



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Kilbrew Recuperation and Nursing Care
Name of provider:	Kilbrew Recuperation and Nursing Care Limited
Address of centre:	Kilbrew Demense, Curragha, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	29 June 2021
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0032622

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	49
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 29 June 2021	09:15hrs to 17:30hrs	Nuala Rafferty	Lead
Wednesday 30 June 2021	09:00hrs to 17:00hrs	Nuala Rafferty	Lead
Tuesday 29 June 2021	09:15hrs to 17:30hrs	Lorraine Wall	Support

## What residents told us and what inspectors observed

Overall, inspectors found that residents were well looked after, were supported and assisted to be as independent as possible in their day to day life and felt content with life in the centre. The provider had made a number of changes in response to the previous inspection to improve the delivery and management of care and services. However significant focus and efforts were now required to improve the oversight and governance of the centre so that a high quality, safe and appropriate service is delivered for the residents going forward.

The inspection took place over two days and inspectors spent time chatting with residents in the communal areas and around the grounds of the centre to see what life was like for residents living in the centre. Inspectors also chatted with relatives and spent time reviewing records of communications, meetings and other feedback forums available to residents and their families and advocates. Inspectors also spent time observing the interactions between residents and staff.

Residents and their family and friends were very positive about the way they were looked after and the efforts of staff to take care of their needs. Residents and visitors were seen chatting comfortably and easily to staff and managers. Those residents who were more dependent and who could not talk with the inspectors, appeared comfortable and did not show any signs of anxiety or distress.

Residents were seen to enjoy the activities facilitated by the activity co-ordinator throughout each day, including singing, gardening activities and a chair fitness class. There were high levels of participation and the residents who attended said they really enjoyed the group activities. Inspectors also observed that staff who supervised the communal areas were diligent in ensuring that residents were safe and had access to leisure activities through reading the newspapers magazines and facilitating residents to choose what to watch on television. The inspectors were told about other activities that take place throughout the week such as movie days, tea parties, stone painting, knitting, karaoke and bingo.

For those who did not participate in group activities or who needed a quieter space, one to one sessions were arranged in the privacy of their bedroom. Some residents proudly showed off artwork that decorated the walls of their bedrooms.

The inspectors saw how staff had made great efforts to maintain links between residents and their families during the recent visiting restrictions, which included regular updates on the activities their loved one's were taking part in daily.

Residents told the inspectors how some staff whilst on holidays would purchase presents for them such as t-shirts hats and beads.

Many residents were seen to spend a lot of time outdoors enjoying the gardens and grounds with their visitors, staff or in groups together. Inspectors saw several

residents enjoying the sunshine whilst seated in the well maintained courtyard and gardens, having tea and cake at the picnic benches or on the grass, or taken for walks through a variety of walkways at the front and side of the centre. The grounds of the centre were in bloom with lots of flowers, shrubs and container plants to draw the eye. The inner courtyard also contained a lovely memorial to remember those who had passed away.

Residents who were only living in the centre for a short period of time told the inspectors that moving into the centre was a very big change to their lives and that they were still trying to adjust. However they said that staff were very kind and respectful and that they felt safe living in the centre.

Some relatives told the inspector that they were consulted with throughout the admission process of their loved ones and that they continued to be involved in the resident's on-going care in the centre.

Residents told the inspectors that their independence and choice were respected in their day to day life giving examples of how they could choose the time they got up or went to bed, choosing what they would like to wear and whether they wished to be involved in the activities available.

Residents also spoke of their delight in seeing their family and friends again and how much better it was now that visiting restrictions had eased. They reminisced about how difficult it was during the COVID-19 pandemic in 2020 how they missed their loved ones and the loss of friends in the centre. Residents also expressed delight at having received their vaccinations.

Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were warm, empathetic and respectful in their interactions with residents and were observed to respond to residents needs and call bells promptly, while maintaining their privacy and dignity

There was evidence that residents were being involved in the development of their care plan and where appropriate relatives were involved in their review. Inspectors viewed evidence of monthly residents meetings which showed good levels of attendance. The meetings were facilitated by an external advocate and some residents told inspectors they felt empowered to offer their opinions and suggestions on life in the centre.

Staff had devised a number of ways to keep in touch with families and support their understanding of changes such as visiting, community outings or vaccinations. These included a regular family newsletter, skype and zoom meetings.

