



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

Issued by the Chief Inspector

Name of designated centre:	Kiltipper Woods Care Centre
Name of provider:	Stanford Woods Care Centre Limited
Address of centre:	Kiltipper Road, Tallaght, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	10 May 2022
Centre ID:	OSV-0000053
Fieldwork ID:	MON-0036823

About the designated centre

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

Kiltipper Woods Care Centre (KWCC) is purpose built and was established in 2004. The centre provides 24-hour nursing care seven days per week and is designed to ensure the comfort and safety of residents in a home-like environment. The centre can accommodate 121 residents, both male and female. Residents have access to amenities and a host of recreational activities which provide for a warm and friendly atmosphere. The services and expertise of skilled and friendly staff enhance quality of life for all residents who live in the centre. The centre comprises of residential accommodation primarily in single en-suite bedrooms and a number of double en-suite bedrooms, a day care centre, rehabilitation hydrotherapy department and coffee shop. Kiltipper Woods is situated at the foot of the Dublin Mountains close to the M 50 and is serviced by the Luas Red Line in Tallaght and the 54A bus route. The care centre is also situated close to shops, public houses, restaurants, sports grounds and many other amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	105
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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 10 May 2022	08:15hrs to 19:10hrs	Margaret Keaveney	Lead
Tuesday 10 May 2022	08:30hrs to 19:10hrs	Niamh Moore	Support
Tuesday 10 May 2022	08:15hrs to 19:10hrs	Margo O'Neill	Support

What residents told us and what inspectors observed

Inspectors spoke with thirteen residents and a number of visitors, over the day of the inspection, to elicit their experiences of life in Kiltipper Woods Care Centre. From what residents told inspectors and from what was observed on the day of inspection, the designated centre was a pleasant place to live and residents' rights were respected in how they spent their days. Residents were complimentary of the care and support they received from the staff within the designated centre. One resident stated that they had "nothing but positive things to say about the place".

On arrival to the centre, inspectors were guided through infection prevention and control measures, which included recording of temperatures, completing hand hygiene and the wearing of face masks.

After meeting with the person in charge, inspectors completed a tour of the designated centre. Inspectors observed that many areas of the centre were nicely decorated with colourful and patterned wall paper, that had been chosen by residents living in the centre and that there was good directional signage throughout to assist with directing and orienting residents. Inspectors observed that many residents chose to spend time in the numerous communal areas available for their use, These areas were pleasantly decorated which created a calm and relaxed atmosphere in each, and staff were seen to supervise these areas throughout the inspection.

Some communal areas had distinct themes, such as a men's lounge which was observed to be furnished with comfortable armchairs, old style radios, framed pictures of football teams' crests and framed vintage advertising posters. Another area of the centre, known as the poetry corner, displayed poems by both residents and published poets. Many of the day rooms also contained items of interest such as fish tanks and games and sensory objects for residents' amusement and occupation. Other areas of the centre were decorated with prints and photographs of significant Dublin landscapes, for residents' interest.

The centre's oratory was located on the ground floor, and was found to be calm and inviting. It contained religious icons, beautiful stained glass designed by the Director of Nursing and fresh flowers, all of which added to the spiritual atmosphere in the room. Live mass was celebrated weekly and on Holy Days, with remote mass streamed to TVs in resident's bedrooms on all other days. Candles of remembrance were placed in the oratory to celebrate that lives of residents who had passed away while living in the centre, and inspectors were told that a ceremony was planned for the summer.

Resident's bedrooms were seen to be comfortable spaces, and were well maintained and personalised with pictures and photographs. Some of the bedroom had doors which opened into enclosed courtyards. Overall residents were very positive

regarding their bedrooms with some saying they 'loved their bedrooms'.

The centre had a number of safe outdoor spaces and gardens which were maintained to a high standard. The gardens were landscaped with mature trees and colourful plants, and contained raised flower beds and safe paved walkways for residents to use for exercise and fresh air. There was also ample colourful seating areas for residents and their visitors to use and enjoy. Inspectors also noted that there were fairy lights placed on some of the trees and buildings, which were lit at night to provide a nice ambiance to the garden. Many of the centre's lounge areas had doors that lead out to the garden areas, although most were unlocked on the day of inspection so that residents could access the outdoors as they chose, some doors were locked. This resulted in residents having to ask for assistance from staff to go outside. This was discussed with management who undertook to review the arrangements in place.

