<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>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Kinvara House Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Gillian Mangan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>32</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 29 November 2017 08:30  To: 29 November 2017 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This was a thematic dementia inspection by the Health Information and Quality Authority. The inspection focused on six outcomes in relation to residents with a diagnosis of dementia and residents with identified cognitive impairments. The inspection process reviewed documentation to track the journey of a number of residents from their admission to their current day to day life at the designated centre. The inspector also spoke with residents, staff and visitors who were in the centre on the day. As part of the thematic inspection the inspector observed care practices and staff interactions with residents who had a diagnosis of dementia or cognitive impairment. The observations were scored against a validated observation tool.

There were 32 residents on the day of the inspection and four vacancies. The provider informed the inspector that approximately 70% of residents had some cognitive impairment which ranged from residents with mild impairments through to residents with a specific diagnosis of dementia or Alzheimers conditions.

Prior to the inspection the provider had completed a self-assessment of care and services provided for residents who lived at the centre and had a diagnosis of dementia. The designated centre had assessed itself as compliant in all six outcomes. The inspection findings upheld the self-assessment in five outcomes but found that some improvements were required under Outcome 6. The improvements
were in relation to appropriate signage and the use of colour in order to support residents with cognitive impairment to orientate themselves when mobilizing around their home.

The layout and design of the designated centre met the needs of the residents in a comfortable and homely way and was appropriate for its intended purpose. The centre is situated in a large four storey building which has been extended to provide the current accommodation. The centre is located beside the sea and the accommodation takes full advantage of the setting. A number of bedrooms have views of the sea and the front lounge overlooks the sea front and the centre's well kept gardens. All bedrooms are single and have ensuite facilities. The centre is close to shops and local amenities and is accessible via public transport routes.

Each resident with a diagnosis of dementia had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and or their families.

The inspector found that residents with a diagnosis of dementia were consulted in how the centre was run and that there was a person centred approach to residents that respected their privacy and dignity. Throughout the inspection residents with dementia were seen to be making choices about their day to day life at the centre. For example when to get up, what to eat and drink at meal times, where to spend time in the centre and what activities to take part in during the day. Staff demonstrated patience and skills with those residents who had cognitive impairments taking time to explain interventions and offer choice in user friendly language. Staff were courteous and respectful in their interactions with residents.

Families who spoke with the inspectors told them that they felt their relatives were safe in the centre and that staff were kind and respectful towards them. Residents and families said that if they had any concerns they could approach a member of staff. Residents and their families expressed high levels of satisfaction in their relationships with the staff team at the designated centre often commenting on their kindness and courtesy.

There was sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents. Staff had received appropriate training which equipped them to care for residents who had dementia. The planned rosters took into account the layout of the centre and the levels of care and supervision required. Staffing levels were reviewed regularly in response to changing resident dependencies and care requirements. Staff were seen to be respectful and cooperative in their dealings with each other and worked well together as a team which helped to create a calm and pleasant atmosphere for the residents.
Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
There were measures in place to protect residents with cognitive impairment from being harmed or suffering abuse. There was clear evidence that the centre was working towards a restraint-free environment.

The designated centre had policies and procedures in place for the prevention, detection and response to abuse. Staff were trained on the policy and were clear about their responsibilities to safeguard residents and protect them from abuse. Staff who spoke with the inspector knew what constitutes abuse and what to do in the event of an allegation or disclosure of abuse. Staff were clear about who to report the concerns to.

Families who spoke with the inspectors told them that they felt their relatives were safe in the centre and that staff were kind and respectful towards them. Residents and families said that if they had any concerns they could approach a member of staff. Although there had not been any allegations of suspected abuse in the centre the inspector found that the person in charge and their deputy were clear about their role and responsibilities in relation to safeguarding residents.

The provider representative informed the inspector that all staff working in the centre at the time of the inspection had Garda vetting in place.

The centre had clear policies and procedures in place to safeguard residents' monies in the centre. Monies were stored securely and two members of staff signed for all transactions.

There was a policy in place for managing residents with responsive behaviours (how a person with cognitive impairment might respond to their environment or other stimuli). All staff were trained on the policy. A number of staff had completed further training in
dementia care and managing responsive behaviours. The inspector observed that staff implemented the policy in their day to day work with residents who displayed responsive behaviours. Staff were observed to use gentle encouragement and support in their interactions with residents who became anxious or displayed responsive behaviours. Staff knew individual residents and how to support them at these times.

Residents who were identified as having responsive behaviours had a care plan in place which recorded the potential triggers for the behaviours and the interventions that were required to support and reassure the resident. Care plans also identified potential underlying problems that could trigger responsive behaviours such as urinary tract infections and constipation.