Residents bedrooms were mainly bright comfortable spaces with many filled with residents' photographs, pictures and personal possessions. Bedrooms were of an adequate size to allow ease of movement and were suitably furnished for storage with wardrobes or chest of drawers shelving and lockers. Residents said they were happy with their rooms

Residents were complimentary about the choice, quantity and quality of meals available in the centre. The inspector observed that some residents had their meals in one of the dining areas, while others chose to have their meal in their own bedrooms. Staff were observed to assist residents discreetly and respectfully, however the inspectors observed that those residents who remained in their rooms appeared to have a longer waiting time to be assisted with their food.

The inspectors observed meals being provided at lunch time and tea time. The food was freshly prepared in the centre's own kitchen, the meals were well presented and served hot in the dining rooms. Residents were seen to chat happily together during their meals.

The next two sections of the report will describe the findings of the inspection under the relevant regulations, firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

## Capacity and capability

This inspection found recurrent non-compliances in relation to the governance and management of the service. The provider, person-in charge and the senior management team had not adequately directed, monitored, or supervised the conduct and operation of the service in a manner that ensured a high-quality safe service was provided for the residents living in the designated centre. As a result the inspectors found that the service was not compliant in a number of the regulations including; training and staff development, risk management, premises and infection prevention and control.

This was an unannounced risk based inspection conducted over two days to assess the compliance with the Health Act 2007 and the centre's preparedness for a Covid-19 outbreak. Inspector's also followed up on non-compliance's found on the previous inspection and the provider's responsiveness to address those findings.

Kilbrew Recuperation and Nursing Care Limited is the registered provider for Kilbrew Recuperation and Nursing Care (Kilbrew Nursing home). A governance structure was in place with associated roles and responsibilities. The senior management team included the provider representative, person-in-charge and two assistant directors of nursing. There was also a front line management team which consisted of a financial controller, a clinical nurse manager and catering and household supervisors. In addition a nurse in charge and lead health care assistants were identified on the roster each day.

Inspectors saw evidence of good efforts by the management team following the last inspection to improve governance and management within the centre. These included the creation of formal structures to improve decision making processes and establish communication and consultation forums with front line managers and staff.

As a result the provider had improved compliance in the following regulations; the implementation of policies and procedures, assessment and care planning, health care and complaints.

Improved communication with residents, staff and relatives was also found on this inspection and this included newsletters, meetings and staff surveys.

Although there were sufficient numbers of senior staff on duty throughout the inspection, inspectors observed that monitoring and supervision of staff practices was not sufficiently focused or skilled to ensure that both direct and non-direct care practices were delivered appropriately and in line with current best practice guidance. For example the inspectors found that the daily care interventions were not recorded in respect of several residents on the day before the inspection. This meant that the nursing staff, or management team, could not provide assurances that care was delivered to those residents to meet their assessed needs. Documented assurance that those residents who required to be re-positioned frequently at two or four hourly intervals was also not available. This was a particular concern because the inspectors had observed that one resident remained in the same position in bed throughout the day.

Plans were in place to meet planned and unplanned staff absences and records showed that recruitment practices were compliant with employment and equality legislation. An Garda Síochána vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

Evidence that staff had access to and attended mandatory training in safeguarding moving and handling, fire safety and infection prevention and control was seen. Staff, whose role and remit required it, also received training in HACCP. However, inspectors found gaps in skills and competencies of staff, appropriate to their role. Inspectors found that some staff were not sure of, or consistent in, cleaning practices such as the frequency for changing mop heads and water. In addition staff were not cleaning equipment such as hoists and communal slings after every use.

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available. Relevant policies had been reviewed to reflect the national guidance contained in 'Interim Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Covid-19 Cases and Outbreaks in Residential centres V6.4 of 19 April 2021. However, inspectors were not assured that all policies were being fully implemented in a consistent manner. Examples included the risk management policy where neither a risk management committee or a risk register had been established as directed in the policy. The identification and management of hazards and risks in the centre was poor. Although some efforts had been made to improve the management of risk in the centre, inspectors found that the management team required more knowledge and understanding of risk analysis and auditing processes to establish an effective system. For example the risk associated with the placement of bottles of hand hygiene gels and liquids on hand rails throughout the centre had not been identified and managed. This presented risks to residents from accidental ingestion



and obstruction of the hand rails which might lead to trips or falls.

