Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>SignaCare Killerig</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Prudent Healthcare Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Killerig, Carlow</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>19 March 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005454</td>
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<td>Fieldwork ID:</td>
<td>MON-0022872</td>
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About the designated centre

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

SignaCare Killerig Nursing Home is situated a short driving distance from Tullow town in County Carlow. The centre provides accommodation for 45 residents. It caters for both male and female residents aged over 18 years of age. Residents are accommodated in 35 single bedrooms and 5 twin rooms, each with ensuite shower, toilet and wash basin facilities. Bedrooms are located on the first and second floor.

The ground floor mostly consists of spacious communal areas and various services such as catering, laundry and treatment rooms. Care services provided at SignaCare Killerig include residential care, convalescence, respite and palliative care for residents. The provider employs a team of staff in the centre to meet residents’ needs. This team consists of registered nurses, care assistants, an activity coordinator, maintenance, housekeeping and catering staff. According to their statement of purpose, value is placed on the uniqueness of each individual and the centre is guided by a commitment to excellence that ensures every resident will enjoy passionate and professional care. They aim to enhance the ability of residents to participate in and contribute to daily life. Facilitating residents’ independence and choice in how they plan their daily lives. The centre aims to provide a person centred approach to care where staff will endeavour at all times to deliver quality care informed by best practice and complying with all relevant standards and legislation ensuring the residents are involved in all aspects of planning and decision making.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>05/09/2019</th>
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<td>Number of residents on the date of inspection:</td>
<td>45</td>
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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:**
<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>19 March 2019</td>
<td>09:30hrs to 18:00hrs</td>
<td>Sheila Doyle</td>
<td>Lead</td>
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<tr>
<td>20 March 2019</td>
<td>09:30hrs to 14:30hrs</td>
<td>Sheila Doyle</td>
<td>Lead</td>
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</tbody>
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### Views of people who use the service

The inspector met with some residents both individually and in small groups. In addition, 16 completed resident questionnaires were returned to the Office of the Chief Inspector.

Residents were very happy with the service provided. All were complimentary about the premises with one resident describing the centre as bright, airy and comfortable. Several commented how bright the centre was with great views of the surrounding countryside and the nearby golf club. One resident described staff as pleasant and that was what she wanted. Another said that staff were brilliant, easy to talk to and kind.

Several residents and relatives commented on the coffee dock area, saying it provided a nice social space. One relative described how she felt part of the family there while another said her husband's room was like an extension of her house. One relative, speaking on behalf of her mother, stated that she felt that staff and management 'see' her mother and do their best for her.

Residents were very complimentary about the food although one resident said they would like their tea later in the evening.

Residents commented on improvements in the laundry service because previously clothes would sometimes go missing.

### Capacity and capability

The centre was well managed and had a range of governance and management arrangements in place to make sure standards of care were maintained.

The management team supervised the staff by observing practice, and having regular meetings to discuss relevant areas of practice. They also carried out annual staff appraisals and the information from these meetings was used to plan the training needs for the following year. Clear records were maintained of the training completed by staff members. Mandatory training was up to date. There were also a range of other courses completed by staff depending on their role. This included nutritional care, dementia care and infection control.

The engagement between the staff and residents was seen to be positive. Staff knew the residents well, and where residents needed full support, staff were clear on their preferences and how they would communicate any concerns about their
comfort to the staff.

During the inspection, the person in charge demonstrated sufficient knowledge and leadership. Appropriate deputising arrangements were in place. This resulted in a positive impact on the care and support for residents.

Care and support for residents were delivered by an appropriate number and skill mix of staff. There was evidence of safe recruitment practices and assurance was given by the registered provider representative that Garda Síochána (police) vetting was in place for all staff.

Documentation such as the directory of residents, staff files and insurance policies were in place.

**Regulation 14: Persons in charge**

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection he demonstrated his knowledge of the regulations, the standards and his statutory responsibilities.

He maintained her own professional development and attended clinical courses relevant to his work.

The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection.

Judgment: Compliant

**Regulation 15: Staffing**

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

**Regulation 16: Training and staff development**

Staff had access to appropriate training, and were appropriately supervised by the
management team.

Judgment: Compliant

**Regulation 19: Directory of residents**

The directory of residents was in place and the sections reviewed contained the information required by the regulations.

Judgment: Compliant

**Regulation 21: Records**

The sample of staff files reviewed contained the information required by the regulations. Action required from the previous inspection relating to incomplete staff files has been addressed satisfactorily.

Judgment: Compliant

**Regulation 22: Insurance**

Evidence was available that insurance was in place.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clearly defined management structure in the centre, and staff spoken with were clear of their role. Management systems were in place to review the quality and safety of the service being provided. When required, detailed action plans were put in place. The annual review for 2018 was completed.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**
Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose was currently being updated and the inspector saw that the latest draft met the requirements of the regulations.

Judgment: Compliant

**Regulation 30: Volunteers**

There were no volunteers attending the centre at the time of inspection. The person in charge was aware of the regulatory requirements should this change.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

The designated centre had in place the written operational policies required by Schedule 5 of the regulations. The inspector was satisfied that they had been adopted and implemented throughout the centre.

Judgment: Compliant

**Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre**

Appropriate deputising arrangements for the person in charge were in place.

Judgment: Compliant
Overall, residents in the centre were well cared for.

Residents’ health and social care needs were being met by a staff team who knew them well and were respectful of their choices and routines. There was good access to healthcare, and clear systems in place to monitor residents' safety, including the use of restrictive practice and clear safeguarding procedures.

