

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

Issued by the Chief Inspector

Name of designated centre:	Kilbarry Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Carrigea Crescent, Kilbarry, Waterford
Type of inspection:	Unannounced
Date of inspection:	28 January 2025
Centre ID:	OSV-0008637
Fieldwork ID:	MON-0041575

About the designated centre

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

Kilbarry Care Centre is a purpose-built facility which can accommodate a maximum of 90 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. The home is divided over three floors, and all residents have access to a secure courtyard, garden to the rear of the centre and balconies on each of the upper floors.

There is a designated Memory Care Centre which offers care for residents with a diagnosis of Dementia and/or cognitive impairment, specifically during periods of time when they may require focused care for the behavioural and psychological symptoms associated with their condition.

The home is located in a residential area and a local bus service is within walking distance. There is ample parking to the front of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	88
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How we inspect

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 28 January 2025	16:00hrs to 21:15hrs	Mary Veale	Lead
Wednesday 29 January 2025	09:40hrs to 18:40hrs	Mary Veale	Lead
Tuesday 28 January 2025	16:00hrs to 21:15hrs	Aisling Coffey	Support
Wednesday 29 January 2025	09:40hrs to 18:40hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

This inspection took place in Kilbarry Care Centre, a designated centre located on the outskirts of Waterford city. The inspection was carried out by two inspectors and was conducted over two days, commencing on an evening on the first day, with inspectors returning the following day to complete the inspection. Over the two days, the inspectors spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. The inspectors also observed the environment, interactions between residents and staff, and reviewed various documentation.

It was evident that residents were supported by a kind and dedicated staff and management team, who treated them with the utmost courtesy, dignity and respect. Residents informed the inspectors that the staff that cared for them were "wonderful", "approachable", and "very friendly". The staff and management team implemented measures to promote a calm and relaxed atmosphere within the centre. It was observed over the course of the inspection that these measures were not always effective. For example, the ground floor was found to be loud on the first evening of the inspection, with staff observed to de-escalate a situation in a compassionate manner.

Kilbarry Care Centre is a purpose-built centre that opened to admissions following registration as a designated centre in September 2023. In 2024, the registered provider established a memory care centre on the ground floor. The centre is registered for 90 residents, and over the past 16 months, the centre has been increasing the number of residents accommodated. As a result, the centre was almost at full occupancy on this inspection, with two vacant bedrooms on the second inspection day.

The main entrance to the designated centre was locked with entry and exit of residents and visitors being facilitated by staff. Upon entering the centre, there is a bright and open reception/waiting area. From this area, visitors can travel towards the memory care centre's entrance or the passenger lifts to the first and second floors. The day room of the memory care centre was seen to have full-length glass windows facing both the reception/waiting area and the corridor to the passenger lift. This allowed all visitors unobstructed visibility into the memory care centre's day room. Several residents within the memory care centre day room were observed to be visible to passers-by throughout the two days. This visibility required attention to ensure that residents were afforded privacy and dignity as they used their day room.

The centre is set out over three floors, with each floor having 30 single en-suite bedrooms. As referenced, the ground floor is the memory care centre, which offers care for 30 residents with a dementia diagnosis and/or cognitive impairment, specifically during periods when these residents may require focused care for the behavioural and psychological symptoms associated with their condition. Access to the memory care centre on the ground floor was securely locked, requiring keypad

code access to the ground floor. Access to resident accommodation on the first and second floors required a keypad code to use the passenger lifts. Visitors spoken with told the inspectors that while they did not know the keypad code at the main entrance, they knew the keypad codes for the passenger lift. When a receptionist was not available to facilitate exiting the centre, visitors reported that, at times, staff from the ground floor facilitated their exit. This practice required review to ensure no negative impact on the care and welfare of the residents.

The bedroom accommodation comprised of 90 single bedrooms with en-suite facilities, including a shower, toilet, and wash-hand basin. Bedrooms had comfortable seating, and most were personalised with treasured items from home, such as family photographs, bedding, ornaments and furniture. The bedrooms had a television, locked storage, and call bell facilities. Residents had access to a separate bathroom and shower room if required.

Each floor had homely and comfortable communal areas, including a day room, dining room and visitor room on the ground floor, a lounge, two day rooms and dining room on the first floor and a day room and dining room on the second floor. Other facilities included a ground-floor hairdressing salon and an on-site laundry for domestic purposes.