The centre had a complaints policy and procedure in place and a number of complaints were recorded. Inspectors found that resident's complaints and concerns were promptly managed and responded to, by the designated complaints officer and there was a comprehensive record kept. Complaints had been promptly investigated and closed off to the satisfaction of the complainant. However, aspects of the process required to be reviewed. Inspectors found that there were two complaints processes in place in the centre, one of which was out of date. The older version contained the names of persons no longer involved in managing complaints in the centre and created confusion for residents and relatives. It could also potentially delay the management of any complaints.

An annual review was completed in respect of the manner and standard of services delivered to residents throughout 2020. The report included feedback from residents.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre who met the requirements of the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels and skill-mix on the day of inspection were sufficient to meet the assessed nursing needs of the 49 residents living in the centre. Rosters viewed showed that there were a minimum of three registered nurses on day duty at all times, and two on night, which exceeded the regulatory requirements.

Judgment: Compliant

#### Regulation 16: Training and staff development

Inspectors identified the need for improvements in skills and competencies for staff and supervisory managers in the following areas:

- Supervision and monitoring of practice,
- Risk identification,
- Quality assurance processes such as audits and analysis of information

collected.

- Housekeeping staff were not adequately trained in environmental cleaning processes.
- Care staff were not adequately trained in procedures for human waste management, bedpan reprocessing and equipment operation.

As a result staff were not being appropriately supervised in their day to day practices in key areas such as housekeeping, cleaning of equipment and infection prevention and control procedures.

Judgment: Not compliant

### Regulation 21: Records

This regulation was not fully inspected, however inspectors did review records related to employment records, complaints and records related to management of resident's finances. All were found to be well maintained and met the requirements of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management systems were not sufficiently robust to assure inspectors that safe and appropriate care and services were being delivered for the residents. As a result the inspectors found significant non-compliances on this inspection which had not been identified by the provider or the management team. In addition the provider had not addressed a number of non compliances from the previous inspection in relation to the governance and oversight of the service and the supervision of staff.

Roles and responsibilities throughout the organisation were not clearly defined and communications and reporting structures were not clear for all staff. As a result key issues were not being reported to a responsible person. For example, a number of bed-pan washers were faulty on the day of the inspection and this had not been notified to senior managers in the centre.

This lack of clarity also impacted on how risks were managed in the centre and the inspectors identified a number of risks during this inspection that had not been picked up by managers or staff working in the centre and were not being managed. Risks were found associated with; the placement of hand sanitisers and gels on handrails in corridors; inappropriate, and in some areas, haphazard storage of personal protective equipment; poor and ineffective decontamination practices; gaps

in the recording of care delivery.

Although some improvements had been made in relation to the premises more resources were required to bring the premises into compliance with Schedule 6 of the regulations. This is discussed further under Regulation 17 in this report.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place, however the complaints procedure was not displayed prominently within the centre.

The inspectors found that one of the complaints procedures did not contain the correct information, however this was immediately addressed.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the regulations were available and had been reviewed in a timely manner. Relevant policies had been updated to include COVID-19 guidance in 2021.

Inspectors were not assured that the following policies were being fully implemented :

- Risk management
- Infection prevention and control
- Health & Safety of residents, visitors and staff.

Judgment: Not compliant

## Quality and safety

The quality of care delivered to residents was of a good standard. Overall, the inspectors found that residents' rights for choice, self-determination and autonomy were supported and their rights to dignity and privacy were upheld. Information was available to residents and advocacy services were available. However due to the non-compliances found on the inspection the inspectors were not assured that residents

were adequately protected from hazards and infection risks. Following the inspection the provider was required to submit an urgent action plan to address a number of these issues.

Appropriate processes were in place to protect residents from abuse and these were being implemented. The inspectors spoke to several residents and those residents who could voice their opinion told inspectors that they felt safe. Inspectors also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

Evidence of significant work to improve the assessment and care planning process was found on this inspection and a culture of care delivered through a rights based approach was being fostered.

Residents' assessments reflected their needs and the care plans outlined the care they required to meet these needs. They included specific details about the resident's needs, likes and preferences which ensured residents needs were met, in line with their wishes. There was good access to health care services including occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and podiatry services. Residents also had access to allied health and social care professionals such as, physiotherapy, occupational therapy, dietetics, optical, dental and podiatrist services. The residents were seen by their general practitioner on a regular basis, however it was not always clear whether these included a full medical review.

