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## Kiltipper Woods Care Centre Kiltipper Road, Tallaght, Dublin 24

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kiltipper Woods Care Centre
<b>Centre ID:</b>	OSV-0000053
<b>Centre address:</b>	Kiltipper Road, Tallaght, Dublin 24.
<b>Telephone number:</b>	01 462 5277
<b>Email address:</b>	mary@kiltipperwoods.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Stanford Woods Care Centre Limited
<b>Provider Nominee:</b>	Mary Woods
<b>Lead inspector:</b>	Deirdre Byrne
<b>Support inspector(s):</b>	Shane Walsh
<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 2 day(s).

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

From:	To:
24 May 2016 09:30	24 May 2016 18:00
25 May 2016 08:30	25 May 2016 15:30

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	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
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	Compliant

**Summary of findings from this inspection**

Inspectors assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland. Inspectors reviewed documentation submitted to the Health Information and Quality Authority (HIQA) by the provider to renew the registration of the designated centre.

As part of the inspection, inspectors met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. In addition, residents and relatives had submitted questionnaires prior to the inspection. Overall, the comments were mainly positive about the service and a sample are incorporated into the main report.

The centre is located in a suburban part of Dublin. It is accessible to the local community and city centre by good public transport links. At the time of the inspection, there were 115 residents accommodated in the centre. The premises which fully meets the requirements of the regulations and the national standards. It is very nicely decorated throughout, in very clean condition and well maintained.

Overall, inspectors found the provider was committed and willing to ensure a good standard of compliance with the regulations. Inspectors were satisfied with the on-going the fitness of the provider and the person in charge. The provider ensured that there were robust management systems to ensure effective operational governance of the centre. There were good systems in place to continuously review the quality and safety of care in the centre.

The staff were familiar with the residents and their health and social care needs. Care was provided to residents in a timely and effective manner, with medical, and a range of allied health professionals readily available to the service.

The residents right to autonomy was respected, and they were afforded choice in how they went about their day, and what services they availed of. The residents were regularly consulted with about the running of the centre and had access to independent advocacy services. Staff were observed to interact with the residents in a kind, patient and dignified manner.

An area of improvement was identified in relation to the documentation of records.

There were no actions from the previous inspection of March 2016 to follow up on.

The issues identified at this inspection matters are outlined in the report and the Action plan at the end of the report.

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

***Outcome 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:**

Inspectors were satisfied a written statement of purpose was developed for the centre that met the requirements of the regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

It was publicly available for residents and families to read. Inspectors saw copies of the document in the sitting rooms throughout the centre.

**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:**

Inspectors were satisfied there was a clearly defined management structure that

outlined the lines of authority and accountability, with systems in place to review the safety and quality of life of residents'.

The centre is operated by Stanford Woods Care Centre Limited. There was a clearly defined senior management team that included the representative of the provider (the provider), who is also the person in charge, a clinical director, three assistant directors of nursing (ADON) and a clinical nurse facilitator (CNF). The person in charge worked full time in the centre and was fully involved in the governance and the management of the centre. She had delegated roles down to each of the senior management team. In addition, she was supported by a financial manager, human resources manager, maintenance manager and household and catering manager. There were arrangements in place for all senior management to meet and clear lines of authority and accountability of roles were in place. An integrated quality, risk and safety committee met every quarter. The minutes of the meetings were read by the inspector. The agenda included fire safety, risk, accidents and incidents, fall management, staff issues, HIQA. There were detailed minutes and an action plan was developed after each meeting with named persons responsible for each action.

There were systems in place to ensure the service provided to residents was effectively monitored. The clinical director oversaw the auditing programme in the centre. She gave an overview of the audits carried out and showed inspectors some examples of the audits completed to date. Inspectors read audits completed in 2016 on hand hygiene, infection control, pressure relief mattresses, pressure ulcers, and physical restraint, medication audits. There were improvement plans developed for each audit. The provider also outlined improvements that were being undertaken to enhance the current monitoring systems.

The person in charge gathered weekly key performance indicators (KPIs) that included a detailed review of residents assessed needs. Inspectors were informed that clinical risks were being discussed or escalated internally. The KPIs were reviewed/discussed weekly by the senior management team. There were no minutes of these meetings. This was discussed with the provider who said the report was generated off an electronic system. The report was seen by the inspectors that outlined the range of KPIs which included data on residents' information such as: the number of wounds, infections, falls, and persons who had experienced significant weight loss or gain.