Residents' personal clothing was laundered off-site by a private provider. All residents the inspectors spoke with on the inspection days were happy with the laundry service. However, upon review of the complaints log, a number of complaints were evidenced with respect to missing clothing. Residents had also raised concerns about the laundry service within resident meetings. Inspectors discussed these findings with the provider, who outlined a quality improvement plan to address these past findings and monitor the ongoing quality of the laundry service.

While the premises were pleasantly decorated and comfortable, inspectors found the standard of environmental hygiene in the memory care centre was not to an acceptable standard and was inconsistent with the standard of cleanliness on the first and second floors. Some ground-floor bedrooms, en-suite bathrooms, resident equipment and the dining area were seen to be visibly unclean. Food storage practices in the memory care centre required review as they were not in line with best practices concerning the disposal of cooked food and the storage of dairy food items. There was a strong malodour on the ground floor at the entrance to the memory care centre, in the day room and within the assisted toilet area. Inspectors brought these matters to the attention of nurse management on the first inspection day, and housekeeping staff were seen in attendance the following day.

There were several secure outdoor areas available to residents. There were two enclosed courtyards on the ground floor, rooftop terraces on the first and second floors and a large enclosed garden to the rear of the building. These outdoor areas were seen to be clean and tidy, with suitable outdoor furniture for resident and visitor enjoyment. The courtyards and the garden were pleasantly landscaped. Externally, the centre's grounds surrounding the centre were similarly clean, tidy and well-maintained. The centre had a closed-circuit television (CCTV) system

installed externally, with appropriate signage informing residents and visitors of its use.

Upon arrival at the centre, the inspectors could observe that a word game was taking place in the memory care centre's day room with 18 residents present. Residents on the first and second floors were observed sitting together in communal rooms and some bedrooms engaging in conversations with each other and visitors. Evening tea was served in the centre at 5:00pm, with most residents choosing to eat in one of the centre's three dining rooms. After tea, there were ball games in the ground floor day room and music on the television. Some residents retired to their bedrooms after tea and were seen reading, listening to the radio, watching television, or hosting a visitor. Further refreshments, including sandwiches, fruit, yoghurt and biscuits, were served at 7:00pm.

The inspectors observed that some residents in the memory care centre displayed responsive behaviours. These behaviours were particularly visible from 5:30pm onwards on the first inspection day. The staff spoken with were very knowledgeable about the support needs of the residents and knew them well. Staff were observed implementing the behavioural support strategies as outlined in residents' behavioural support plans, such as providing reassurance, going for walks and offering cups of tea, for some residents. These interventions were found not to be adequate to de-escalate the responsive behaviours, which were seen to continue or to pause for a short duration but resume in the company of other residents. As a result, there were times when shouting and other loud noises were heard in the corridor and the day room. This resulted in a noisy, tense and unpleasant living environment for the other residents, some of whom were seen to be upset, curse, or display an agitated reaction and seek to leave the surrounding area.

On the morning of the second inspection day, residents were up, dressed in their preferred attire and appeared well cared for. The hairdresser was present, and residents proudly displayed their new hairstyles. Mass was broadcast on the television at 11:00am, followed by activities such as painting, music, bowls and planting. The inspectors observed residents attending a baking session on the first floor.

While the atmosphere on the second inspection day was more relaxed, inspectors found that a public announcement system in use to facilitate staff communication over a loudspeaker negatively impacted the residents' peaceful enjoyment of their environment. The loudspeaker system was seen to interrupt normal conversation and wake residents who were resting. The use of this system required review as it did not follow the centre's ethos of providing a comfortable, homely environment for residents.

Lunchtime at 12:30pm in the dining rooms was observed to be a relaxed and sociable experience, with residents enjoying each other's company as they ate and staff and residents engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and served in the dining room by the chef from a bain-marie. The menu, with two starters, two main courses and two dessert options, was displayed in the dining room. Residents confirmed they were offered a during all

mealtimes. The food served appeared nutritious and appetising. There were drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the second inspection day. Residents expressed high praise for the food.

