### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kinvara House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000054</td>
</tr>
<tr>
<td>Centre address:</td>
<td>3 - 4 Esplanade, Strand Road, Bray, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 286 6153</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:kinvarahousebray@eircom.net">kinvarahousebray@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:                 A Nursing Home as per Health (Nursing Homes) Act 1990</td>
<td></td>
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<tr>
<td>Registered provider:</td>
<td>Kinvara House Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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</tbody>
</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 27 May 2019 11:00  
To: 27 May 2019 18:00  
From: 28 May 2019 09:00  
To: 28 May 2019 16:00

The table below sets out the outcomes that were inspected against on this inspection.

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<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
<td></td>
<td>Compliant</td>
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Summary of findings from this inspection
As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's rating and the inspector's rating for each outcome.
The inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Kinvara House Nursing Home provides residential care for 36 people. Approximately 36% of residents have dementia. In the main, the location, design and layout of the centre were suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way although improvements are required to ensure compliance with the regulations and standards.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had access to general practitioner (GP) services and to a range of other health services. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs.

The management of complaints was compliant with regulations although some improvement was required to the complaints policy.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were offered a range of training opportunities and plans were in place to provide additional dementia-specific training in the coming months.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care.

Samples of clinical documentation, including nursing and resident records, were reviewed. These indicated that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge, who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs. The centre was currently introducing a new computerised record system which included care plans.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, cognitive impairments and skin integrity.

The inspector found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required in a discrete, caring and respectful manner. The food provided was appropriately presented and provided in sufficient
quantities. Weights were carried out at regular intervals, dietary and fluid intake was recorded daily and nutritional assessments were carried out. The specific dietary needs of residents were clearly documented in the kitchen. Records showed that some residents had been referred for dietetic review and care plans were updated as required.

A robust system was in place to ensure that, when a resident is transferring out of the service, all relevant information is provided to the receiving hospital.

The inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. In the sample of care plans reviewed, there was documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. Advice and support was provided by the local palliative care team if required.

**Judgment:**
Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on safeguarding and identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken with were clear on reporting procedures.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Detailed assessment and treatment plans were in place. Support and advice were available from the psychiatric services if needed. During the inspection, staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

Although bed rail usage remained high, the inspector found that additional equipment such as low beds had been purchased to provide less restrictive alternatives. Detailed assessments were completed, adequate guidance was outlined in care plans, and safety
checks were carried out when restraint was in use. The action required from the previous inspection relating to documenting alternatives trialled, had been completed.

The provider was not a pension agent for any resident but was aware of the procedure should it be necessary. Pocket monies were being managed for some residents. The inspector checked a sample of balances and found them to be correct. More robust documentation was being introduced at the time of inspection.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected. There was evidence that feedback was sought from residents, including residents with dementia on an ongoing basis, regarding the services provided.

Regular resident meetings were held. The inspector saw that suggestions made by residents were taken on board. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. It was clear that staff knew the residents well. The inspector also noted that residents knew the staff well, asking about the holidays and family etc.

Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely.

The inspector was satisfied that residents' religious and civil rights were supported. Mass was celebrated on a regular basis. There was a small oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Residents were conversant in current affairs and reported being afforded the opportunity to vote at the recent elections.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the day room and the dining room at lunch time. Observations of the quality of interactions between residents and
staff for selected periods of time indicated that 54% of interactions demonstrated positive connective care, 25% reflected task orientated care, while 21% indicated neutral care. These results were discussed with the management team at the end of inspection.

Several outsourced service providers attended the centre and provided very valuable activities and services which the residents said they thoroughly enjoyed and appreciated. A programme of activities was on display. Residents were seen enjoying a music session, exercise classes, art classes and an impromptu game of bingo during the inspection. One-to-one hand massages were also very popular with residents.

**Judgment:**
Compliant

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### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
From the information available, the inspector was satisfied that the complaints of each resident and their family were listened to and acted upon, and there was an effective appeals procedure.

A log was maintained and adequate details were recorded including the level of satisfaction with the outcome. The inspector read a sample of complaints received and found that they were managed in line with the policy in place. Residents told the inspector who they would talk to if they had a complaint.

There was a policy in place. However, this did not meet the requirements of the regulations. It did not give details of the nominated person to deal with complaints or the nominated person to ensure that all complaints were appropriately responded to, and adequate records were maintained.

**Judgment:**
Substantially Compliant
### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents, including residents with dementia.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were in place. Assurance was given by the management team that Garda Síochána (police) vetting was in place for all staff.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling. The inspector saw that additional training was planned for the coming months. This included specific training on dementia care.

There were no volunteers attending the centre at the time of inspection but the management team were aware of the regulatory requirement in this regard.

**Judgment:**
Compliant

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### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way.
Improvements are planned as part of the registration renewal process and once completed, the premises will meet the requirements of the regulations and standards.

Kinvara House is made up of two parts, the original Georgian building laid out over four floors and a new building to rear of the original building over two floors known as the wing. The original looked out over the seafront, and access between the floors was provided by two staircases and a lift servicing all floors. The wing looked out onto the courtyard and was accessed from level two of the original building. This also had two staircases and a lift servicing the two floors.

There was a well-equipped kitchen and storage room off a nicely decorated dining room. Other rooms included two day rooms, an oratory, a hairdressing salon, a laundry and various offices and store rooms. Action required from the previous inspection relating to dementia friendly signage had been addressed. There was some signage now in place to direct residents to bedrooms and communal areas and this had been identified as an area for improvement at the last inspection.

Currently there are 36 single rooms, 13 of which have an en-suite toilet, wash-hand basin and bath. The remaining 23 have en-suite toilets and wash-hand basins. In addition, there are two bathrooms equipped with specialised baths and showers. However, they are not accessible to a number of residents except by lift, which, although great care is taken, could impinge on the dignity of residents going for a shower. The registered provider representative discussed plans to remove the baths from the 13 en-suite rooms and replace them with showers. In addition, it is proposed to ensure that all residents will have access to a shower on the same floor as their bedroom. The registered provider representative is aware of the requirements to submit costed plans as part of their registration renewal.

There was a secure well-maintained courtyard area and the front garden was maintained in keeping with the age of the building.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The registered provider representative and person in charge had good governance and oversight of the service.
There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

The person in charge is a registered nurse with ample experience in older persons' care and works full-time. It was very obvious during the inspection that she was well known by both the residents and the relatives. She has maintained her professional development and attended mandatory training required by the regulations.

Clinical audits were carried out that analysed accidents, complaints, care plans, medications and others. The results of audits were shared with staff for learning.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings. The annual review of the service was completed for 2018.

**Judgment:**
Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000054</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27/05/2019</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26/06/2019</td>
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</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The policy did not specify the nominated person to deal with complaints.

1. Action Required:
Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Complaints policy updated in line with regulations.

Proposed Timescale: 26/06/2019

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The complaints procedure did not state who was the person nominated to ensure that complaints were managed in line with the policy.

2. Action Required:
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
Complaints policy updated in line with regulations

Proposed Timescale: 26/06/2019

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Additional showers on each floor are required.

3. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
1. To upgrade current en-suites in 13 bedrooms to include a shower
2. To create an additional 2 shower rooms on floors required

Appoint Architect - Completed
Provisional drawings to allow costing of works required - Completed
Full set of plans to drawn up- 2/08/2019 – The property is a listed building must comply with all buildings regulation.

Builder appointed – Completed

Provisional costing of works by builder- 28/06/2019

Commencement of work by builder – Early 2020

**Proposed Timescale:** 31/12/2020