Residents' comments regarding staff were very positive, reporting to inspectors that the staff were 'great', 'very kind' and that 'they make you feel like yourself'. Residents stated that they never had to wait very long for assistance when it was required, and that there was always plenty of staff around. From inspectors' observations, staff appeared to be familiar with the residents' needs and preferences, and were respectful in their interactions. For example, inspectors observed a member of staff and a resident chatting over lunch about animals and animal documentaries that they had enjoyed. The staff member then offered to put on a new documentary they had recently seen for the resident which was available on the centre's television streaming account. Inspectors also observed that staff and residents enjoyed each other's company during activities like the centre's fitness class, where much fun and laughter was observed. All residents who spoke to inspectors reported they felt safe and secure in the centre.

Residents were seen to receive visitors throughout the day of the inspection. Inspectors spoke with 6 visitors who provided positive feedback about the service being provided to their loved one and reported that they were very happy that they were updated regarding their loved ones care reviews. Occupational therapy staff had developed an activity pack for residents and visitors to complete together. This was particularly aimed at residents who had difficulty communicating with their visitors and provided them with a means of engaging with their visitors.

There were two dedicated activity staff employed to coordinate and deliver the centre's activity programme. They were assisted by a designated carer, from each unit, from 14:00-16:00 hrs daily, in providing this important aspect of care for residents. The varied activity schedule was developed with centre's health care assistant and occupational therapy teams, and included live music three times weekly, chair yoga, meet and greet with news, quizzes, art and crafts, weekly visits from a therapy dog, chair exercises with the centre's physiotherapist, baking and many other activities. There was also an in house KWCC radio station which broadcast every Friday morning, and catered to resident's musical preferences and assisted in celebrating significant events in the centre, such as birthdays and festivals. Residents were also encouraged and supported to provide and lead activities in the centre such as mindfulness sessions. Residents were seen to enjoy

the activities observed on the day of the inspection with plenty of friendly conversation and good humoured fun happening between residents and staff.

Inspectors were informed that the residents and staff were developing an art project in the centre's new Bealtaine Garden, which supported by a local artist and involved creating two wire trees depicting interdependency and signifying, hope, unity, and life. Residents reported much excitement about the project and there was a garden party to celebrate the festival planned for the end of May.

The centre also had a mini-bus that was used to take residents to events and on outings such as to Marley Park, shopping or for ice-cream. Residents could attend the centre's hairdresser who visited the centre twice a week, and attended to residents in a dedicated and well equipped salon.

Inspectors observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff or listen to relaxing music. At the time of the inspection, two dining rooms were being prepared for repainting. However, overall inspectors found that dining rooms was pleasantly decorated comfortable spaces. On each table a daily menu was displayed for residents to peruse and pictorial menus were also available if residents required. There was a choice of three hot meals and three desserts at lunchtime, and a hot meal option for the evening meal. Inspectors observed that food was presented with care and was seen to be nutritious and smelt appetising. Staff offered discreet assistance and encouragement to residents in dining rooms and to the residents who choose to take their lunch in their bedrooms. Inspectors noted that additional portions and a variety of drinks were offered to residents by staff. All residents and visitors who spoke with inspectors were very complementary regarding the choice of food on offer and that the food was 'delicious' and 'second to none'. One resident also stated that they particularly enjoyed the jelly and ice-cream on the menu.

Inspectors observed good team work between staff throughout the day of the inspection. Staff spoken with confirmed that they received sufficient training and that they felt supported by the management team.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Inspectors found that residents living in Kiltipper Woods Care Centre received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. This was an unannounced inspection, to monitor ongoing compliance with the regulations and to follow up on information submitted to the

Chief Inspector of Social Services. Overall, the registered provider demonstrated good adherence to the regulations. However, action was required to strengthen some governance and management systems, in staff training, in the premises, in care planning, in following healthcare guidance and in infection control practices in the centre.

There was an established governance and management team in Kiltipper Woods Care Centre, which consisted of the Director of Nursing, who also held the role of person in charge, and of the Director of Operations. The person in charge worked full-time in the centre and was well supported by a competent and experienced team of staff, which included four assistant directors of nursing, clinical nurse managers, nursing staff, health care assistants, activities staff, and domestic and maintenance staff. The registered provider also employed a team of physiotherapists and occupational therapists, which ensured that residents had timely access to such services.