Visitors were observed coming and going throughout the two inspection days, spending time with their loved ones. Residents and visitors confirmed there were no restrictions on visiting. The overall feedback from visitors was positive concerning the care and attention received by their loved ones, with some visitors being highly complimentary of service provision. A small number of visitors acknowledged there had been aspects of service provision that required improvement, but overall these were dealt with by the person in charge.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

There were governance and management systems in place to oversee the operation of the centre. However, improvements were required in the management of the memory care centre to ensure that all residents were protected from abuse at all times and that residents with complex behaviour care needs were supported effectively in accordance with their assessed care needs. While residents told the inspectors that they were content living in the centre, inspectors identified that improvements were required in some areas, including staffing, governance and management, and submitting notifications to the Office of the Chief Inspector.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), review the registered provider's compliance plan from the March 2024 inspection and follow up on information submitted to the Chief Inspector.

Mowlam Healthcare Services Unlimited Company is the registered provider for Kilbarry Care Centre. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The company had three directors, two of whom are engaged in the day-to-day oversight of the service. The person in charge worked full time and was supported by an assistant director of nursing, two clinical nurse managers, a team of nurses and healthcare assistants, activities coordinators, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear, and all staff members were aware of their roles and responsibilities. The person in charge was supported by a healthcare manager, a catering manager and had access to facilities available within the Mowlam Healthcare group, for example, human resources. However, improvements

were required in housekeeping resources allocated to the memory care centre. This is discussed further under Regulation 15: Staffing and Regulation 23: Governance and management.

There was an ongoing training schedule in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. The staff members with whom the inspectors spoke were knowledgeable about infection prevention control and safeguarding procedures. The inspectors were informed that training in the areas of safeguarding, manual handling, dementia, infection prevention and control and food safety were scheduled to take place in the coming weeks. However; further improvements were required in staff training, this is discussed further in this report under Regulation 7: Managing behaviour that is challenging.

Improvements were required in the oversight of management systems in place to monitor the centre's quality and safety, in particular relating the management of residents with behaviours that are challenging, the notification of incidents and premises. This is discussed further in this report under Regulation 23: Governance and management. There were regular management meetings and audits of care provision. Records of clinical governance meetings, head of department meetings, health and safety meetings, falls prevention meetings, restrictive practice meetings, and staff meetings that had taken place since the previous inspection were viewed. There was evidence of a comprehensive and ongoing schedule of audits in the centre, such as infection prevention and control, care planning, and medication management audits. The person in charge compiled regular reports on key clinical data such as falls, incidents, complaints and antimicrobial usage, which were reviewed and discussed with the management team fortnightly. The annual review of the quality and safety of care to residents in 2023 was available during the inspection. It set out the improvements completed in 2023 and improvement plans for 2024. The annual review for 2024 was under review.

Records and documentation, both manual and electronic, were well-presented, organised, and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

There was a record of accidents and incidents that took place in the centre. Most notifications were submitted appropriately to the Chief Inspector. However, there was a three-day notification that had not been submitted. This is discussed further in this report under Regulation 31.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents

spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 15: Staffing

Inspectors found there were insufficient housekeeping staff resources allocated to the memory care centre to ensure that the bedrooms, en-suite facilities, dining area and equipment were cleaned appropriately, having regard to the needs of residents residing on the ground floor.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to an extensive suite of mandatory training. The records reviewed confirmed staff had completed training in fire safety, safeguarding, and infection prevention and control. Gaps in training to support and manage the needs of residents with responsive behaviours are discussed further in this report under Regulation 7: Managing behaviour that is challenging.

Judgment: Compliant

Regulation 21: Records

All records, as set out in schedules 2, 3 & 4, were available to the inspectors. Retention periods were in line with the centre's policy, and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre were not sufficiently robust to ensure the service provided was safe, appropriate, consistent, and effectively monitored, as evidenced by the findings below.

The registered provider did not ensure the centre had sufficient resources to ensure the effective delivery of care in accordance with the provider's statement of

purpose. The full-time housekeeping supervisor position was vacant and the lack of such managerial oversight was seen to impact the standard of environmental hygiene and infection control with the centre.