The person in charge informed the inspector that the centre was working towards a restraint free environment and that processes and practices in relation to restraint were in line with best practice guidance. Residents, their families and their General Practitioner (GP) were involved in the decision to use bedrails. The inspector found that the number of restraints had increased in recent months and there were twelve bedrails in use at the time of the inspection. Resident's care records showed that in some cases alternatives such low-low beds and crash mats were trialled before bedrails were installed but it was not clear that this process was implemented for all residents. As a result the inspector found that improvements were required in relation to reviewing alternatives to restraints such as bed rails.

Judgment:
Substantially Compliant

**Outcome 11: Health and Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

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

**Findings:**
Each resident with a diagnosis of dementia had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and or their families. The inspector found that the actions required following the last inspection had been satisfactorily implemented. These were in relation to the documentation of care plan reviews and the recording of diet and fluid intake.
There were comprehensive policies and procedures in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre and the care planning process that was in use in the centre. The care planning policy described the processes in place to ensure that each resident's needs were reviewed four monthly or more often if there was a change in their health or wellbeing and that their care plan was updated accordingly.

A selection of records of residents with dementia was reviewed. The inspector found that each resident had a pre-admission assessment completed prior to coming into the centre. Following admission, nursing staff worked with the resident and or their family to complete a comprehensive assessment of the resident's needs, interests and capacities including actual and potential risks such as weight loss, falls, communication needs and responsive behaviours. Where health or social care needs were identified, a care plan was drawn up and agreed with the resident and or their family. Care plans were person centred and provided clear information about individual residents current needs and preferences for care and routines. Care plans were reviewed on an ongoing basis at a minimum of every four months. Documentation of care plan reviews had improved since the last inspection.

Staff in the centre knew the residents well. The inspector found that care and services provided to residents with cognitive impairment such as dementia was done with their consent and reflected the nature and extent of the resident's needs and preferences for care. Residents with cognitive impairment were offered choices in their care and daily routines and staff used discreet encouragement and support to enable residents in their activities of daily living including personal hygiene, meal times and activities. Where residents declined care and service their wishes were respected by staff.

Clinical risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs and responsive behaviours. Risk management plans were seen to promote the independence and self-care abilities of residents with dementia where possible.

There were clear systems in place to monitor the quality and safety of the care and services provided for residents with dementia. These included regular audits in key areas such as accidents and incidents, complaints, pressure sores, infections and falls.

The inspector found that residents had good access to GP services and that residents could keep their own GP if they wished to do so. There was a range of allied health care professionals including dietician, speech and language therapy, chiropody, dentist and optician available to residents. Residents with dementia had access to specialist teams such as the palliative care team, community mental health services and psychiatry of later life when required. Referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented. For example; modified diets as recommended by the dietician or speech and language therapist and exercise and mobility improvement plans as designed by the physiotherapist.

There were written policies and procedures in place for residents whose needs were for
end of life care. The inspector found that staff in the centre worked with residents and their families to ensure that residents with cognitive impairment received end of life care and services in a way that met their individual needs and wishes and that respected their dignity and autonomy. This was a particular strength of the centre.

The centre had clear policies and procedures in place in relation to food and nutrition. There was a comprehensive policy for monitoring and recording nutritional and fluid intake which was implemented following the last inspection. Staff were familiar with individual resident's needs in relation to fluids and hydration and used discreet support and supervision to support residents with cognitive impairment to take adequate fluids and nutrition in line with their prescribed care plans. Food was freshly prepared on site by the centre's catering team. Meals were nutritious, varied and portion sizes met individual residents needs and preferences. Residents who were on special diets were offered choices at meal times and textured diets were served as individual items on the plate. A range of nutritious snacks were available throughout the day.

The centre had written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were found to follow appropriate medication management practices. Senior nursing staff and the visiting pharmacist carried out regular audits of medication practices in the centre. Residents could choose to keep their own pharmacist if they wished to do so.

Residents and their families reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in their care or services.

Where residents with cognitive impairments were temporarily absent from the centre, records showed that relevant information was sent with them. Also, when residents returned from another care setting to the centre there was a clear summary of the resident's needs and plan of care.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

The layout and design of the centre met the needs of the residents in a comfortable and homely way and was appropriate for its intended purpose. The premises were laid out in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is situated in a large four storey building which has been extended to provide the current accommodation. The centre is located beside the sea and the accommodation takes full advantage of the setting. A number of bedrooms have views of the sea and the front lounge overlooks the sea front and the centre's well kept gardens. The centre is close to shops and local amenities and is accessible via public transport routes. Street parking is available to the front of the building.

Bedroom accommodation consists of 36 single en-suite rooms. Bedrooms are nicely furnished and have adequate storage facilities with a wardrobe, chest of drawers and bedside locker with a lockable drawer. Residents are encouraged to bring in small items of furniture and artefacts from home and to personalize their private space. As a result all rooms look quite different and are distinguishable so that residents with cognitive impairment can recognize their rooms and have a familiar space in which to relax.

