

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



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|------------------------------------|--|--|
| <b>Centre name:</b>                | Knightsbridge Nursing Home   |  |
| <b>Centre ID:</b>                  | 0145   |  |
| <b>Centre address:</b>             | Longwood Road  |  |
|                                    | Trim   |  |
|                                    | Co Meath   |  |
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| <b>Type of centre:</b>             | <input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>  |  |
| <b>Registered provider:</b>        | HC Developments Ltd T/A Barchester Healthcare  |  |
| <b>Person in charge:</b>           | Catherine Condon   |  |
| <b>Date of inspection:</b>         | 29 and 30 April 2010   |  |
| <b>Time inspection took place:</b> | <b>Day 1 Start:</b> 09.40hrs<br><b>Day 2 Start:</b> 08.15hrs   | <b>Completion:</b> 17:00hrs<br><b>Completion:</b> 17:45hrs |
| <b>Lead inspector:</b>             | Leone Ewings   |  |
| <b>Support inspector(s):</b>       | Florence Farrelly  |  |
| <b>Type of inspection:</b>         | <input checked="" type="checkbox"/> <b>Registration</b><br><input checked="" type="checkbox"/> <b>Scheduled</b><br><br><input checked="" type="checkbox"/> <b>Announced</b><br><input type="checkbox"/> <b>Unannounced</b> |  |

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

**Registration inspections** are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## About the centre

### Description of services and premises

Knightsbridge is a three-storey, purpose-built residential care centre which opened in 2008. The centre forms part of a larger care village, which comprises of houses and a village hall located in the landscaped grounds. The nursing home also contains 13 assistive living apartments on the second floor.

The residents are mostly older people in long term residential care. Some residents living at the centre have dementia. There is a dementia specific unit called Ledwith on the first floor. Another unit called DeLacy has a small number of residents with intellectual disability and acquired brain injury.

Convalescence and respite care is offered to older people and residents with disabilities.

The centre has 87 beds at present, 57 of which are currently registered. The provider has applied for an extra 30 beds to be registered.

The centre is laid out over three floors, all bedrooms are private single rooms with full en suite shower and toilet facilities. All floors are serviced by a large passenger lift visible from reception. Service stairs are also located for staff use.

The ground floor has two units, Tara and Boyne. Tara has 21 single bedrooms. Boyne has 15 bedrooms. Both units are used for older persons over 65, at present three rooms are used as show rooms for prospective residents. Each unit has a quiet day reading room, and a larger living / multi-purpose room with seating and large flat screen television. A large dining room with food servery is shared between these two units.

On the first floor DeLacy has 21 single rooms, at present some younger people under 65 years with physical and sensory disabilities are living in this unit. Convalescent and respite short stays are also accommodated here. Ledwith on the first floor is a dementia specific unit with 15 single bedrooms all with full en suite facilities. Day dining space is in place for each unit.

The second floor has another unit which the provider would like to register with 15 single bedrooms all with full en suite facilities. All communal day dining space is adequate to meet the needs of any proposed residents and mirrors that of accommodation on the first floor. A further 13 assistive living apartments are on the second floor, each with a bed / sitting room, private shower and toilet and separate kitchenette with private entrance hall. Three of these apartments were occupied at the time of the inspection. The provider wishes to have these 13 apartments registered for residents with low dependency needs.

A large bright reception area also has a hairdressing / beauty salon, a separate coffee shop which provides meals to residents and visitors. A large bright oratory, recreation room, and visitors' room are also available to residents and visitors.

Day care is available and provided at the centre on an individual basis to meet the needs of anyone who wishes to access day care.

### Location

Knightsbridge is located on the Longwood Road close to the town of Trim Co Meath.

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|--|--|
| <b>Date centre was first established:</b>            | 14 March 2008  |
| <b>Number of residents on the date of inspection</b> | Day 1: 54 +1 resident in hospital<br>Day 2: 56 +1 resident in hospital |
| <b>Number of vacancies on the date of inspection</b> | Day 1: 2 vacancies<br>Day 2: none                                      |

| <b>Dependency level of current residents</b> | <b>High</b> | <b>High / Medium</b> | <b>Medium</b> | <b>Low / Very Low</b> |
|--|-------------|----------------------|---------------|-----------------------|
| <b>Number of residents</b>                   | 8           | 22                   | 18            | 7                     |

### Management structure

The centre is owned by HC Developments and trades as Barchester Healthcare, and is managed by Catherine Condon, who is the Person in Charge. Catherine is responsible for administration, catering and hospitality, housekeeping, maintenance and managing all nursing and care assistants.