At the time of the inspection the provider had not developed an annual report on the overall review of the safety and quality of care of residents as required by the regulations. The provider discussed the report with inspectors and the actions that had been taken to date. It included a quarterly review, other reviews and audits. However, immediately following the inspection, the provider submitted a comprehensive report to HIQA. The report was based on the national standards, and incorporated feedback from residents' and families. An overview of the care and support provided to residents was outlined in the report. In addition, an action plan of what improvements were to be brought about in 2016 was included.

**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:**

Inspectors found that there was both a guide to the centre and a written contract of care was in place for the residents of the centre.

There was a guide to the centre provided to each resident that contained all the relevant information about the centre as per regulation 20. It was readily available in the centre.

Inspectors reviewed a sample of some residents' contracts of care. The contracts of care reviewed contained information relating to the care and welfare of residents in the centre. Each contract of care reviewed also listed the services that the centre was to provide to residents.

The contract of care set out the weekly fees that were to be charged to residents. They also detailed an additional fixed monthly charge for provision of a social programme. During the inspection the inspectors observed the residents taking part in various activities as part of this programme, as detailed in Outcome 11 (Health and Social Care Needs).

Each contract of care reviewed was signed by the resident or their next of kin.

**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:**

Inspectors was satisfied the centre was managed full-time by a registered and experienced nurse in the area of the nursing older people. For the duration of the report she shall be referred to as the person in charge.

The person in charge demonstrated very good knowledge of the regulations, HIQA Standards and her statutory responsibilities. During the inspection, the person in charge demonstrated a commitment to delivering good quality care to residents in a very person-centred manner.

The person in charge was very familiar with the residents' health and social care needs, and spoke knowledgeably about individual residents. Residents told inspectors they frequently met the person in charge. Members of families said the person in charge was available and met them and their loved on their admission to the centre.

The person in charge had maintained her continuous professional development by attendance at a range courses to enhance her clinical and managerial experience. She also attended in-house courses and kept up-to-date on her mandatory training.

**Judgment:**

Compliant

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found the records listed in schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval.

An area of improvement was identified in the completion of records:

1. Records of the treatment provided to residents following a fall did not consistently include neurological observations or state the rationale when they were not taken. The person in charge updated inspectors regarding this matter and a record of the treatment would be clearly recorded in the future.

2. There were records of fire drills taking place in the centre however, the time they took place at and the length of time the drill took were not included.

There were policies and procedures in place as required by Schedule 5 of the regulations. The policies were reviewed at a minimum every three years. Inspectors reviewed a sample of policies and they were up-to-date, centre specific, and guided practice. Inspectors also spoke to staff who were sufficiently knowledgeable of key operational policies.

There was documented evidence to confirm the centre had up-to-date insurance against loss or damage to residents' property, along with insurance against injury to residents'.

A directory of residents was reviewed by the inspectors and it contained the information required by the regulations.

**Judgment:**  
Substantially 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:**  
The provider was aware of the requirement to notify HIQA of any proposed absence of the person in charge for a period of more than 28 days.

There were appropriate contingency plans in place to manage any such absence. The ADON or the CNF deputised for the person in charge in her absence.

**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 the provider ensured there were effective systems in place to protect residents from being harmed or suffering abuse. A positive approach to managing responsive behaviours was promoted in the centre. Restrictive practices carried out, were done in accordance with the regulations and national policy.

At the previous inspection in March 2016, inspectors reviewed a detailed policy on the protection of vulnerable adults. The policy referenced the Health Service Executive (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. The policy included information on the types of abuse, the reporting arrangements and the procedures to investigate an allegation of abuse.

Staff were familiar with the different types of elder abuse, and told inspectors they would report any concerns or allegations to their manager. As with the previous inspection, all staff had completed training in the protection of vulnerable adults. This was facilitated by the clinical director. Inspectors discussed this with the clinical director, who said there were "tool box talks" held with the nursing and care staff on each unit. The talks included the policy on the prevention of abuse, and it enhanced staff awareness during the two years between training.

There had been no allegations of abuse notified to HIQA since the last inspection. The person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse, and the requirement to notify any such allegation to HIQA.

Residents spoken to said that they felt very safe and secure in the centre. Residents told inspectors that the staff responded to their needs and came to their assistance when they were called.