This inspection found that enhanced monitoring and oversight of the quality and safety of service provision in the memory care unit was required at senior governance levels to address the following non-compliant findings and to improve residents' quality of life:

- The provider's quality assurance systems had not identified poor standards of environmental cleanliness within the memory care centre.
- The inspectors found that the oversight systems in place were not sufficiently robust to respond to and manage the known needs of residents with responsive behaviours and to protect all residents from abuse.
- The provider's risk management systems had not identified risks and implemented appropriate control measures within the memory care centre concerning the following risks: access to a hot water boiler in the dining area, the inappropriate storage of dairy products in the kitchen, the disposal of uneaten cooked food in the dining area, and the accessibility of leads and electrical items within cupboards in resident communal areas.

The provider's assurance systems throughout the centre required further strengthening as they had not been fully effective in identifying deficits and risks in areas such as residents' rights, personal possessions, staffing, premises, medicines and pharmaceutical services and notification of incidents as found on the inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider did not notify the Chief Inspector of a safeguarding concern, as required by the regulations. This notification was not submitted following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into and review of complaints were specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

While the inspectors observed that kind and compassionate staff treated residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Actions were required concerning managing behaviour that is challenging, protection, residents' rights, personal possessions, premises, food safety, infection control and medicines and pharmaceutical services.

Residents had timely access to general practitioners (GPs), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian services and speech and language therapy, as required. The centre had access to GPs from local practices, and a GP was observed attending the centre on the second inspection day. Residents referred by their GP had access to a mobile X-ray service, reducing the need for hospital trips. Residents had access to nurse specialist services such as community mental health nurses and tissue viability nurses. Residents had access to local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was an emphasis on promoting a restraint-free environment in the centre. Where restraint was used, it was used in accordance with national policy published by the Department of Health. Notwithstanding this good practice action was required to ensure staff had up-to-date knowledge and skills to respond to and manage behaviour that is challenging. Action was also required to review the support needs of residents with responsive behaviours and alleviate the impact of

these behaviours on other residents' quality of life. These matters are discussed under Regulation 7: Managing behaviour that is challenging.

The provider had systems to safeguard residents from abuse. All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed online safeguarding training, which was seen to be supplemented with face-to-face in-house training at a later date. The provider did not act as a pension agent for any residents or hold money belonging to residents in safekeeping. The records reviewed showed incidents and allegations of abuse had been investigated in accordance with the provider's policy. Notwithstanding these good practices, action was required to ensure all reasonable measures were taken to protect residents from abuse. This will be discussed further under Regulation 8: protection.

The inspectors observed staff being respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Staff were seen to respect residents' privacy and dignity by knocking on bedroom and bathroom doors before entering. The centre had weekly religious services available. Residents could communicate freely and had access to radio, television, newspapers, telephones and Internet services. Residents also had access to independent advocacy services. Notwithstanding these good practices, further improvements were required to residents' rights, as discussed under Regulation 9.

There were arrangements to support residents access and retain control over their personal property and possessions. Residents had adequate space to store and maintain their clothing and possessions within their bedrooms, including access to locked storage facilities. Residents who spoke with the inspectors stated they were satisfied with the space in their bedrooms and the storage facilities. The provider had developed a quality improvement plan to address complaints about the laundry service and ensure that when residents' clothing was laundered, it was returned to the residents. This is discussed under Regulation 12: Personal possessions.

The premises were seen to be in a good state of repair internally and externally. However, the design and layout of the premises did not meet the needs of residents on the ground floor, pertaining to privacy and dignity, and some areas required attention to be fully compliant with Schedule 6 requirements, as discussed under Regulation 17: Premises.

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents in all dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency of food and drinks. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and to ensure residents' safety and nutritional needs were met. Residents' weights were routinely monitored. Notwithstanding this good practice, further improvements

were required to ensure that food was properly and safely served in the memory care unit. This is discussed under Regulation 18: Food and nutrition.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre had an infection control link nurse providing specialist expertise. Staff were observed to have good hand hygiene practices. However, further robust oversight and actions were required to comply with the regulations and ensure residents had a safe, clean living environment, as referenced under Regulation 27: Infection control.

A comprehensive centre-specific policy was in place to guide nurses in the safe management of medications. Controlled drug balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centre's policy on medication management. A pharmacist was available to advise residents on the medications they were receiving. Further improvements were required in the storage of medications, which is discussed under Regulation 29: Medicines and pharmaceutical services.