She is supported by two clinical nurse managers and a team of nursing and care assistants. Catherine reports to Mary Morris, the regional manager for Barchester UK who visits the centre at least eight days a month on behalf of the provider. The designated providers are Owen McGartoll and Eamon McElroy, Directors of HC Development Ltd. Mr McGartoll meets regularly with Mary Morris and visits the centre once a month or more frequently if required.

| <b>Staff designation</b>                            | <b>Person in Charge</b> | <b>Nurses</b> | <b>Care staff</b> | <b>Catering staff</b> | <b>Cleaning and laundry staff</b> | <b>Admin staff</b> | <b>Other staff</b> |
|---|-------------------------|---------------|-------------------|-----------------------|-----------------------------------|--------------------|--------------------|
| <b>Number of staff on duty on day of inspection</b> | 1                       | 5             | 13                | 6                     | 6                                 | 2                  | 8*                 |

\*Activities co-ordinator, Driver, Gardening staff (2), Marketing manager, Head of maintenance, Hospitality manager, Regional manager.

## Summary of findings from this inspection

This was an announced registration inspection which took place over two days. As part of the registration process the provider has to satisfy the Chief Inspector that he is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). As part of the application for registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority) including the Fit Person self assessment. This documentation was reviewed by the inspector to inform the inspection process.

In order to assess the fitness of the provider, the person in charge and regional manager separate Fit Person interviews were held. They demonstrated good knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). They were also very focused on the care of the residents and developing staff of all levels.

During the inspection inspectors spoke with residents, relatives and staff members. Inspectors also spoke with individuals who lived in the independent living housing and apartments using the communal areas and coffee shop, and other facilities at the centre. Records were examined including care plans, staff files, accident and incident book, fire safety records, policies and procedures and minutes of meetings held by residents at the centre.

A very good standard of governance was found by inspectors with both provider's representative Mary Morris and the person in charge working well together. The centre was well organised, clean and welcoming. The premises were maintained to a very high standard.

Residents' rooms were spacious, decorated well with soft furnishings and contained many personal items including photographs and valued belongings.

The dementia specific unit was spacious, but with a homely feeling, it lacked any clinical features, and nursing and care staff were unobtrusive.

Residents and relatives reported feeling safe, and in general were satisfied with the care received. Information was available to residents and relatives at reception. Inspectors reviewed staff rosters. Staffing levels on each of the units were adequate, and staff were seen engaging with residents in a meaningful way.

Overall the centre is operating to a high standard and was found to be largely in compliance with of the Care and Welfare Regulations, 2009. The Action Plan at the end of this report identifies areas where improvements are required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People*.

## Comments by residents and relatives

Inspectors reviewed seven relatives, and eight residents' pre-inspection questionnaires. A further two relative and one resident questionnaires were received following the inspection by post.

Residents spoke positively about the quality of care provided and were complimentary of the support and assistance received from staff. One resident told inspectors the centre had "wonderful facilities food and care" while another said that "the staff are very concerned about my personal wellbeing". Residents said that the centre was kept clean and well organised and there was sufficient staff available to care for them. However, one resident said they would like it if there was more staff were available to take her for walks, and staff appeared busy in the mornings.

Overall, residents were very happy with the social and recreational activities provided. Inspectors were told that there was a variety of things to do and that there was something organised most days which included exercises, music sessions and art groups. One relative confirmed there was "always some activity taking place, a good variety" available.

Residents described the food as "very good" and said there was a choice at lunch and tea time. One resident particularly enjoys her tea, and staff always ensure she had access to cold and hot drinks brought to her room frequently during the day and night.

Residents told inspectors that if they had a concern or complaint they would approach the person in charge or a staff member. They said that they knew the person in charge as she was around a lot and talked to them regularly about their care and their needs. One resident described the person in charge as "lovely, and will listen if you have a problem".