The centre had facilities for activities and recreation and residents were offered choice in which activities they would like to take part. Residents had the option to complete personal activities in their own room. Residents had access to radio and television. Residents appeared up to date with current public health guidance e.g. in relation to visiting. Throughout the day the inspectors observed staff speaking with residents in a positive and friendly manner which respected resident's dignity and independence. Residents were offered activities in line with their interests and capacities during day one of the inspection. Staff knew the residents well and this was evident in their communication.

The centre had regard for residents of different religions, with a variety of mass and prayer sessions offered.

Residents received visitors by appointment and the visiting arrangements in place were safe. Residents were very happy to have their families and friends visiting them once again.

On this visit inspectors observed that some, though not all, practices and procedures reflective of the current national guidance on infection prevention and control practices, for managing an outbreak of infection were in place. This included monitoring all visitors and staff for signs & symptoms of Covid-19 on entry to the centre, compliance with guidance on visiting and provision of sufficient hand sanitisers and gels. Considerable improvements were identified as required in this area.

A COVID-19 self-assessment on preparedness planning and control assurances for infection prevention and control was completed by the provider. Inspectors reviewed the self-assessment dated June 2021 and found the provider had judged themselves as meeting the standards or as working toward meeting the standards in all sections. However, the findings of this inspection identified areas where there were significant improvements were required under most of the standards.

An assessment of preparedness and contingency planning for a COVID-19 outbreak was also completed by the provider and reviewed by inspectors. The provider judged themselves as compliant or substantially compliant to questions under each specified regulation. The findings of this inspection do not fully support that judgment as significant improvements in infection prevention and control were required. However, inspectors did observe that there were some good practices in place. Examples included the frequency, and the attention to detail, shown by the household team to the cleaning of armchairs and cushions used by residents, and also the regular cleaning of curtains and carpets and other soft furnishings.

Overall, the care home environment was visibly clean comfortable and well maintained, however improvements were required to ensure that the premises was well maintained and that all equipment was fit for purpose and in good working order.

#### Regulation 10: Communication difficulties

A review of residents care plans found that there were appropriate strategies in place to guide staff on best methods of communication with residents with communication difficulties such as speech or sight impairments, aiding the resident to communicate as freely as possible.

Judgment: Compliant

#### Regulation 11: Visits

Visiting had recommenced and the provider had put arrangements in place in line with national health surveillance and protection guidance on visits to Long Team Residential Care Facilities (LTRCs). A procedure had been developed and implemented which maximised the residents and their relatives safety and minimised the risk of bringing COVID-19 into the centre

Judgment: Compliant

## Regulation 17: Premises

Improvements identified on the last inspection in relation to the provision of an additional shower room in proximity to bedrooms 40, 41 and 42 was addressed.

The care environment and facilities available did not fully meet residents assessed needs in line with the centre's statement of purpose or conform to all of the matters as laid out in Schedule 5 of the regulations:

- Some equipment was not maintained in good working order.
- There was a lack of appropriate storage and sluice room facilities.
- Sufficient hand wash dispensers were not available
- A number of areas were in need of refurbishment and redecoration
- A number of items of equipment, fixtures and fittings required maintenance, repair and/or replacement
- Signage to identify the use of each room in the centre was not in place

Judgment: Not compliant

## Regulation 26: Risk management

Risk management structures were not yet fully established and were not embedded in practice. The following were not yet in place or not yet completed;

- Arrangements for hazard identification and risk assessment.
- Measures and actions required to control the risks identified.
- A risk register or risk management committee were not in place
- Risks were identified on the inspection including risks associated with haphazard and disorganized storage, broken equipment and location of bottles of hand sanitising liquids on hand rails in corridors.

Judgment: Not compliant

## Regulation 27: Infection control

Inspectors observed evidence that staff had received up to date training in COVID-19 precautions, prevention of the transmission of the COVID-19 virus and use of personal protective equipment (PPE) and demonstrated knowledge of the principles of training. However, the inspectors found that the training was not fully implemented in practice in respect of the World Health Organisation's (WHO) five moments of hand hygiene guidance, face masks and environmental and infection

control audits.

