staffed at all times. Staff confirmed that they had sufficient time to carry out their duties and responsibilities and clinical nurse managers explained the systems in place to supervise staff. In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge.

Staff were seen to be supportive of residents and responsive to their needs. Prior to the inspection, some residents had completed a questionnaire regarding the centre. In these questionnaires, many residents stated that the staff were kind to them. Inspectors also spoke with a resident's relative, who was complimentary of the staff and of the care that they provided to this resident.

Inspectors spoke with staff members, all of whom were knowledgeable of residents' needs, fire safety and how to report suspicions or allegations of abuse. Records viewed by inspectors indicated that staff were subject to frequent reviews following their employment in the centre, as well as annual appraisals thereafter. Inspectors also noted that staff received supervision and participated in audits such as medication management and care planning.

Training records viewed by the inspectors indicated that all staff were up to date with mandatory training in moving and handling, fire training and the prevention, detection and management of abuse. Training in infection control and health and safety had also been completed by various levels of staff. Inspectors reviewed the centre's recruitment procedure and were satisfied that practice was in line with the Regulations. A sample of staff files was examined and were found to contain all of the relevant documents. A record was maintained of staff nurses' current registration details with the professional body.

There was a policy and procedure in place for volunteers. Records that indicated that volunteers had Garda Síochana vetting. The person in charge stated that volunteers were supervised on a daily basis, usually by the Activities Co-ordinator.

Inspectors reviewed a sample of volunteers' files and found that while a list of responsibilities was in place, volunteers did not have their roles and responsibilities set out in detail.

**Judgment:**  
Substantially 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:***

Sonia McCague  
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 report<sup>1</sup>

Centre name:	Knightsbridge Nursing Home
Centre ID:	OSV-0000145
Date of inspection:	04/05/2016
Date of response:	01/06/2016

### 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.

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

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

Arrangements consistent with the national guidelines and standards for the prevention and control of healthcare associated infections required improvement.

A lack of easily accessible hand washing facilities and or hand sanitisers was found in units and on corridors between resident's rooms.

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

Clinical items and products were stored inappropriately in a sluice area.

Linen and laundry trolleys were stored inappropriately on corridors that obstructed handrail use and exposed them to a risk of cross infection.

**1. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

1. Hand sanitisers will be provided and placed at regular intervals around the Home so that they are easily accessible to staff. A review of hand washing / use of sanitiser posters will take place and these will be replaced or provided where appropriate.

2. Staff will be reminded through meetings and supervisions that clinical items and products are not to be stored in sluice areas.

3. A review of storage will take place and areas identified for the proper storage of linen and laundry trolleys.

**Proposed Timescale:** 30/06/2016

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

In some instances the two staff carrying out the change of shift checks of drugs that require strict controls were both on the same shift.

This check did not individually state the number of each drug in stock.

**2. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

1. We will review the current practice of change of shift checks CD's and make changes how we record the checks.

2. We will ensure that a staff member from both incoming and outgoing shifts are present.

**Proposed Timescale:** 20/05/2016

**Theme:**

Safe care and support

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

Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

**3. Action Required:**

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

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

1. We will complete an audit of all PRN medication and where missing, we will record the maximum dose that can safely be administered within a 24 hour period.
2. We will review the practice of how this information is recorded when a new PRN is prescribed and devise a system to ensure compliance is achieved for all PRN medication.

**Proposed Timescale:** 30/06/2016

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Volunteers did not have their roles and responsibilities set out in writing in detail.

**4. 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:**

We will draft a volunteer's agreement explaining roles and responsibilities in detail. We will meet with all volunteers to discuss the new document, seek their agreement and sign-off. A copy of the agreement will be held in each volunteers file

**Proposed Timescale:** 31/08/2016