Toilet and shower rooms provide adequate room for residents who require disabled access. Grab rails, raised toilet seats and shower chairs are available in these areas. Toilets and bathrooms are signed and are readily visible from bedrooms and communal rooms. Nurse call alarms are available and easily seen in each toilet and bathroom. There are two specialist parker baths. This equipment supports residents with cognitive and physical impairments to bathe in a dignified and safe manner.

Communal areas include two lounges. The front lounge is located close to the entrance hall and overlooks the front garden and the sea. The main lounge is located at the centre of the building and looks onto a courtyard area. There is also a pleasant dining room on the lower ground floor. Communal areas are nicely decorated and furnished and are laid out to provide a comfortable homely living space for residents. Quiet areas were organized in the main lounge for those residents with cognitive impairments who preferred a quiet space and who needed a higher level of support and supervision.

The layout of the centre supports residents with dementia to mobilize between their private space and the communal areas either independently or with the supervision of staff. Hand rails are available in the corridors and on both sides of the stairs to support independent walking. Residents were observed mobilizing throughout the centre during the inspection, some spending time in their rooms and others choosing to spend time in the communal lounges. The inspector found that some improvements could be made in relation to signage and use of colour to enable residents to orientate themselves to their private and communal spaces within the centre.

The centre is clean, well lit, in a good state of repair and is comfortably heated throughout. There is a range of equipment available for residents including profiling beds, specialist mattresses and cushions and hoists. The inspector reviewed the service records for the equipment in use and found that the items had been serviced within the
last twelve months.

Garden areas could be enjoyed from the lounges. Some residents went out with their families during the day to visit the local shops and cafes or enjoy a walk along the seafront. Staff who spoke with the inspector told them that the residents had open access to the enclosed garden area during the warm weather and that staff organized regular walks along the seafront for residents throughout the year.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
There was a clear written complaints policy which outlined the process for raising concerns and complaints and identified the person in charge as the person responsible for managing complaints. The procedure for making a complaint was displayed in a prominent position in the centre. The procedure was printed in large print and was written in user friendly language.

Residents and relatives who spoke with the inspector were aware of who to speak with if they had any concerns. "I could talk to them about anything." "They will always sort it out." This feedback was verified in the questionnaires that were returned to the inspector during the inspection.

The inspector reviewed the complaints log. Complaints were recorded and the records included the nature of the complaint and the actions were taken to resolve the issues raised. There was also a record of the complainant's satisfaction with the outcome of the complaint. Records showed that complaints were dealt with promptly and that residents with cognitive impairments and their relatives were listened to when they raised concerns.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to
exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
The inspector found that residents with a diagnosis of dementia were consulted in how the centre was run and that there was a person centred approach to residents that respected their privacy and dignity.

Throughout the inspection residents with dementia were seen to be making choices about their day to day life at the centre. For example when to get up, what to eat and drink at meal times, where to spend time in the centre and what activities to take part in during the day. Staff demonstrated patience and skills with those residents who had cognitive impairments taking time to explain interventions and offer choice in user friendly language.

The inspector observed that staff were courteous and respectful in their interactions with residents. Staff were observed to knock before entering a resident's room or a bathroom and to wait for a response before entering. Staff knew individual residents and were aware of the resident's needs in relation to how their cognitive impairment affected their response to the delivery of care and services. For example one resident with dementia preferred female carers to carry out her personal care. This was documented in their care plan and was observed at all times.

Where resident's cognitive impairment created communications needs these were identified in the resident's assessment and care plans and staff were familiar with the most effective way to engage with the individual. The inspector observed that staff demonstrated empathy and patience in their dealings with residents who had cognitive and communication needs.

The centre was well established in the local community and residents were encouraged to go out with staff for walks to the local shops or along the sea front. Residents with dementia had access to radio, television, newspapers and magazines. A visiting library brought large print books and audio tapes for residents. Staff spent time reading the newspapers and books with residents and discussing local issues and events. Residents had a telephone in each of their rooms and were supported to make and answer telephone calls in order to keep in touch with family and friends.

The designated centre had an open visiting policy with protected meal times in order to maintain the resident's privacy and dignity when eating. Visitors were made welcome at the centre. Visitors told the inspector that they were encouraged to play an active role in the ongoing lives of their relative in the centre. A number of residents with dementia
were observed enjoying meeting with their family on the day of the inspection.

There was a planned activities programme which was organised and provided by care staff. The programme included 1:1 and group activities. Residents were seen mobilizing around the unit on their way to the various activities on offer including morning tea and an exercise to music session in the main lounge. In the afternoon there was a classical music session with afternoon tea. A small group of residents went out for a seafront walk with staff.