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had adequate space to store and maintain their clothing and possessions. Residents had access to lockable storage facilities in their bedrooms for valuables. The provider had developed a quality improvement plan to address complaints about the laundry service and ensure that when residents' clothing was laundered, it was returned to the residents.

Judgment: Compliant

Regulation 17: Premises

The privacy and dignity of ground-floor residents using the day room were compromised by its location and visibility. This matter required attention to ensure that the design and layout of the premises met the needs of ground-floor residents for privacy and dignity.

Some areas required attention to be fully compliant with Schedule 6 requirements, for example:

- There was a lack of suitable storage in the centre as multiple residents' comfort seating and wheelchairs were stored in en-suite bathrooms.
- The smoking areas did not have accessible call-bell facilities for residents to summon assistance in a fire emergency.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors were not assured that systems were in place to ensure food was properly and safely served in the memory care unit, for example:

- Inspectors observed plated cooked food labelled with resident names in the bainmarie and a further plated meal in the microwave at 7:45pm from the tea-time meal at 5pm.
- Dairy products, including milk and yoghurt, were observed not to be stored in a fridge in the kitchen area.
- The food serving area and storage cupboards were observed to be visibly unclean, with loose food, debris and dried-in liquid stains.
- The fridge and microwave were seen to be unclean with liquid stains.
- A sample of residents' crockery was stained and unclean.

The inappropriate storage of food posed a risk of food contamination.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure residents were protected from the risk of infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018).

The standard of environmental hygiene in the memory care centre, which accommodated residents with complex care needs, was not to an acceptable standard and was inconsistent with the standard of cleanliness on the first and second floors. The following was seen on the first evening:

- The flooring within the memory care centre required cleaning due to malodour. This odour was most notably at the entrance to the memory care centre, within the day room and the accessible toilet; however, it was also present in other parts of the ground floor. The presence of this odour was not acceptable and did not promote the dignity of residents using this area.
- Several residents' bedrooms were found to contain food debris from dinner at 12:30pm.
- A sample of resident equipment, two crash mats and a pressure cushion, were visibly unclean.

- Residents and visitors used the dining area in the evening time. The dining room floor and the serving area were visibly unclean with food debris and liquid stains.

Storage practices across the centre posed a risk of cross-contamination, for example:

- Clinical sharps bins with contents were observed to be open and did not have their safety mechanism engaged. Open sharps bins without their safety mechanism engaged could lead to a needle stick injury.

The cleanliness of clinical hand wash sink waste water outlets across the centre required attention as several were observed to be visibly unclean and had a black residue.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge did not ensure that medicinal products were stored securely in the centre. For example;

- Medication storage practices in the centre required review. The inspectors observed medications stored on counter tops in the treatment rooms on the first and second floors. Medications were stored in unlocked presses in the treatment room on the first floor. This practice posed a risk of unwanted access or misuse of medications.
- A review of the centre's control drug presses was required as batteries and monies were inappropriately stored in the control drug press in the memory care centre. This posed a risk to the secure storage and safe management of controlled drug medication in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The care plans reviewed were based on validated risk assessment tools. They were seen to be person-centred and reflected the residents' assessed needs, preferences, and wishes. There was evidence that care plans were reviewed on a four-monthly basis or earlier if required. Similarly, these care plans were reviewed in consultation with the resident and, with the resident's consent, their family.

Findings concerning behaviour support care plans are discussed under Regulation 7: Managing behaviour that is challenging.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical, mental health, specialist nursing and various allied health services, such as speech and language therapy, physiotherapy and dietitian services within the centre. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider admitted residents with complex care needs, including those deemed to require focused care for the behavioural and psychological symptoms associated with their diagnosis. However the provider had not ensured that staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour. A review of mandatory training records found that 12 staff had not completed training on managing challenging behaviour.

The inspectors observed that some residents living in the memory care centre displayed responsive behaviours. Behavioural support care plans were developed for these residents, which detailed potential triggers of behaviours and contained de-escalation strategies. Although staff were seen to implement the behavioural support plans, these interventions were not always adequate to de-escalate the responsive behaviours, which were seen to continue or to pause for a short period but resume in the company of other residents. As a result, there were times when shouting and other loud noises were heard in the corridor and the day room, resulting in a noisy, tense and unpleasant living environment for the other residents, some of whom were seen to be upset, curse, or display an agitated reaction and seek to leave the surrounding area. Action was required to:

- Review the support needs of residents with responsive behaviours, some of whom were seen to be experiencing significant agitation and unease.
- Alleviate the impact of these responsive behaviours on other residents' quality of life, including their right to peaceful enjoyment of their living environment.