Residents said that they felt that their views were considered and that changes were made in response to their comments. In particular they felt their contributions had an impact on the way the activity programme was organised and the menu choices available.

Relatives told inspectors that they were always made feel welcome and were kept informed of any changes in the condition of residents. They said that they were satisfied with all aspects of the care provided and particularly highlighted the good variety of social and recreational activities offered, the high quality of the support services. For example, one resident spoke about how good the care assistant was at getting him to do his mobility exercises every day, and encouraged him all the time. However, another resident would like to have more physiotherapy but the cost of this meant they would be unable to access further therapy.

Residents reported feeling safe and secure at the centre, and relatives were satisfied with the arrangements in place for security in the evenings.

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The Fit Persons Entry Programme (FPEP) was completed to a high standard and all aspects of the questionnaire were filled in including a good analysis of work completed and aims for further improvements. The person in charge and regional manager demonstrated their knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The provider stated he was aware of the contents of the FPEP self-assessment document but was not involved in completing it. The provider was familiar with the regulatory process and was very focused on the care of the residents at the centre, and developing staff of all levels.

Throughout the interview, the provider stated that all aspects of service delivery were dealt with by the person in charge and the regional manager. He was confident and assured that they were running a good service. He stated that if changes were required and this necessitated further funding he would support this.

Inspectors found the centre was well run with an organised management structure. The person in charge worked full-time and when she was not on duty, one of two clinical nurse managers assumed overall responsibility. There was also a clinical nurse manager in charge at weekends. Staff spoken to had a clear understanding of the management structure and could describe their roles and responsibilities to inspectors.

In addition to the statement of purpose, the Resident's Guide was available and information leaflets were seen to be available to both residents and their relatives throughout the centre. Both documents reflected clearly the services available and were provided in a manner that was easily understood.

All care practices observed, by nursing and care staff demonstrated the commitment of staff to providing a high standard of resident-centred care, as a coordinated team. Relatives and residents confirmed this to inspectors.

A robust risk management system was in place and inspectors saw practices that reflected this system. For example, there was a centre-specific health and safety statement, and each area had been risk assessed. All residents who were identified as being at risk of falling had risk assessments completed.

Staff spoken to were aware of the emergency plan and what to do in the event of fire, or any other incident. Staff spoken to by inspectors demonstrated an awareness of safety. Inspectors reviewed records of fire maintenance and found the names of staff who attended the regular fire drills which took place within the centre. All staff had attended a fire drill within the last six months. The fire alarm was tested during the inspection.

Staff at the centre were not involved with managing finances for residents. Receipts were issued for all purchases at the coffee shop, and systems were in place for billing for hairdressing, physiotherapy and beauty services, and a policy was in place to inform practice.

The person in charge demonstrated clear leadership and direction in the following areas:

- nursing records in relation to the care and condition of residents were well organised and up to date
- a high level of communication with daily stand up morning meetings between all departments
- promoting interaction between community and the centre
- the complaints' policy had a clear process for managing complaints. Relatives, residents and staff confirmed an awareness of the complaints policy, and how to make comments and / or complaints regarding services provided
- promoting resident and relative feedback and acting on any comments or suggestions arising from this feedback. A comment system was in place to facilitate this process
- facilitating residents to undertake small jobs and facilitate a greater involvement in running the centre
- the staff team were enthusiastic and during discussions demonstrated considerable detailed knowledge regarding the residents they were allocated
- staff reported satisfaction with the systems in place
- facilitating and obtaining support for individual residents through an advocacy service on an ongoing basis
- development of the environment to incorporate domestic features such as coat stands/furniture, rummage boxes

### **Some improvements required**

A detailed centre-specific risk management policy was in place to support the quality and safety of care. Arrangements were in place for the identification, recording, investigation and learning from accidents and incidents were reviewed.

A detailed account of all accidents and incidents was recorded. Documents examined demonstrated that all accidents / incidents were reviewed on a monthly basis. However, detailed audit from accident/ incidents was not taking place in order to inform practice to prevent accidents / incidents re-occurring, with results discussed and documented at clinical meetings.