Residents with dementia were encouraged to participate in the activities programme and a number of these residents were observed to be enjoying the music sessions on offer. One resident who had advanced dementia was encouraged by staff to continue with a scarf that they were knitting. Staff sat patiently with the resident knitting alongside them until they picked up the knitting needles themselves and started to knit. The inspector observed that the resident was knitting competently after a short while and did not need further support from staff.

Photographs showed that residents enjoyed a number of outside events in the warmer weather and these were organized in the garden areas. There were regular celebrations for birthdays and calendar events such as Halloween, Easter and St Patrick’s day. Christmas events were planned for the coming weeks with a visiting choir and a Christmas party. The events were organized to ensure that residents with cognitive needs would be able to participate. Staff were available to support residents to participate in line with their personal preferences and their abilities.

There was clear evidence that residents with dementia were included in decisions about the running of the designated centre. Resident and relative’s views were collected through resident meetings, the complaints process and the annual survey of residents and their families. The records of the resident’s meetings held since the last inspection were made available to the inspector. The records showed that resident feedback was listened to for example residents requested a bingo session as part of the activities programme and this was provided. Residents were involved in the planning of the Christmas activities programme and a number of residents with dementia were involved in preparing the Christmas decorations ready to decorate the centre.

Mass and communion were available in the centre. Staff were aware of individual resident’s religious preferences and needs and were respectful of same. Residents with dementia were supported to attend religious activities in line with their abilities and preferences.

There was access to advocacy in the centre and details were provided in the resident’s guide. There was no resident using advocacy in the centre at the time of the inspection.

Residents with dementia were supported to vote in elections if they wished to do so.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs
of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The inspector reviewed the staffing levels, actual and planned staff rosters, staff training records and spoke with staff, residents and visitors. There were sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents who lived at the centre.

The staff on duty reflected the planned roster on the day of the inspection. Those staff who spoke with the inspectors reported that there were adequate numbers of nurses and health care assistants available in the centre. The planned rosters took into account the layout of the centre and the levels of care and supervision required. Staffing levels were reviewed regularly in response to changing resident dependencies and care requirements. Nursing and care staff were supported and supervised by the senior nurse who also deputizes for the Person in charge (PIC) in their absence. There was a nurse on duty at all times in the centre.

The inspector found that the centre had sufficient housekeeping, laundry, catering and administration staff to ensure that the service was run effectively for the benefit of the residents who lived there. Ancillary staff reported to the PIC.

Staff were seen to be respectful and cooperative in their dealings with each other and with the residents and their visitors. Residents and their families expressed high levels of satisfaction in their relationships with the staff team at the centre often commenting on their kindness and courtesy.

A sample of staff files was reviewed and records showed that the centre had effective selection and recruitment processes in place. All staff working in the centre at the time of the inspection had Garda vetting in place. Staff had a probationary period during which attitude, attendance and competencies were reviewed with the individual. Records showed that staff had an annual appraisal and that performance issues were addressed by the management team. As a result staff were clear about their roles and responsibilities and were observed to take responsibility for their work.

Training records showed that staff had been provided with a comprehensive induction programme which included mandatory training on the centre's policies and procedures, key health and safety issues such as infection control, fire safety and moving and
handling and the prevention of abuse. The ongoing training programme included training updates in moving and handling, prevention of abuse and fire safety. Staff had also attended training on managing responsive behaviours, nutrition and hydration and end of life care. The provider nominee had completed a European Certificate in Dementia Care and SONAS dementia awareness training. A number of nursing and care staff had received dementia awareness training however at the time of the inspection the training had not been extended to include all staff working in the centre.

Records showed that nursing staff were registered with the Irish Nursing and Midwifery board.

Judgment:
Compliant

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:

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

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<th>Kinvara House Nursing Home</th>
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<td>OSV-0000054</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>29/11/2017</td>
</tr>
<tr>
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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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
In some cases alternatives such low-low beds and crash mats were trialled before bedrails were installed but it was not clear that this process was implemented for all residents. As a result the inspector found that improvements were required in relation to reviewing alternatives to restraints such as bed rails.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
Survey of residents currently using bed rails
Time Scale: Completed

2. A new process and documents to be drafted outlining the process for trialling alternative options and capturing information about same.
Time Scale: 19/01/2018

3. Trial of alternative options for the residents’ currently using bed rails.
Time Scale: 9/02/2018

Proposed Timescale: 09/02/2018

Outcome 12: 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:
The inspector found that some improvements could be made in relation to signage and use of colour to enable residents to orientate themselves to their private and communal spaces within the centre.

2. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
1. Contact a signage company specialising in signage for the Nursing Home environment.
   Time Scale: Completed

2. Signage site review and report compiled with recommendations
   Time Scale: 2/2/2018

3. Recommend signage installed.
   Time Scale: 30/3/2018

Proposed Timescale: 30/03/2018