There was a secure entrance to the centre, and all staff and visitors were required to sign in on arrival.

A small number of residents who presented with responsive behaviours. There were regular assessments completed for these residents' and care plans were developed to guide the practice to be delivered. A sample of the care plans read outlined the type of the behaviours, the triggers and the actions to take to mitigate the behaviours. Staff informed the inspector how to handle certain situations with residents. They used evidenced based tools to record incidents when required. Where psychiatric or psychological services had been referred to or appointments made, there were records on file of visits from these professionals and their recommendations.

The National Policy "Towards of Restraint Free Environment in Nursing Homes" of 2011

was implemented in the centre. The use of restrictive practices was mainly in the form of bedrails, lap belts, falls alarms and chemical restraint. Inspectors found the use of restrictive practices was regularly reviewed, and use of it was in limited circumstances. For example, of the 115 residents accommodated in the centre at the time of the inspection, there were 13 residents using bedrails, and of this number, 9 residents had requested them. There was evidence these were routinely risk assessed. Care plans were developed, and documented checks carried out every two hours when in use. There was very little use of chemical restraint in the centre. Inspectors discussed this with the general practitioner (GP) for the centre. The GP attributed this to being very involved in the regular review of the residents' health care needs and their medications.

**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):**  
No actions were required from the previous inspection.

**Findings:**  
Inspectors found there were systems in place to protect and promote the health and safety of residents, visitors and staff.

There were suitable fire precautions in place in the centre. Inspectors observed that fire procedures were on display throughout the centre. Inspectors also observed that fire exits were accessible and unobstructed. Records held in the centre showed that the fire alarm and emergency lighting was being serviced quarterly and that all fire equipment was serviced annually and was in good working order.

Inspectors read staff training records that confirmed all staff had attended fire safety training in the last year. A fire marshal and a fire warden for was rostered daily in each unit. Their role was to co-ordinate any evacuation procedures required in the event of a fire. Unannounced fire drills were taking place at two monthly intervals with the most recent drill having occurred in April 2016. A record was kept of each drill which detailed any issues that may have arose, with an area of improvement identified (see Outcome 5). The centre had been divided into four evacuation zones which allowed for compartmentalised evacuation if needed. This was facilitated through the use of self closing fire doors throughout the unit.

An up-to-date safety statement was seen by inspectors. There was a risk management policy that met the requirements of the regulations. At unit level, there were individual risk registers developed which contained risk assessments for a range of hazards identified along with the control measures to manage them. There were individual risk

assessments completed for residents completed. Inspectors found the management of risk was regularly reviewed and discussed at the quarterly meetings of the quality, risk and safety committee. The minutes of the meetings held in May and February 2016 contained detailed recommendations and actions on matters relating to risk management, infection control and fire safety.

There were systems and policies in place to guide and manage adverse events involving residents. The provider discussed the procedures with inspectors and how they would investigate and learn from such events.

An emergency plan was seen by inspectors. It contained comprehensive guidance for staff on what to do for a range of unexpected emergencies, and if the centre needed to be evacuated. The staff were familiar with the emergency plan.

Effective infection control precautions were implemented in the centre. The provider had developed a detailed infection control policy that provided direction to staff. There were hand wash basins in communal areas throughout the centre for staff to wash their hands. Hand gels, aprons and gloves were available to staff and seen to be used where required. Records read confirmed all staff had completed regular infection control training.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A comprehensive medicine management policy was seen by inspectors in March 2016 which provided detailed guidance.

There were weekly audits of the medicine and prescription sheets along with staff practices. In addition, there were unannounced audits of medicine management practices carried out. The reports of a sample of audits were read by inspectors and they contained detailed action plans and recommendations.

Staff nurses were trained in medicine management practices internally by the person in charge, clinical director, ADON, GP and Pharmacist. The course developed by the multi-disciplinary team had recently been accredited by An Bord Altranais agus Cnaimhseachais na hEireann.