The statement of purpose was not in full compliance with the legislation, in that it did not contain the name of the Chief Inspector of Social Services or satisfactory details of the type of care provided.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Overall, residents spoken to indicated that they had choice in their daily routines and this was flexible to meet their needs. Some residents told inspectors they looked forward to the daily religious service at 12:00 hrs clock every day. A number of residents now living there had retired from religious life, and told inspectors they appreciated this daily service. An individual from the village housing undertakes a role of Eucharistic minister most days.

Residents' were provided with a daily menu where a choice of meals was offered. This choice was recorded in advance and returned to the kitchen. The daily dishes were also displayed at the servery in the dining room. The menu was in large print on each table at every meal. Staff were heard by inspectors chatting to residents at mealtimes reminding them of any choices available to them.

Meals were served in each of the three units individual dining rooms, each area was pleasant, bright well decorated. Smaller tables facilitated easy communication between residents, staff gave assistance when required in an individual and discrete manner. Staff confirmed to inspectors that meals were taken at the resident's own pace with the residents needs coming first.

Breakfast was served in the dining room of each unit, or in the resident's bedroom, depending on personal preference. Inspectors joined residents for lunch and observed that residents' individual requirements were catered for. One resident told the inspector that he had a visual deficit in one eye and at all times he was served his food and offered choices from the correct side, and he appreciated the staff awareness of this.

There were sufficient staff on duty to enable residents to eat their meals as independently as possible, in a relaxed environment. The food was hot and tasty with appropriate accompaniments, served from the dining room servery on an individual portion basis, depending on the likes or dislikes of each resident. One member of staff spoke to inspectors of the importance of "doing with, not for" the residents in the unit they worked on.

A wide range of activities were available and observed by inspectors, live music, quizzes, sonas group, poetry and plans were being made for an "Alzheimer" tea party to be held to support the national charity with community involvement. The centre employs a full time activities coordinator and an activities assistant, who planned and facilitated both individual and group activities. Outings took place regularly, a minibus was available to enable shopping trips and visits. The most recent trip was to Blanchardstown shopping centre where a number of resident enjoyed a days shopping and coffee. Staff were observed engaged with activities and interacting with residents. Exercise sessions took place four times a week and walks around the grounds were available. Links were maintained with a local active retirement group. Many of the activities were inclusive of residents' with cognitive impairment.

A number of residents spoken to by inspectors enjoyed their own company, but appreciated the information leaflet about forthcoming events and the contact with staff and the activities staff to inform residents regarding forthcoming events. One resident had enjoyed playing music, but now owing to poor vision was unable to take part. The resident told inspectors he enjoyed the regular live music sessions at the centre, and listening to local radio in his room.

A schedule of events was also on display in each unit. Newspapers were seen to be available to residents, current affairs sessions were held regularly on the activities programme. Some residents' were observed by inspectors spending time in their bedroom, and told inspectors they enjoyed quiet time and privacy there. Visitors who spoke to inspectors felt they were welcomed at all times. Each unit had a quiet reading room where private visits may take place. Staff demonstrated a high level of awareness of the privacy and respect to all residents at the centre.

Resident's rooms were spacious, well decorated with soft furnishings and contained many personal items including photographs and personal belongings.

Inspectors confirmed by reviewing training records and speaking with staff that all staff had received training in the prevention and detection of elder abuse. Links were in place with advocacy services for older persons and persons with acquired brain injury.

### 3. Healthcare needs

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### Evidence of good practice

Each resident has a comprehensive assessment completed by the person in charge or her deputy prior to admission. A sample of residents' assessments and documentation including care plans and risk assessments were reviewed by inspectors. All were found to be detailed and individualised, containing information which was confirmed by the residents concerned.

Links between staff and residents' general practitioners (GPs) were well established. Inspectors looked at a sample of residents' records and found that medical reviews were documented as completed at least three monthly and more frequently for some residents. Records of any specialist referrals made were documented and copies of the referral letters kept. A record of consultation with the resident and / or their relative was also referenced. Inspectors confirmed that referrals had been made to a specialist in Dublin, and psychiatry of old age.

Four separate GP's had links with the centre, one of whom visits on a daily basis. Residents were invited to maintain their own GP or alternatively register with a more local one. Medication charts reviewed by inspectors were all original and signed by a GP to allow for safe medication administration by nursing staff. Policies were in place informing practice, and close links were maintained with pharmacy professionals, regarding medication safety and procedures. Systems and documentation was in place to manage a near miss or drug error report. Inspectors were satisfied that the systems were robust and the practice observed by nursing staff was safe.