Judgment: Not compliant

Regulation 8: Protection

Based on observations of practice over the inspection and a review of incidents, the inspectors were not assured that the registered provider had taken all reasonable measures to protect residents from abuse, for example:

- Some residents with a history of responsive behaviours, which were a known safeguarding risk to other residents, had measures documented to mitigate this risk. However, these measures had not always been effective and had failed to protect residents from abuse. This finding is evidenced by the continuance of physical and verbal peer-to-peer abuse incidents by a number of residents in the centre.
- Some residents who had been subjected to physical and verbal abuse had measures documented to mitigate this risk and ensure they were safe and appropriately protected. However, these measures had not always been effective and had failed to protect these residents from further abuse. This finding is evidenced by the number of residents had been subjected to physical and verbal abuse on multiple occasions.
- While staff had completed online safeguarding training, which was supplemented with face-to-face in-house training at a later date, inspectors were not assured that all the staff had the required knowledge, experience and skills to prevent instances of abuse and protect vulnerable residents from harm. This was evidenced by the number of peer-to-peer physical and verbal abuse incidents which had been witnessed by staff.

Judgment: Not compliant

Regulation 9: Residents' rights

Improvements were required to ensure activities offered to the residents living in the memory care centre were based on their individual unique set of life experiences, circumstances, preferences, strengths and needs. For example:

- Meaningful activities for residents living in the memory care centre particularly those residents with responsive behaviours required review. The inspectors observed residents walking with purpose in the centre, interrupting other residents who were sitting quietly in corridor areas and day rooms, resulting in an unpleasant environment for these residents. Loud music played in the day room late on the first evening of the inspection was observed to not meet some residents' meaningful activities. Some residents were observed to be upset at this time, which should have been a time for these residents to prepare to unwind and be supported to get an effective night's sleep.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilbarry Care Centre OSV-0008637

Inspection ID: MON-0041575

Date of inspection: 29/01/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• A review of housekeeping resources has taken place, and an additional housekeeper has been recruited since the inspection. We have increased the allocation of hours.• The PIC has conducted a review of work practices and routines, particularly in the Memory Care Unit (MCU) to ensure optimal cleaning of all areas of the centre in response to residents' needs and will monitor compliance with expected standards.	
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">• Management systems were reviewed to ensure that the overall service is safe and effectively monitored, particularly around cleanliness in the MCU. In response to residents' behaviours and needs, a review of housekeeping work practices and routine was undertaken. Additional resources have been allocated to housekeeping in the MCU which has had a positive impact on cleaning standards.• An active recruitment campaign is ongoing to fill the vacant housekeeping supervisor role. The PIC has conducted a review of work practices and routines, particularly in the Memory Care Unit (MCU) to ensure optimal cleaning of all areas of the centre in response to residents' needs, and until the housekeeping supervisor post has been filled, the PIC and the ADON will continue to monitor compliance with expected standards as part of daily walkabout rounds. Where shortfalls are identified, they will be brought to the attention of housekeeping staff and a quality improvement plan will be agreed and implemented.• The PIC and senior nurse management team will undertake daily walkabout rounds and additional weekly audits of cleanliness in the centre to ensure that clinical standards and non-clinical services are consistently high quality, and that the environment is maintained	