The management team had systems in place to monitor the quality and safety of services and the effectiveness of care given. The team met regularly to review clinical and non-clinical data gathered. However, despite having such a range of monitoring systems in place, some of these management systems had not identified issues that could impact on residents' quality of life and well being. For example, audits and monitoring data regarding care planning and infection prevention and control did not highlight improvements that were required. The registered provider had also not identified that the facilities for residents in multi-occupancy bedrooms impacted on their right to undertake all personal care activities in private.

The person in charge had reviewed the centre's COVID-19 preparedness self-assessment in the last month and ensured that it contained up-to-date information to guide staff in the event of an outbreak. The registered provider also had in place a comprehensive safety statement and an emergency which outlined the measures to be taken in the case of an emergency such as a gas leak or fire.

A comprehensive annual review of the quality of the service in 2021 had been completed by the registered provider, in consultation with residents and their families. The review identified many areas for improvement and development in 2022, many of which the registered provider had already completed such as the purchase of additional ipads for resident's use and menu reviews.

During the inspection, inspectors observed that the ensuite bathroom of one bedroom was also used as a communal toilet, with access via a second door on a corridor. This dual purpose use was not reflected accurately in the centre's statement of purpose or floor plans. Inspectors requested that an updated statement of purpose and floor plans were submitted to the Chief Inspector of Social Services in order to complete the application to renew the registration of the centre.

The registered provider had a schedule of written policies and procedures prepared and accessible through the centre's IT system to guide and direct staff. These policies were updated regularly and contained references to current national policies, guidance and standards to inform best practice.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, inspectors saw that there were sufficient staff were on duty to meet the assessed needs of the residents. The provider did not use agency staff to cover unexpected leave, but instead had a bank of staff willing to cover additional work shifts. The person in charge also informed inspectors of plans to recruit additional cleaning staff as part of a contingency plan to cover unexpected leave in the winter months.

The registered provider had a mandatory training schedule in place for 2022 which included fire safety training, manual handling, infection prevention and control and safeguarding of vulnerable adults. Training matrix records provided to inspectors indicated that while the majority of staff were up-to-date with their mandatory training, approximately 15 percent of staff were not up to date with their manual handling and infection control training.

Supervision of staff was provided by four supernumerary assistant directors of nursing, at least one of whom worked daily Monday to Sunday and the clinical nurse managers working on each unit to provide guidance and mentoring for all staff. A senior nurse provided support to staff at night and the person in charge provided on-call support to staff as required. Appropriate induction programmes were in place for clinical staff to ensure a thorough grounding and support for new staff members. Staff appraisals were completed on an annual basis.

Inspectors reviewed four staff records and a sample of resident records and found that these were kept in a safe and accessible manner, and were readily available to inspectors on request. Inspectors also reviewed three contracts for the provision of services and found them to be in line with the regulations. The contracts outlined the terms and conditions of the residents' residency and also contained details of the fees to be charged for additional services.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre. Inspectors reviewed the record of complaints received in 2022 and saw that for each, clearly outlined actions had been taken and the outcome of the complaints documented.

Registration Regulation 4: Application for registration or renewal of registration

A complete application was received, however an updated statement of purpose and floor plans were required to be submitted to the Chief Inspector of Social Services in order to complete the application to renew the registration of the centre. Both were subsequently received.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the requirements of residents in line with the statement of purpose.

There were registered nurses on duty at all times as confirmed by the person in charge and the staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required to ensure that all staff were up-to-date with their mandatory training requirements. Training records provided to inspectors indicated that approximately 15 percent of staff were not up-to-date with their manual handling and infection control training.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had systems in place to ensure that records set out in schedule 2 were kept safe and accessible within the designated centre.

A sample of staff files were reviewed during the inspection and found to contain all necessary information as set out in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 23: Governance and management

Overall, this was a well-resourced centre, overseen by a management team who were committed to delivering effective care to residents. However, action was required to improve the registered providers' oversight of some areas of the service. Issues identified are as follows:

- Some management systems, which monitored the quality of care planning and the residents living environment, were not sufficiently robust as they did

not identify areas that required action. For example,

- The person in charge had developed a care plan audit tool to monitor the quality of a sample of care plans monthly. However, inspectors were told that this tool had not been used in recent months and that instead a care plan checklist had been used. The checklist did not identify some care planning issues, discussed under Regulation 5 below.
- The registered provider had developed a task list, to which staff added any issues with the facilities that they identified. The person in charge also completed a visual inspection of the centre weekly and then emailed the maintenance team with issues identified. This dual system of monitoring the facilities, within the centre, did not provide the registered provider with clear oversight of the issues identified, works completed and works outstanding. Inspectors identified issues with the facilities, during their tour of the centre, which the provider had not identified.
- The configuration of a sample of double occupancy bedrooms was not in compliance with regulation 17: Premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed three contracts of care between the resident and the provider and saw that each accurately set out the terms and conditions of their residency.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was displayed prominently in the reception area. The procedure stated that an Assistant Director of Nursing and the Director of Nursing were assigned to deal with complaints.