Staff nurses interviewed by inspectors discussed examples when it had been necessary to contact the on call service out of hours and the arrangements for contacting the GP when review of the resident was needed.

Physiotherapy was available from the Health Service Executive (HSE) and on a private basis. The HSE presently has an arrangement to rent the therapy room at the centre Monday to Friday where a community physiotherapy service run. This was accessed by referral made by the GP. The private service runs at weekends and evenings, and residents told inspectors the first initial assessment was free on charge, and ongoing the charge was extra to the fee.

Occupational therapy and dietetic services were available for residents by referral through the GP to the HSE services. Residents and relatives confirmed access to optical and dental services. Chiropody was available through the HSE and a private provider undertook a clinic in the centre, and this was extra to the fee.

The local palliative care team, based in Navan, provided advice and support to nursing staff regarding end of life care. The person in charge told inspectors that a new healthcare facility beside reception is near completion and a local medical practice will be located in close proximity on site.

## 4. Premises and equipment: appropriateness and adequacy

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

### Evidence of good practice

Overall the premises were well maintained and hygienic. The reception area was bright and welcoming. Corridors were wide and spacious, and doors to all bedrooms and communal areas were accessible to wheelchair users. All the private single bedrooms were spacious, well decorated and furnished to a high standard. Many of the rooms had personal items such as photographs and mementoes of individual residents.

There was a choice of communal areas available to residents including day rooms, reading rooms, an oratory, a large reception room, with seating and fireplace feature. The coffee shop opened daily and was situated at the front of the building with a view to the gardens. Outdoor seating was available in the gardens and to the front of the building. There was a treatment room. A room was available for chiropody.

The tables in the dining rooms of were covered in coordinating cloths and were well laid, the colours chosen worked well to provide a relaxed environment. The head chef confirmed that when they were visited last year by the Environmental Health Officer they were in compliance with relevant legislation, and had addressed a small number of issues outlined in their report. The dining areas were separate to the living areas, and staff told inspectors some residents liked to assist with preparing the tables and cutlery for mealtimes, and enjoyed this role. However, a high level hospitality and service was evident it did not infringe on any residents who wished to help out at mealtimes.

The dementia specific unit was spacious, but with a homely feeling, it lacked any clinical features, and nursing and care staff were unobtrusive. The soft furnishings allowed for a quieter noise level, and objects including hats and rummage boxes were placed in some areas near seating on corridors.

There was a thorough infection control process and cleaning schedule. All rooms and areas of the centre had a schedule which listed cleaning duties specific to that area and was signed each day by household staff. These records were all up-to-date on the day of inspection. Household staff were able to describe infection control measures and discuss the infection control policy with inspectors. There were colour coded mops, hand gels, disposable gloves and aprons available throughout the units. All residents had their own toiletries, and en suite facilities. There was sufficient bath and shower rooms which were decorated to a high standard, and found to be domestic in nature, with privacy locks and call bell facilities available.

Waste disposal was managed well, with clinical waste segregated and stored in a secure discrete sluice area. All used sharps were disposed of correctly in hard, well labelled containers. Clinical sluice rooms were available on each floor, accessible by keypad and contained adequate sluicing equipment.

The laundry room was well equipped and organised. Residents' clothes were washed and ironed and then delivered back to residents' wardrobes. A separate staff member was employed to wash and iron sheets and towels. Staff followed procedures in place for dealing with day to day collection and management of resident's laundry.

All clothing was clearly labelled and items requiring segregation and higher washing temperature were managed well. The laundry person spoken to was knowledgeable about her work, and was able to speak about her role in and how clothing was managed.

Inspectors saw all corridors and communal areas including toilets and bathrooms were free from any excess equipment and obstruction. Designated secure storage areas were in place.

The person in charge had a private office, and a separate administration office was available.

#### **Minor issues to be addressed**

There was no separate hand washing sink available in the cleaner's room.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Residents and relatives were kept up to date and well informed regarding any planned activities with individual leaflets, posters and by staff working at the centre. One activity involving live music from the programme was substituted for another activity and this was communicated using the leaflet prepared by activities staff.