Inspectors also found that the resources available, did not enable or support staff to meet best practice in infection prevention and control.

Areas where infection prevention and control practice was not consistent or posed a risk of spreading infection was found and improvements were required, some of these included;

- Clear specifications on the method, techniques and chemicals used to clean the premises and equipment.
- Cleaning schedules to ensure all areas of the centre were cleaned thoroughly and regularly.
- Cleaning schedules to ensure all communal equipment was cleaned in between each use were not in place.
- A monitoring system to ensure the implementation of every cleaning schedule in particular to ensure the cleaning of communal equipment after each use.
- A system to clean frequently touched areas twice daily was in place, however the list did not include all frequently touched areas such as (but not limited to); bed rails, call-bells, toilet seats and flush handles, computers, keyboards and medical equipment.

Inspectors also found that the resources available, did not enable or support staff to meet best practice in infection prevention and control. The following were identified as contributing factors to the standard of infection prevention and control practices found:

- Sterilization machines were out of order at the time of this inspection and assurances were required that the thorough decontamination of equipment such as urinals, bedpans and commode inserts was in line with best practice. Following the inspection the provider gave acceptable assurances that interim measures were put in place to mitigate the risks until repairs or replacements were finalised.
- Appropriate sluicing facilities were not available. There were three designated sluice rooms in the centre, but they were not equipped in line with 'The National standards for infection prevention and control in community services' and HBN 009. Access was also restricted to one of these sluice rooms and it was therefore not always available for use.
- Clinical wash hand basins were not yet readily available to staff in areas where these might be required to manage outbreaks of infection such as on corridors where resident's bedrooms were located.
- All wash hands basins, designated as 'clinical' wash hand basins, need to be reviewed to ensure they conform to infection prevention and control standard HBN 0010
- It was also noted that some of the furniture and fittings throughout the centre required repair or replacement where the surface of work tops, lockers wardrobes and other furnishings was chipped or broken. Also indent scratches and cracks were noted on doors and door surrounds and rust was visible on metal storage cupboards and radiators. A programme of

replacement of furniture and fittings was required in order to ensure effective cleaning of all items and assurance of prevention of infection.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessment and care plan reviews took place within a four month period or more frequently if required.

However, on review of a number of care records, evidence that care was provided to meet all of the residents assessed needs in line with their care plans was not always documented. Examples included repositioning of residents at risk of developing pressure ulcers and care interventions for personal hygiene. In addition an individual assessment or care plan was not in place for every identified need

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors found that residents were provided with medical care and allied health professional interventions as they required in a timely manner.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A review of resident's care plans identified appropriate management of responsive behaviours - triggers and de-escalation techniques for residents with responsive behaviours was outlined within their care plans as guidance for staff and techniques were under evaluation. The responsive behaviours reviewed were appropriately managed in a manner that was not restrictive.

These care plans had been reviewed in a timely manner.

All staff within the centre had been trained in the management of responsive behaviours and had up to date knowledge and skills, appropriate to their role, in order to respond and manage the behaviour.



Judgment: Compliant

### Regulation 8: Protection

The provider had taken all reasonable measures to ensure residents were protected from abuse.

Staff had attended training in safeguarding of vulnerable adults, and were aware of how to identify and respond to alleged, suspected or actual incident of abuse.

Residents reported that they felt safe within the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

An activities coordinator was employed in the centre and the inspector observed various meaningful activities on the first day of the inspection, both indoors and outdoors in the courtyard garden.

The inspectors found that activities for residents under the age of 65 would benefit from review. Some residents, who were under the age of 65 had previously accessed external day services, but these had been suspended due to the COVID-19 pandemic. These day services promoted the development of skills to enable and maintain independence. However, efforts to explore whether, or when, these services would be re-opened, or viable alternatives to replace them had not been recently explored. The activities programme in place at the time of inspection did not include elements that would contribute to the development or maintenance of life skills.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Kilbrew Recuperation and Nursing Care OSV-0000143