The nursing staff also completed an online medicine management training annually.
<b>Judgment:</b> Compliant

<b><i>Outcome 10: Notification of Incidents</i></b> <b><i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></b>
<b>Theme:</b> Safe care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Inspectors were satisfied that a record of all incidents was maintained and where required were notified within the specified time frame to HIQA.  Inspectors reviewed the records of all incidents that occurred in the centre that were held electronically. The records were clear and up-to-date. The person in charge was aware of the requirement to notify HIQA of certain incidents. A quarterly report outlining other incidents in the centre was made to HIQA.
<b>Judgment:</b> Compliant

<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>
<b>Theme:</b> Effective care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Inspectors found the provider ensured that residents healthcare needs were met to a good standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.  Residents had very good access to GP services. The resident' could also choose to retain

the services of their own GP if they wished. The GP who provided a fulltime service met inspectors during the inspection and outlined his role and responsibilities. There was a full range of other services both internally and on referral available. There were dedicated occupational therapy (OT) and physiotherapy departments in the centre. A hydrotherapy pool was available for residents if they also wished to access it. There was good access externally to speech and language therapy (SALT), dietetic, and tissue viability services. Chiropody, dental and optical services were also provided. Inspectors reviewed residents' records and found referrals were made to these services and results of appointments were written up in file notes.

Inspectors reviewed a sample of residents' files and noted that nursing assessments and additional clinical risk assessments were completed every four months. There was evidence of resident and relative involvement in the development and review of the care plans. Daily notes were being recorded in line with professional guidelines.

There were comprehensive policies and procedures on the management of falls, wound management and nutrition and hydration. These had been reviewed at the previous inspection in March 2016. Inspectors found residents' healthcare needs continued to be met. There was evidence of training provided to staff to ensure best practices, and staff spoken to were familiar with the care to be provided to residents in these areas. A sample of residents' records were reviewed. There were risk assessments undertaken on a regular basis and care plans were devised where risks were identified. An area of improvement was identified in relation to the documentation of treatment for residents when they had a fall. (See outcome 5).

Residents had commented in questionnaires on the good quality of care received and the consultation with them in their care, "nursing staff discuss plans and decisions with you", "the doctor is available to discuss plans and decisions" "staff are very attentive when I need care", and "well looked after".

There were audits completed on the care plans to ensure they were in compliance with the centre's policies and procedures. A sample of audits read by inspectors included falls, pressure ulcers and internal feed tubes. The audits were analysed and used to inform practice and were reviewed at the quarterly quality risk and safety meeting.

Residents were seen enjoying various activities during the inspection. The provider had employed dedicated staff to coordinate activities. Inspectors met two OT staff who appraised them on the role they played in the development of activities suitable for residents' who required additional support and who may not be able to participate in group led activities. In addition, inspectors met the activities coordinator who gave an overview of the provision of activities in the centre.

Residents were seen to partake in a range of activities carried out during the inspection. During the inspection day many residents sat outside in the garden enjoying the sunshine and a sing song session. Other activities available included movies, pitch n putt, bingo, quizzes, live music sessions, arts and crafts, dog therapy and many more. Inspector met relatives who told there that there were always activities available each day, and their loved one always had something to do. A number of residents spoke about trips they enjoyed outside of the centre such as art classes, concerts or shopping.

**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 design and layout of the centre was suitable for its stated purpose and it met the needs of the residents'.

The centre was a purpose built nursing home that could accommodate 117 residents. It was comprised of six units that contained suitable and homely accommodation for between 12 and 15 residents depending on the unit. Most of the bedrooms in the centre comprised of single and double rooms. All rooms excluding one double room had access to en-suite facilities however, this room had access to both a toilet and shower located directly outside the bedroom door. One unit contained a four-bedded bedroom. This room was of adequate size to meet the residents current needs. There was adequate space for residents' personal belongings and an en-suite facility was available in the room. In this bedroom and all two bedded there were screens in place around each residents' bed to provide privacy. All bedrooms had a call bell system in place and suitable storage for residents' to store personal belongings.

Overall the premises were found to be clean and well-maintained. It was well lit, with adequate amounts of both natural and artificial lighting. Lighting in corridors also had a specific night setting, which dimmed the lights to ensure residents wouldn't be disturbed at night by excess light. The corridors were wide and spacious with hand rails. Sensory boards were located along the corridors in the Maple Wood and Oak Woods units, designed in a manner for residents' to interact with them.

There was sufficient numbers of assisted bathrooms throughout the centre and communal wheelchair accessible toilets were located in every unit. There were communal, sitting and dining areas located in each unit. They were found to be homely and well decorated. Various pictures, paintings and homely furniture were located in these areas. The dementia specific units had various stimulating features in day rooms such as the day room in the Maple Unit had a fish tank containing brightly coloured fish.