Newspapers both local and national were available at reception or delivered to the resident's room. The day rooms had large screen televisions, where international news channels were available.

Inspectors saw that residents needs were central to staff and directed what was provided. The residents' committee meeting held regularly meetings, and discussed outings and events at the centre. A team approach was used to planning and preparing for events and celebrations at the centre.

Some events were in cooperation and collaboration with residents from the village, who also used the facilities at the centre including the oratory, coffee shop and hairdressers. A computer was available in the activities room, and some residents were seen to use the activities room independently to undertake their own personal activities.

Inspectors observed good practices where staff were seen communicating skilfully with residents' with dementia. Staff talked to residents and provided care in a gentle manner specific to residents' needs. Care assistants were skilled in communicating both verbally and nonverbally with residents.

Appropriate assistive devices were available to residents who required them. An audio loop system was installed and was used daily in the oratory for mass. Telephones were available in each room, a number of residents had like to use their own mobile telephones.

Information was available to residents and relatives at reception, and from the person in charge. Notice boards were present in all four units with details of what activities were available, the activities staff were visible and available during the day.

Health promoting and general information leaflets were seen to be available to both residents and their relatives.

Residents were encouraged to participate in the running of the centre, and invited in the Resident's Guide to let their views and opinions be known to the management. Two separate relatives confirmed that this was custom and practice, and residents' opinions and personal preferences were actively sought.

The complaints' policy was on display at the reception, and how to make a complaint was clearly detailed in the Resident's Guide, with details of the appeals procedure outlined. Residents confirmed they would know who to speak to if they had any concerns or issues.

Each resident had a clearly written contract of care which outlines the services available as part of the fee and which services are extra to the fee.

Overall, residents and relatives interviewed were satisfied with the information and how it was communicated to them by all staff and visiting professionals.

Information systems used for nursing and medical documentation were confidential and respected the privacy of the resident and relatives. Recently, a new system had been implemented and the centre had moved away from using the electronic system previously in place.

Staff handovers were held in private offices, and space was available relatives who may need to discuss any issues with the care or nursing staff.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

All staff were seen by inspectors to be enthusiastic and knowledgeable about their roles and had a person-centred attitude to their work. All routines were flexible to the needs and wants of the residents.

A monthly staff roster was available. This demonstrated a good skill-mix of staff on duty over a 24-hour period. The rota also reflected training such as fire evacuation, the layout of the centre, resident numbers, dependency, staff qualifications and training.

All new staff members received a detailed two week induction programme and supervision. Inspectors reviewed the actual roster for the previous month and the current roster. Induction programmes were documented for new members of staff to ensure that new staff are adequately prepared.

Ledwith is a dementia specific, and caters for resident with a primary diagnosis of dementia. Staffing is reviewed by the person in charge, on a regular basis. Staff working on this unit had undertaken further training in dementia care.

Residents informed inspectors that they were comfortable with staff and from the conversations and interactions observed during inspection, it was evident that there was an excellent rapport between staff, residents and relatives.

Staff worked 12 hour shifts which supported continuity of care. Nursing and care staff attend a handover at commencement of their working hours, they are allocated a group of residents to care for and updated with regard to any changes in residents condition and key duties to be completed. A number of staff from each department attend a brief stand up communications meeting in the coffee shop each morning to pass relevant information to other members of the team on a need to know basis.

All staff spoken to stated they had received adequate training opportunities through internal and external education days. There was an ongoing programme of staff training including manual handling, fire safety, food safety, crisis intervention

training, elder abuse and medication management. Some members of staff had attended courses nationally and in the United Kingdom.

One member of nursing staff who had completed a course in dementia care told inspectors that she felt it had enhanced her practice and demonstrated a calm and caring approach when interacting with the residents.

Seven of the 38 care assistants had completed Further Education and Training Awards Council (FETAC) Level five training. A further three care assistants were working towards this award. A comprehensive in service training programme for all grades of staff was in place. Food hygiene training was available and 47 staff had completed this with 12 in progress. All grades of staff had completed the elder abuse awareness training. Health and safety training with chemical safety had been completed by the majority of staff working at the centre. A detailed staff training matrix was available. Staff spoken to were able to articulate how they put their training into practice.