There were good records maintained, with evidence that all complaints were investigated in a timely manner and that complainants were satisfied with the outcome. Inspectors saw that actions were undertaken in the centre to prevent reoccurrence of issues.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies as specified in Schedule 5 of the regulations were in place and were up to date.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Residents had good access to healthcare and there was evidence of good recreational opportunities being provided to residents. However, action was in care planning, healthcare guidance, resident rights, the premises and infection control practices.

Inspectors reviewed a sample of residents' records such as pre-assessments, assessments and care plans. Overall, these records were seen to be person-centred and showed that assessments were carried out prior to residents being offered a place in the centre. Care plans for two new admissions were seen to have been developed within 48 hours of the residents' admission, and inspectors found that care plans were reviewed at intervals not exceeding four months. However, inspectors also reviewed three residents' records and found that they had not been updated to reflect changes in residents' condition following injuries or falls and found that their assessments and care plans were not consistently updated following a change in their mobility.

Residents had timely access to medical, health and social care professionals. Inspectors were told that a general practitioner (GP) visited the centre six days a week. Access to specialised services such as a geriatrician and psychiatry of later life were available when required through a local hospital. Residents had good access to on-site services such as physiotherapy and occupational therapy. Residents' records showed that residents had access to services such as dietitians, speech and language therapy and tissue viability nursing (TVN). Inspectors were also told that eligible residents were facilitated to access the services of the national screening programme. While inspectors were assured that the care delivered to residents within the designated centre was of a good standard and that staff were knowledgeable about residents' needs, improved oversight was required to ensure that when specialist advice was provided, that this was followed. This is further discussed under Regulation 6 below.

There were a number of restrictive practices observed and reviewed on the day of the inspection. Care records showed that when residents had a restrictive practice in place such as bed rails or a sensor alarm, there was a risk assessment in place for its use. Residents' consent was obtained or if they were unable to provide consent

due to capacity, discussions were held with family members. Restraints were seen to be regularly reviewed by a multidisciplinary team every three months.

The registered provider had systems and procedures in place to protect residents from the risk of abuse. There was a safeguarding policy in place to guide staff to safeguard residents and this policy outlined relevant roles and responsibilities. Staff had completed mandatory training in the protection of residents from abuse, to enable them to recognise the signs of abuse and to respond appropriately if a safeguarding concern, suspicion or allegation arose.

There was a policy in place to inform the temporary absence/ transfer and discharge of residents. Inspectors reviewed records of two residents who had been transferred to hospital and returned to the designated centre. Inspectors found that all relevant information about the resident was obtained from the hospital and the resident received appropriate medical and healthcare upon their return to the centre as per their discharge letter.

Inspectors noted that there was a varied programme of activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. Residents had activities assessments and detailed records of participation in activities in place. However, social and recreational care plans had not been completed for all residents in the centre. This is further discussed under regulation 5 below.

Inspectors found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre and care was seen to be person-centred. Residents were supported to exercise choice in terms of when they decided to get up and how they chose to spend their day. The management team had identified that a review of the keypad code system on doors between units in the centre and to the garden, was required. Currently some residents were not provided with these codes and instead had to seek assistance from staff to enter and exit areas of the centre, thus impacting on their right to move freely around the centre. Inspectors were informed that the management team had identified a different system that would promote resident's rights and that they intended to trial this system soon.

There were a variety of systems in place to ensure that residents were consulted in the running of the centre and played an active role in the decision making within the centre. This consultation occurred through carrying out resident surveys and monthly residents' meetings which were chaired by volunteers.

Visitors who spoke with inspectors were satisfied with the unrestricted visiting arrangements in place. Inspectors observed that residents were able to receive visitors in private and had a choice of many different lounges and seating areas located throughout the centre.