Inspection ID: MON-0032622

Date of inspection: 30/06/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• A full review of the training provided to all staff members has taken place.</li> <li>• A new schedule of training relevant to the different department requirements together with our mandatory training program has been developed.</li> <li>• Clean Pass training program for the household department commenced on the 4/8/21 and will be completed on the 18/8/2021.</li> <li>• Training in the areas of supervision, quality assurance and auditing and analysis has been sourced a booked for September 2021.</li> <li>• New equipment has been sourced and first new piece of equipment installed on 5 /8/2021 training for the staff in the use of this piece of equipment has been provided for the staff.</li> <li>• Staff education on Risk management for senior members of staff</li> <li>• Staff education on-Introduction to management and Leadership for nurses and Midwives by INMO professional education Centre for all staff nurses.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The Registered Provider has provided additional resources for equipment and upkeep of the premises. A program of refurbishment has restarted now that COVID-19 restrictions are easing.</li> <li>• Meetings have taken place in July and August with each department to introduce the</li> </ul>	

criteria for daily actions and activities. Everyone, as part of a team, known their roles and responsibilities, the system of management, level of authority and to whom they are accountable.

- Through the establishment of a more robust reporting mechanism each individual staff member is aware of the functions and their agreed accountability to the PIC.
- Daily meetings to establish and prioritise the care requirements of the residents with the ADON, CNM1 and Lead carers are taking place. A daily report of all the floor activities is sent to the PIC for review and to establish if any immediate actions are required.
- Weekly meeting are held with the PIC, ADONS, CNM1's, Leader carers to evaluate the care activities and outcomes of the week and to establish if there is a need to re-evaluate the processes currently in place.
- Handover report is used as another check that all tasks completed.
- Monthly staff meetings re-emphasise interactions between departments as key activity to a well-functioning house and delivery of quality and safe care. Zoom meeting times have been extended to ensure there is opportunities for the staff to ask questions and to engage with each other.
- The PIC and the management team motivate the staff towards a common goal of trust, openness, respect and caring by driving sustainable change to ensure safe high quality of care and resident satisfaction.
- A culture of open communication has been developed that is empowering the employees to engage with the management team in a constructive and proactive manner as identified during our recent performance reviews.
- A full review of the roles and responsibilities of the senior management team has taken place. The management structure and reporting responsibilities have been adjusted to reflect these changes and to ensure key information is informed to senior management.
- There is an organisation system in place that identifies the roles and responsibilities of each member of the team: (a copy of these roles and responsibilities were provided as an attachment to, and form part of, this plan)
- Monthly clinical governance meetings are held to ensure areas identified as needing intervention by the Registered Provider are made known to him.
- Hazard identification reporting has increased and through the lines of operational control any identified risk can be dealt will quickly and effectively.
- We have now two CNM1s whose role it is to work with the lead carers to ensure the experience of care for our residents is at the highest level.
- Frequent staff safety and communication huddles are in place to aid information flow. These meeting will take place the day, 0800, 1200, 1600 & 1930. Items that need attention immediately are communicated to the CNM1 on the floor who will assess the situation and advance the actions required to ensure a positive outcome for all.
- Auxiliary PPE stock has been re-organised safely.
- Decontamination practices rectified and training took place the first week of July. New procedures and audits are now scheduled.
- Checks are in place to ensure the required records are completed in a timely fashion.

Regulation 34: Complaints procedure	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• We have relocated the complaint procedure notice to a more accessible part of the building.</li> </ul>	
<p>Regulation 4: Written policies and procedures</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> <li>• A more comprehensive risk management tool has been sourced.</li> <li>• Training in the use of this tool will commence in September 2021</li> <li>• All staff members had attended the HSEelearning platform and the HIQA program. However, a more in house proactive program is be developed to meet the local needs of the unit.</li> <li>• Staff members who have challenges wearing PPE have been re- educated in their own roles and responsibilities enabling them to be more compliant with the IPC requirements.</li> <li>• The assessment of need under health and safety criteria has been further evaluated and using the tools provided by the HSA have been further developed to ensure all required actions are present.</li> </ul>	
<p>Regulation 17: Premises</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• An on-going refurbishment program is taking place. We have identified the need for interior updating and renovation that is scheduled to commence in August 2021. This program will be completed over a 18th month time frame to enable the delivery of equipment and the availability of workforce.</li> <li>• Auxiliary PPE stock has been reorganized</li> <li>• Additional storage has been provided.</li> <li>• Sluice facilities are being upgraded</li> </ul>	

- New signage installed on doors 15th of July 2021
- New hand washing equipment is being sourced and will be available in the doctor's room and the nurses stations.