<p>safe and clean at all times. All staff have been reminded and made aware of their responsibilities to maintain a clean and safe environment for all residents in the centre.</p> <ul style="list-style-type: none"> • A review of risk management systems was undertaken in response to risks identified during the inspection. The hot water boiler in the dining room in the MCU had been risk assessed prior to the opening of the centre and is reviewed annually and as required. Sufficient controls are in place to protect residents from scalds/burns; the Dining Room is fully supervised during all mealtimes and residents at risk of harm from the boiler are on regular safety checks. To date there has not been any incident related to this in the centre. We will continue to actively monitor this risk and implement additional safety measures if required. • The risk around the storage of dairy products and storage of cooked food in the Dining Room was reviewed by the PIC with the Chef Manager and catering team. All food products will be stored and discarded in line with HACCP (Hazard and Critical Control Points) guidelines. • The storage of leads and electrical items in a drawer in the MCU was reviewed and risk assessed. Items deemed to pose even a low level of risk to residents have been removed from MCU and stored safely and appropriately elsewhere in the centre. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • One potential notification was discussed during the inspection and the feedback session, and following this discussion the Person in Charge submitted a notification to the Authority. The Person in Charge will continue to comply with legislative requirements to submit regulatory notifications to the Authority in line with Schedule 4 of the Regulations. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • We will review the arrangements in place to ensure the privacy and dignity of residents who use the large dayroom that is visible from the reception area. This will be done in consultation and collaboration with the residents. • Residents' seating will be safely and appropriately stored in an alternative area in their bedrooms whilst ensuring bedrooms are kept clutter-free. • An additional call bell will be installed in the smoking shelter in the courtyard that will be more easily accessible to residents than the call bell already located near the smoking shelter, so that they can summon assistance as required or in a fire emergency. (There is a call bell available, which is visible and in close proximity to the smoking shelter.) 	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • The PIC has reviewed food safety procedures with the Chef Manager. Meals will not be left in the microwave. If a meal is not served at the appointed time as planned, the meal will be chilled and stored in the refrigerator and reheated only when ready to serve. • All food items that should be stored in a refrigerator will not be left outside the fridge when not being used. Items that should be stored in a fridge will be returned to the fridge immediately after use. All staff will be reminded of the importance of ensuring that all food items in the kitchen such as dairy products are immediately moved after service to the refrigerator and stored within an appropriate temperature range. • All care staff will complete food hygiene training. • The Chef Manager will monitor and record food storage and ensure compliance with Food Safety Regulations and hygiene standards. • A deep clean of the food serving area was completed including cupboards, microwave and fridge. A review of the kitchen cleaning routine was also undertaken, and recommended improvements have been implemented in collaboration with the Chef Manager and catering team. The Chef Manager will be responsible for monitoring the hygiene and cleaning procedures in the food service areas and the storage and management of food. Internal audits will continue to monitor the effectiveness of the systems. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • A deep clean of the MCU was undertaken on day two of the inspection in response to the inspector's findings on the evening of day one. A review of cleaning schedules and procedures in the MCU was undertaken by the PIC. Additional resources have been allocated to housekeeping in the MCU. An active recruitment campaign is ongoing to fill the vacant housekeeping supervisor role. • The PIC and the senior nurse management team are now completing daily walkabout rounds in the centre and additional weekly audits of cleanliness in the centre to ensure clinical standards and non-clinical services are robust, consistently high-quality and that the environment is maintained safe and clean. Cleaning schedules have been reviewed to ensure all equipment is listed and cleaned. • All staff are aware of their responsibilities to ensure that the environment is cleaned after mealtimes, in response to residents' behaviours and that all areas are safe at all times for every resident in the centre. • Nursing staff have been reminded of the correct and safe storage of sharps bins, which will be monitored by senior managers in the centre. All nursing staff will repeat the 	

<p>training programme on the safe management of clinical waste.</p> <ul style="list-style-type: none"> • All hand hygiene sinks have had the drain holes cleaned since the inspection. This is now on the daily cleaning schedule for housekeeping staff. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Medication storage practices have been reviewed in the centre. All medications were removed from counter tops and unsecured locations within treatment rooms. All medications will be securely stored in locked storage units in accordance with the centre's policy on the safe storage of medicinal products. • Inappropriately stored items have been removed from the controlled drug cupboard and are now appropriately stored separately. 	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • All staff currently working in the Memory Care Unit (MCU) have received training on the management of behaviours that challenge. All staff in the centre will have completed this training by 31/03/2025. • Some staff are currently completing dementia-specific QQI courses which will increase their knowledge base and compliment the ongoing efforts of all staff to understand the causes and consequences of behaviours and help to prevent or reduce the impact of these behaviours. • All care staff involved in the care of residents with responsive behaviours have daily handover and a Safety Pause review of care mid-day. All risks associated with residents' individual behaviours are made known to staff and include behavioural triggers, distraction and de-escalation techniques. These behavioural management strategies are also documented in each individual resident's care plan as required. • All residents have access to Multi-Disciplinary Teams (MDT) which includes the GP, Psychiatry of Old Age, Integrated Care Team in the community, Physiotherapy, Activities Team and Nursing and Care Team. The community nursing team includes a Clinical Nurse Specialist in Dementia Care and an Advanced Nurse Practitioner in Older Persons Care, both of whom have visited the centre and are available as required. • Kilbarry Care Centre promotes a restraint-free environment and the use of 'as required' psychotropic medication is low in the centre. The centre promotes positive behavioural supports for individuals and will only use medication as a last resort in managing 	