Inspectors observed the lunch-time medicines round and found that the practices reviewed on inspection were safe. Inspectors found that the staff nurse actively engaged with residents when undertaking this medicine round and medicine practice in accordance with the directions of the prescriber was observed. Medicines were seen to be securely stored and disposed of in accordance with professional

guidelines.

Inspectors identified issues with regard to the premises that required attention, in order to ensure that the premises was in a good state of repair and met the needs of residents. For example, there was inappropriate storage of residents' equipment in communal bathrooms and grouting in some bathroom floors required attention. Inspectors also reviewed the configuration of residents' personal space in a number of multi-occupancy bedrooms in the centre., and found that the personal space for many residents in these bedrooms measured less than 7.4m² and that residents c access to their personal belongings also required review. This was discussed with the registered provider's management team on the day of the inspection.

Overall the centre was observed to be clean and cleaning staff who spoke to inspectors were knowledgeable on effective cleaning practices. However a number of areas under infection control required review, as discussed under regulation 27 below. The registered provider had made personal protective equipment (PPE) available, to staff who overall were seen to use the PPE as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities.

Regulation 11: Visits

The registered provider had adequate arrangements in place to facilitate residents meeting with family and friends in the centre. There were also arrangements in place to ensure the ongoing safety of residents against the risk of exposure to COVID-19 from visitors.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to action works with regard to the premises, in order to provide a safe and comfortable living environment for all residents. For example,

- The personal space for some residents in multi-occupancy bedrooms measured less than 7.4m² each. The configuration of these spaces did not allow residents to access all of their personal storage units in private and out of sight of the other room occupant.
- Further maintenance and attention was required in some areas of the premises. For example, the flooring in one corridor leading to one twin occupancy bedroom was damaged and in one communal bathroom a small number of wall tiles were missing and the legs of grab rails were rusted.

- The paintwork on architraves of a number of communal toilets was chipped and required repair and repainting.
- There was inappropriate storage of residents' care products on the floor of one storage room, as the room was not fitted out with storage units.
- Several communal bathrooms were inappropriately used for storage of items like a large black waste bin, hoists and linen trolleys.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors saw evidence that relevant information accompanied residents on their return to the designated centre following their temporary transfer to another place of care.

Judgment: Compliant

Regulation 27: Infection control

Some action was required to ensure that good infection prevention and control practices were consistently adhered to in the centre. For example;

- Action around refresher training for staff, with regard to single use items, was indicated. There was evidence of storing opened sterile dressings within two clinical rooms which created the potential of cross contamination if they were to be re-used.
- There was inappropriate storage seen within a small number of store rooms. Inspectors observed that boxes and other packages were stored on the ground which prevented effective cleaning of these areas.
- Inspectors observed that two sluice rooms located on the first floor of the centre required attention to ensure that they were appropriately cleaned and well organised.
- Inspectors observed that dry wipes, a nail cutting device and unlabelled barrier cream were stored in a number of communal bathrooms. This posed an infection cross-contamination risk, but was addressed by the management team during the inspection.
Inspectors observed that linen trolleys were not consistently closed when not in use therefore posing a risk of cross contamination.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed the administration of medicines, the record of medication related interventions and the storage of medicines. Inspectors found that the registered provider had safe systems in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The care plans of some residents did not reflect their current health care needs, which could pose a risk that staff would not be sufficiently guided to provide the relevant care and support to meet the residents' needs. For example:

- A resident who had a fracture and as a result mobility needs changed to non-weight bearing, did not have their mobility or manual handling assessments reviewed following this. In addition, the mobility care plan referenced the resident was still non-weight bearing despite this status changing one week prior to the care plan being updated.
- A resident's assessment on the likelihood of falling was reviewed and recorded as 75 on an assessment dated 04 April 2022. However, the maintaining safe environment care plan updated on 04 May 2022 did not reflect this status.

Also social or recreational care plans were not in place for residents. Therefore, there was no guidance available to staff, who may be unfamiliar with residents, on how to provide meaningful recreational and occupational activities to residents that reflected their interests and hobbies.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors reviewed resident's records on wound and weight loss management and found that specialist advice recommendations were not consistently implemented as per the nursing care plans in place. For example:

- For one resident, a tissue viability nurse (TVN) had recommended that a wound dressing to be changed alternate days. However, recent records detailed that this was being completed every three days.
- Also, for this resident the recommended wound dressings for another wound had not been applied on two occasions. In addition, this dressing was

recommended to be changed every five days or prior if required, one record showed this dressing had not been changed for six days.