There was a sensory room provided in one unit for residents' with a dementia.

There was a range of equipment in the centre used to assist residents' mobility, including wheelchairs, walking frames and hoists. Inspectors reviewed the equipment service records and found that they all had been serviced in the last year. There was adequate storage available for the equipment throughout the centre. A wheelchair accessible lift was in place between the two floors of the centre and inspectors observed this being used to assist residents' down to the external grounds.

Five of the units had direct access to secure external grounds. A large internal courtyard was connected to four of the units, Maple Wood, Oak Wood, Aspen Wood and Laurel Wood. One of the dementia specific units Oak Wood also had access to a smaller dementia friendly external area that contained sensory murals and brightly coloured furniture. The Rosewood unit had access to a separate large external area. The Hazel Wood unit was located on the first floor, and while this did not have direct access to an exterior area inspectors observed residents escorted outside to an internal courtyard by staff when they requested it. The grounds were accessible with paths for residents to walk along. The gardens were well maintained and beautifully decorated with flowers and vegetation. As reported earlier in the report, during the inspection a large number of residents were observed to be sitting outside in the sun and participating in activities outside. Inspectors met some residents sitting inside enjoying the views out to the gardens.

**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:**  
The provider demonstrated a positive attitude towards complaints. This outcome was fully reviewed in March 2016 and found to be compliant. The complaints policy reviewed at that inspection was comprehensive and met the requirements of the regulations.

A complaints procedure was prominently displayed at the main entrance reception area. It contained the detailed guidance to make a complaint. Inspectors reviewed the records of logged complaints at the previous inspection and good practice was found in the investigation of complaints by the complaints officer. The policy in the centre was that all complaints would be resolved locally before progressing to the formal complaints procedure.

Residents and relatives told inspectors they would talk to the person in charge or a member of the senior nursing staff if they had any complaints, and that they were approachable. Residents reported in questionnaires they would "talk to the person in charge, talk to carers with worries or concerns" and "I know I can make an official complaint if needed".

**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:**  
The person in charge ensured there were robust practices, policies and procedures were in place to ensure each resident's end-of-life care needs were met.

This outcome was reviewed in March 2016 and comprehensive policies were in place to guide the care to be delivered to resident approaching end of life. Within the centre staff who had received training provided end-of-life care to residents with the support of the GP and if required the community palliative care team. A team of nurses had also been specially trained in the provision of palliative care.

At the previous inspection, end-of-life care plans were read that outlined residents' physical, psychological and spiritual needs of the residents. For residents accommodated in a multi-occupancy bedroom, a single room was available for residents as they approached end of life or if they wished to return home this would be arranged.

There were no residents requiring end-of-life care at the time of inspection. If a resident approached this point, a 'comfort pathway' care plan which outlined the specific care and supports to be provided to the resident would be put in place.

**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 found residents were provided with refreshments, snacks and meals that were varied, wholesome and in accordance with their assessed needs.

There was a comprehensive nutrition and hydration policy in place that guided staff. Systems were in place to ensure residents did not experience poor nutrition or hydration, through regular assessment of their needs.

Inspectors spent time with residents in one dining room during the lunchtime meal. The atmosphere was observed to be calm and sociable. Some residents were supported during their meal by family members, and other residents were discreetly and respectfully assisted by staff with their meals where required. There was modified crockery and cutlery available and used by residents to enhance their independence.

The meals served during lunchtime were observed to be wholesome and nutritious and nicely presented. Inspectors spoke to a number of residents who confirmed there was a lot of choice and good quality food in the centre.

A menu was displayed in each unit and at the entrance to the dining room. It was a rolling four week menu, which ensured there was a range of options for residents' to choose from, including the residents on a modified consistency diet. There were pictorial menus developed to support residents with a communication or a cognitive impairment to choose what meal they would like.

There was plenty of snacks and refreshments available during the day with water, fruit juices, hot drinks, fresh fruit, sandwiches, cakes and scones seen to be offered to residents'.

**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:**

Inspectors found the provider was committed to ensuring a culture existed that respected the residents' privacy and dignity, and consulted with residents in how the centre was organised.

A sample of comments in the questionnaires submitted as part of the inspection confirmed residents were happy that their rights were respected. Some residents stated "quite aware (of my rights) and make my own choices and decisions" and "my rights are outlined in an information services leaflet. These rights are adhered to".