behaviours that challenge. This approach has been effective in supporting residents and while some residents will repeat their behaviours, particularly in the evening time, the same strategies will work to support these individuals. We will ensure that the care plans for the individual residents with a high risk of repeated responsive behaviours have a detailed documented strategy about the appropriate actions to take in the event of repeated responsive behaviours.

- We will reevaluate the layout and physical environment in the MCU to ensure that it is conducive to calming and de-escalating residents who may display responsive behaviours. We will consider quiet areas or retreat spaces where residents can go if they feel overwhelmed or agitated.
- Activities staff are currently undertaking additional training to support them to provide more focused individual activities for residents that experience behavioural and psychological symptoms of dementia.
- The PIC will support staff in how they manage residents with challenging behaviours, ensuring that interventions focus on minimising disturbances to other residents. The PIC will implement strategies to redirect or separate residents who may be agitating each other or other residents, while ensuring both residents' needs are met and their rights are respected.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- We will continue to monitor the risks associated with responsive behaviours in the centre. Several strategies are already in place and include individual assessments of residents' needs, referral to appropriate services such as Psychiatry of Old Age, GP or Integrated Care Team based on their individual needs.
- A suite of validated nursing assessment tools are utilised daily to ascertain the residents' needs, including PINCH ME (Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environment) for delirium, Abbey Pain Scale, Cornell Depression Scale, a Key to Me to give staff greater insight into the residents' social and family background, and ABC (Antecedent, Behaviour and Consequence) Charts to ascertain antecedents to behaviours, to identify patterns and triggers of responsive behaviours, and to identify appropriate interventions or strategies to reduce anxiety or distraction techniques to de-escalate behaviours. Some residents who require additional support due to their assessed needs have additional staff assigned to them individually to maintain their safety and that of others. Some residents that initially required additional staff supervision have now settled in the MCU and are interacting well with peers and staff.
- The PIC will continue to review incidents weekly and will review strategies in response to identified risks. Incidents of peer-to-peer verbal and physical interactions and resident aggression that impact on another resident or are deemed to be a safeguarding risk will continue to be reviewed by the senior management team and will be referred to the Senior Incident Management Team to review the strategies and safeguarding plans in place to ensure that all residents' safety is maintained. Incidents will be monitored and trended to ensure all factors are considered, and Quality Improvement Plans will be implemented, monitored and reviewed as required.

- Supervision of Day Rooms is in place and has proven to be effective in de-escalating and preventing incidents of aggression. Additional bespoke training will be arranged for staff in the MCU to further support them to manage incidents and identify safeguarding risks.

Regulation 9: Residents' rights

Substantially Compliant

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

- We will reevaluate the physical environment of the communal space in the MCU to ensure that it is conducive to calming and de-escalating residents who may display responsive behaviours.
- We will identify alternative areas for if they feel overwhelmed or agitated.
- Following consultation with experts in dementia care, we will introduce a range of therapeutic activities specifically designed for residents with responsive behaviours. These will be individualised, based on the resident's preferences and needs, with the goal of reducing agitation and providing positive outlets for energy.
- The PIC will work with the Activities Coordinators to introduce more sensory activities and relaxation programmes that may help to reduce the frequency of challenging behaviours and enhance residents' quality of life.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2025
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.	Substantially Compliant	Yellow	31/07/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Substantially Compliant	Yellow	31/03/2025

	and drink which are properly and safely prepared, cooked and served.			
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	Orange	30/06/2025
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	30/06/2025
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	30/06/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or	Substantially Compliant	Yellow	31/03/2025

	supplied to a resident are stored securely at the centre.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/03/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	31/03/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/06/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/06/2025
Regulation 9(2)(b)	The registered provider shall	Substantially Compliant	Yellow	30/06/2025

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
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