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

- We have identified a training program that is due to commence in September that identifies and will enable the management of risk in a more proactive and reflective manner.
- While we had identified risks, we acknowledge that a more robust mechanism for dealing and evaluating the risk is required.
- A new policy and procedure will be developed in line with new training outcome.
- Risk register and risk committee established
- Additional gel holders were ordered on the 29/7/2021 and are awaiting installation on the 13/8/2021.
- New hand washing equipment is being sourced and will be available in the doctor's room and the nurses stations.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The Infection Prevention and Control Committee has scheduled meetings on a weekly basis
- Monthly In-service on IPC and Staff quiz will be commenced
- All the identified hazards have been removed hand gel on handrails, new bed pan washers are being installed and new hand gel dispensers have been installed throughout the center.
- The areas identified as being noncompliance have been addressed and a more multi departmental approach has been put in place to ensure staff adhere to their responsibilities in this area. This was discussed with each staff during meetings.
- Environmental cleaning training Clean Pass has been completed by the house keeping staff over the past 4 weeks
- Cleaning schedules have been reviewed and updated in light of the training received and are now in place. Schedules include cleaning program for the lounges, dining rooms, public area, desks areas, and storage and service areas.

- PPE equipment storage is organized and safer.
- Individualized cleaning schedules are in place to ensure all the communal equipment is cleaned and sanitized between patient interactions. Such as the hoists, wheelchairs, commodes.
- The rounds check list for the CNM1's which is carried out 3 times daily provide a monitoring system to ensure cleaning is carried out and the identification of areas that may need attention by the household team.
- Multi touch points cleaning schedule has been updated to include the areas identified.
- Development of a clinical equipment cleaning schedule and electronic equipment cleaning schedule is in situ and has commenced.
- Further in house training on the roles and responsibilities of all staff members in the area of infection control have been devised and is provided to the staff.
- New equipment has been provided to meet the sterilisation requirements, two new bed pan washers and a macerater. Staff training on new equipment provided when equipment in place. Each staff will sign they have watched and understand how to use equipment.
- New Washing stations have been ordered and will be in situ in the week of the 23/8/2021.
- An updating of IPC requirements will be part of the plan going forward as Public Health advice changes and current recommendations are no longer valid.
- Staff have been apprised again on their roles and responsibilities in relation to their own activities and how these activities impact on others. They have been further educated in the areas of hand hygiene, the wearing of masks, the disposal of waste products and the general need for attention to their actions.
- A refurbishment program has been identified and scheduled over the next 18 months.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
- Inservice education for Nursing staff on Understanding and Developing care plans for nurses and Midwives based on INMO professional education centre.
  - Inservice education for Nursing staff on Recording clinical Practice based on NMBI guidance
  - An audit on Individual assessments and care planning
  - Guidance on identifying residents needs and development of person-centred
  - 
  - care plan and system monitoring for RGNs by CNMs and ADON
  - The role of the health care assistant has been further explained to the staff.
  - The responsibilities attached to the role have been outlined in a clear and comprehensive manner.
  - The staff nurses, lead carers and health care assistants have been reeducated on the to ensure there is an accurate and contemporaneous account of the care they provide



and a further evaluated and their responsibilities outlined again to them.

- More supervision and monitoring have been put in place to ensure compliance with the desired outcomes.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Our own programs continue which our residents enjoy and we also ensure that they have access to the overall activity program.
- Establishing the needs and preferences of our residents is at the centre of our planning for them.

Structured activities for our residents with disabilities have commenced and we continue to seek advice and guidance from disability services regarding external activities that may be available through their service that our residents may attend

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/10/2021
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.	Not Compliant	Yellow	30/12/2021
16 (2) (c)	Make available to staff copies of relevant guidance issued from time to time by statutory and professional bodies.	Not Compliant	Yellow	30/12/2021

Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/10/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	30/10/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Yellow	30/10/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details	Not Compliant	Orange	30/10/2021

	responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/10/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	30/09/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	30/11/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents,	Substantially Compliant	Yellow	30/11/2021

	visitors or staff.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/11/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2021
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	15/08/2021
Regulation 04(1)	The registered provider shall	Not Compliant	Yellow	30/12/2021

	prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/09/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/08/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/09/2021