Residents were dressed well and according to their individual choice. One resident stated in a questionnaire that "(staff) do my hair and dress me well. They ask my opinions on everything". There was an in-house spa treatment room where residents' may get their hair done. Inspectors met the visiting hairdresser in the room, which was beautifully decorated to enhance residents' experiences.

During the inspection staff were observed knocking on residents' bedroom doors waiting for permission to enter. Inspectors observed staff interacting with residents in a courteous, respectful manner and addressed them by their preferred name.

Residents civil and political rights were respected. The provider told inspectors about the arrangements with the local county council for residents to vote in-house at each election.

There was an open visitor's policy to the centre. There were a number of private meeting rooms and communal areas where residents' could meet visitors in private.

The provider said that residents from all religious denominations were supported to practice their religious beliefs. An oratory was available in the centre to host religious services.

There was a residents' committee which met every month. The facilitators were independent persons who did not work in the centre. They would also meet with residents unable to attend in their bedrooms. Following each meeting, the person in charge was given the minutes of the meeting and would address any issues identified. From a sample of minutes read, it was evident that action had been taken to bring about improvements.

An independent advocacy service was also available to the residents. Their contact details were displayed in the centre.

Residents had access to a telephone and a phones were provided in all bedrooms. Newspapers were available and all bedrooms were provided with a television.

An internet hub had recently been developed in one part of the centre for residents to use a computer and access the internet. The activities and OT staff would be showing

individual residents how to use the new facilities.

**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:**  
Inspectors were satisfied that there were adequate arrangements in place to protect resident's possessions and to allow for residents to maintain control over their own possessions.

Residents had suitable storage space for their clothing and any personal possessions. A lockable safe was also available in each resident's bedroom. There was a list maintained in the centre of each residents' personal possessions.

Inspectors visited the laundry facility and spoke to staff there. Inspectors were informed of the laundry arrangements that were in place. Each piece of clothing was labelled by staff. After clothing was laundered it was then returned to the residents' bedrooms by staff. Inspectors discussed this process with the staff in detail and were satisfied that the system to return residents' clothing was robust.

While there were some reports read of residents' clothes going missing, inspectors spoke to some family members who were satisfied with the laundry of their loved ones clothing.

**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 found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents. This outcome was found to be compliant in March 2016 and continued to be compliant at this inspection.

An actual and planned roster was maintained in the centre with any changes clearly indicated. Inspectors reviewed staff rosters which showed there was clinical nurse manager and nurse on duty at all times with a regular pattern of rostered care staff. Residents and staff spoken with felt there was adequate levels of staff on duty. The person in charge was satisfied with the staff skill mix and informed inspectors they regularly reviewed the staffing number and skill mix as per the dependency levels of the residents'. The provider was currently recruiting additional staff nurses which would enhance the current number during the day.

Inspectors found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents. At a minimum there were four nurses based in the centre over a 24 hour period. The person in charge who was based full time in the centre was supported by the three ADONs, CNF and the clinical director.

A bank of staff was available if staff went on unexpected leave.

There were teams of ancillary staff directly employed in the centre, e.g. OT staff, physiotherapists, human resources, finance, housekeeping and catering.

The staff were familiar with the health and social care needs of the residents.

A sample of staff files were reviewed at the recent inspection in March 2016 and these contained the information and documentation required under Schedule 2 of the regulations.

All staff had up-to-date mandatory training in fire safety and management, and the prevention, detection and reporting of abuse. Training had also been provided in the movement and handling, infection control and cardio-pulmonary resuscitation (CPR). A small number of staff had not completed up-to-date movement and handling training however, the person in charge arranged for training to be carried out for these staff the following week. Following the training, the sign-in sheets were submitted to HIQA confirming all staff had attended the training.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Deirdre Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

Centre name:	Kiltipper Woods Care Centre
Centre ID:	OSV-0000053
Date of inspection:	24/05/2016
Date of response:	05/07/2016

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

The completion of fire drill records requires some improvement

There were some gaps in records of the treatment provided to residents' who fall.

#### 1. Action Required:

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

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

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

All fire drill records will include the time and duration of the fire drills.

The treatment for residents who have a fall will include the recording of neurological observations or state the rationale when they are not taken.

**Proposed Timescale: 05/07/2016**