A sample of six staff files reviewed by inspectors confirmed that the centre is in compliance with current legislation.

Inspectors confirmed from staff files, and meeting staff that staff completed annual performance reviews with the person in charge. The records were kept confidentially and the files were found to be well organised and updated with training records.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and two clinical nurse managers to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

#### ***REPORT COMPILED BY***

Leone Ewings  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

17 June 2010

| Chronology of previous HIQA inspections |  |
|---|--|
| Date of previous inspection             | Type of inspection:  |
| None                                    | <input type="checkbox"/> Registration<br><input type="checkbox"/> Scheduled<br><input type="checkbox"/> Follow up inspection<br><br><input type="checkbox"/> Announced<br><input type="checkbox"/> Unannounced |

## Action Plan

### Provider's response to inspection report

|                            |                            |
|----------------------------|----------------------------|
| <b>Centre:</b>             | Knightsbridge Nursing Home |
| <b>Centre ID:</b>          | 0145                       |
| <b>Date of inspection:</b> | 29 April 2010              |
| <b>Date of response:</b>   | 29 June 2010               |

### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider is failing to comply with a regulatory requirement in the following respect:

Detailed audit from accident/incidents was not taking place in order to inform practice to prevent accidents/incidents re-occurring, with results discussed and documented at clinical meetings.

#### Action required:

Review arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

#### Reference:

Health Act, 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety

| Please state the actions you have taken or are planning to take with timescales:   | Timescale:  |
|--|---|
| <p>Provider's response:</p> <p>Accidents and incidents are now reviewed on a monthly basis by the manager and the four health &amp; safety coordinators in the home. Details of the findings are recorded in the minutes of the meeting which are then distributed and discussed at heads of department meetings where action plans are formulated.</p> <p>As part of its ongoing clinical governance and quality assurance scheme the home has also in the process of implementing the following:</p> <ul style="list-style-type: none"> <li>▪ a new strategy for the identification and the management of risk from falls and the reduction of associated fractures</li> <li>▪ falls prevention audit tool</li> <li>▪ falls and fracture risk/intervention tool</li> <li>▪ resident environment and orientation tool</li> <li>▪ falls care plan</li> <li>▪ core competencies falls champion / link nurse falls prevention training tool</li> </ul> | <p>End of June</p> <p>Draft Documents implemented by 1 July</p> |

| <p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p>  |                 |
|---|-----------------|
| <p>The statement of purpose was not in full compliance with the legislation, in that it did not contain the name of the Chief Inspector of Social Services or satisfactory detail of the type of care provided.</p> |                 |
| <p><b>Action required:</b></p>  |                 |
| <p>Review the statement of purpose and ensure it is compliant with the relevant legislation outlined below.</p>   |                 |
| <p><b>Reference:</b></p> <p style="padding-left: 40px;">Health Act, 2007<br/>Regulation 5: Statement of Purpose<br/>Standard 28: Purpose and Function</p>   |                 |
| Please state the actions you have taken or are planning to take with timescales:  | Timescale:      |
| <p>Provider's response:</p> <p>The statement of purpose has been re-written and submitted to the Authority for approval.</p>  | <p>Complete</p> |

**3. The provider has failed to comply with a regulatory requirement in the following respect:**

Review staffing requirements for additional beds applied for and ensure adequate provision is in place based on the proposed purpose and function.

**Action required:**

Submit proposals for recruitment and staffing requirements to chief inspector.

**Reference:**

Health Act, 2007  
Regulation 16: Staffing  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications

**Please state the actions you have taken or are planning to take following the inspection with timescales:**

**Timescale:**

Provider's response:

A spreadsheet has been provided to the Inspector detailing the staff numbers currently employed for the additional beds. Recruitment is ongoing for the outstanding vacancies.

Complete

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

| Standard                             | Best practice recommendations   |
|--------------------------------------|---|
| Standard 25:<br>Physical Environment | Consider provision of a separate hand washing sink in the cleaner's room.<br><br><b>Provider's response:</b><br><br>A separate hand washing sink will be installed in the Cleaners room by the end of July. |

**Any comments the provider may wish to make:**

**Provider's response:**

None received.

**Provider's name:** Catherine Condon

**Date:** 30 June 2010