The centre was operating in a way that had regard for each resident's religious and cultural background. They were able to undertake activities in private, had access to media and were able to vote if it was their choice to do so. There were facilities to support a programme of activities relevant to the residents.

Residents’ records showed there were clear processes for assessing residents prior to admission to ensure their needs could be met in the centre, and then for completing a comprehensive assessment on admission. Staff had developed care plans for each identified need that reflected residents’ needs, choices and preferences. Clear guidance was provided to the staff of how residents’ needs were to be met, for example guidance on diabetes care, skin and wound care, and falls management.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Physiotherapy was available within the centre. Where assessments had been carried out, the recommendations had been included in the residents' care plans.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Residents were safeguarded by effective procedures in the centre. Fire safety procedures, servicing records and training were up to date. Infection control procedures were evident in practice.

When required, additional supports were put in place to assist residents with communication difficulties. Sufficient detail was provided in the relevant care plans to guide staff.

Reasonable measures were in place to protect residents from abuse, including having a clear safeguarding policy in place, regular training sessions for staff, and a management team with experience of taking appropriate action where allegations were reported.
Staff had up-to-date knowledge and skills to respond to residents who were identified as having responsive behaviour. The use of restraints, such as bedrails, was being monitored and reviewed to ensure it remained the least restrictive option available.

The premises were spacious, comfortable and homely and appropriate to the number and needs of the residents in the centre.

**Regulation 10: Communication difficulties**

The inspector noted that, where appropriate, residents' communication needs were recorded in their care plan and appropriate interventions listed. The inspector also noted that a pictorial menu was available to assist residents in making a menu choice.

**Judgment:** Compliant

**Regulation 11: Visits**

Visitors were made welcome in the centre except at meal times if disturbing other residents. The inspector saw visitors attending the centre at various times throughout the inspection. Visitors spoken with said they were very grateful for the flexibility as it allowed them to visit whenever they could. Both residents and relatives commented on the welcome that was given to visitors.

**Judgment:** Compliant

**Regulation 12: Personal possessions**

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was spacious, organised and well-equipped. Appropriate procedures were in place for the safe return of clothes.

The inspector noted that previously, a number of complaints had come in regarding clothes going missing and a review of the system had taken place. This included restarting the in-house laundry and reviewing the marking system. Ongoing monitoring was carried out.

**Judgment:** Compliant
### Regulation 13: End of life

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Having reviewed a sample of care plans, the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life.

Advice and support was available from the local palliative care team.

**Judgment:** Compliant

### Regulation 17: Premises

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.

All areas looked clean and well maintained. The centre was observed to be homely, warm, bright, and furnished to a high standard. There was clear directional signage around the centre, located at an appropriate height, to assist orientation.

A variety of communal day and dining spaces were available. The day and dining rooms were bright with large windows looking out onto the nearby golf course. The provider had designed a village streetscape which had old style shop fronts to the hairdressing salon, the multi-faith prayer room, a GP and allied health treatment room called the clinic and a post office front. The inspector saw that a small lounge bar was located on the ground floor. Residents also operated a shop from this area.

Three floors were in use with bedroom accommodation on the first and second floor. Two lifts provide access between the floors.

There are additional assisted toilets and bathrooms throughout the premises. Call bells were provided in all bedrooms and communal areas. The corridors were wide, had grab rails, were clutter free, and allowed residents plenty of space to walk around inside.

Additional facilities available included a kitchenette on each floor, two sluice rooms, staff changing rooms, the dining room, and the main kitchen with facilities for the catering staff.

There was a secure garden area to the back of the building which was accessed from the day room and dining room.
**Regulation 18: Food and nutrition**

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dietitians and speech and language therapists where appropriate. The inspector also noted that individual preferences and habits around mealtimes were recorded.

Residents were very complimentary about the food and the choices available to them.

**Regulation 27: Infection control**

Staff had attended infection control training and staff spoken with were clear regarding procedures to follow if required.

It was noted that hand hygiene gels were located around the centre, and the inspector saw staff and relatives using them.

**Regulation 28: Fire precautions**

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible, if needed. All staff had attended training, and fire drills were carried out on a regular basis, and these included night-time scenarios.
### Regulation 5: Individual assessment and care plan

Improvements were noted in the care planning documentation since the previous inspection when some gaps were identified. The inspector reviewed a sample of care plans and saw that they were person-centred and complete. Sufficient detail was provided to guide staff. Evidence was available that the resident or where appropriate, the relatives, were involved in the development and review of the care plan. It was noted that when it was not possible for relatives to attend teleconferencing facilities were provided.

The inspector saw that the care plans were updated to reflect the recommendations of various members of the multidisciplinary team.

Judgment: Compliant

### Regulation 6: Health care

There was good access to appropriate medical and healthcare.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff had up-to-date knowledge and skills to respond to residents who were identified as having responsive behaviour. The use of restraints, such as bedrails, was being monitored and reviewed to ensure it remained the least restrictive option available.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

The provider had clear processes in place to protect residents' finances. Appropriate arrangements were in place where the provider was a pension agent. Some pocket monies were managed and the inspector saw that recent changes had been introduced to make this system more robust. Balances checked on inspection were
### Regulation 9: Residents' rights

The centre was operating in a way that had regard for each resident's religious and cultural background. They were able to undertake activities in private, had access to media and were able to vote if it was their choice to do so. In addition, the inspector noted that computer and skype facilities were available for residents.

There were facilities to support a programme of activities relevant to the residents.

Judgment: 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:

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