- Gaps were seen in weight monitoring records for a resident who required monitoring weekly. The last record was 17 days prior to inspection.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre had a policy on the use of restraint dated August 2020 and a restraints register in place. Inspectors found that restraint was used in accordance with national policy. Restraints used were being effectively monitored and reviewed by MDT every three months.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. The designated centre had an up to date safeguarding policy. Staff had good knowledge in relation to recognition of abuse and appropriate actions required. Residents had access to advocacy services and referrals had been made to avail of these services.

The registered provider did not act as a pension agent for residents however the registered provider did manage small amounts of money for the residents who wished to avail of this. Inspectors reviewed a sample of balances and found that these were maintained in a transparent records and balances were correct.

Judgment: Compliant

Regulation 9: Residents' rights

Due to the layout of many multi-occupancy bedrooms, inspectors were not assured that residents' right to undertake personal activities in private were respected. For example, in some twin occupancy bedrooms, some of the residents' personal storage units were outside the resident's personal space. This meant that residents had to leave the privacy of their personal space in order to access some of their belongings.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kiltipper Woods Care Centre OSV-0000053

Inspection ID: MON-0036823

Date of inspection: 10/05/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Staff members identified as requiring refresher Manual Handling and Infection Prevention and Control training attended training on 18.05.2022 & 25.05.2022 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • An audit of all care plans has been undertaken post inspection to ensure the correct use of our comprehensive care plan audit tool and corrective action were taken where any gaps were identified during the Inspection process. Care plan audits will continue monthly. • A care planning workshop was facilitated with RGNs to reiterate and discuss the specific areas to be considered and implemented when documenting care to ensure compliance with regulation 5 • A new more comprehensive audit tool for the facility environment has been further developed on our Maintenance Care System and is now implemented. Training was provided to auditors on the use of the new audit tool on May 17th, 2022. 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A number of Privacy Screens ordered prior to Inspection for two multi-occupancy bedrooms to promote additional privacy for residents were delivered and installed on May 13th, 2022. • Work is in progress in other double occupancy bedrooms with the installation of additional privacy screens and with the reconfiguration of these bedrooms as outlined in the post inspection bedroom layout architect drawings submitted to HIQA. Completion dates for the works of July 6th and July 11th has been submitted to the Health Information and Quality Authority to ensure compliance . <ul style="list-style-type: none"> • Gaps identified with the facility maintenance on the day of inspection on the upkeep and repairs of the premises have been addressed and additional storage shelving units have been put in place to ensure items are not stored at Floor level . 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Issues noted during the inspection have been addressed and we will continue to promote a continuous quality improvement approach to infection prevention and control in accordance with regulatory requirements. • An updated audit tool has been introduced in all areas with daily oversight by members of the Management team. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A meeting was convened with Clinical Nurse Managers and RGNs post inspection on May 12th, 2022, to discuss the regulatory requirement of maintaining accurate and detailed care plans and assessments based on the assessed needs of the individual resident in consultation with the resident concerned and where appropriate that resident's family.</p>	

Where gaps were identified, during the inspection process, corrective action has been taken to reflect the current health status and social care needs of the resident and care plans updated accordingly.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- Any specific recommendations on wound care and weight monitoring have been implemented as per nursing care plans.
- All care records have been updated to reflect the current status of the resident to ensure compliance with Regulation 6

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

- A review of open-door access to outdoor spaces was carried out post inspection to ensure all residents can circulate freely, independently or with supervision within these open spaces with due consideration to resident rights and potential risk factors.
- Residents are risk assessed (using a rights-based functional approach) on the safe and independent use of the electronic key codes if the resident is deemed to have the capacity to use the keypad codes safely and independently – they are provided with the code for the keypad access and can circulate freely within the centre.
- Residents who are assessed (using a rights-based functional approach) as lacking capacity to make safe and informed decisions regarding their safety are assisted to leave the unit or care centre if they so wish to exercise outdoors, to attend activities and other social event and to circulate freely with supervision.
- The additional privacy screens are in progress of being installed to promote the privacy of residents in double occupancy bedrooms and storage issues have been addressed to compliance with Regulation 9.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	25/05/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	24/05/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	13/05/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	16/05/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	16/05/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health	Substantially Compliant	Yellow	13/05/2022

	care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	16/05/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	06/07/2022