



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Kiltipper Woods Care Centre
Name of provider:	Kiltipper Woods Care Centre
Address of centre:	Kiltipper Road, Tallaght, Dublin 24
Type of inspection:	Announced
Date of inspection:	11 July 2018
Centre ID:	OSV-0000053
Fieldwork ID:	MON-0023895

About the designated centre

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

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

The following information outlines some additional data on this centre.

Current registration end date:	26/08/2019
Number of residents on the date of inspection:	114

How we inspect

To prepare for this inspection the inspector or 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
11 July 2018	09:00hrs to 17:00hrs	Sarah Carter	Lead
12 July 2018	09:00hrs to 17:00hrs	Sarah Carter	Lead

Views of people who use the service

The inspector spoke with residents in their rooms and in communal areas of the centre, over the two days of inspection, and reviewed questionnaires that many had completed prior to the inspection.

Almost one third of residents' views were captured by the interviews and in the questionnaires.

Residents were satisfied with the premises and their accommodation, many praised the layout of their bedrooms, the availability of the en-suite facilities, their abilities to bring in personal items into their rooms, and the views of the courtyard or external gardens or mountains.

Residents were also complimentary about the availability of an on-site cafe to meet their visitors that was available for themselves to drop into, and commented that their visitors were treated very well by staff.

Many praised the food, although some comments were noted in the questionnaires that requested more variety and a later tea-time. Food was noted by the residents as plentiful in the centre, with access to a variety of snacks throughout the day.

Residents also praised the staff, expressing opinions that they were caring and kind, and it was also reported that the consistency in staffing was very important to residents as they felt they knew the staff well and the staff knew them.

Residents who had raised complaints or given feedback to the management team were satisfied with how that feedback was received, and by the responses they received or in progress. They said redress was swift and any outstanding issues were in progress and the management team had been involved.

Residents who participated in activities felt they were appropriate and accessible, and those residents who did not participate said they wished to spend time on their own and in their rooms and did not feel any obligation or pressure to attend. There was choice available for residents who did not wish to join groups, and many spoke about the computers, internet, selection of movies and books that were available.

Residents who were not able to communicate with the inspector were noted to be well groomed and had staff attending to them routinely, asking questions and telling them about the day.

Capacity and capability

This inspection took place to monitor compliance, to assist in renewing the centres registration and to inspect four new bedrooms which had been built in a new extension to the ground floor. The new rooms consisted of four en-suite bedrooms and a seating rest area in an extension to a unit called Rosewood. These rooms and the premises will be discussed in the quality and safety section of this report.

The inspector found that this centre was managed effectively and provided all its services safely and for the benefit of the residents who lived there.

There was a stable management team in place, who worked well together and had clear systems in place to monitor the effectiveness of services. The management team were responsive to any findings within the data they gathered, that indicated parts of the service needed improvement, and action plans were seen and completed to address the issues identified.

The management team had employed sufficient staff members and delegated duties appropriately to staff members to provide the services they described in their statement of purpose. The skill mix of staff on the different units was deemed sufficient to meet the dependency needs of the residents who lived in the particular units.

There was an annual review completed for 2017, and it reflected consultation with residents. It also identified many quality improvement projects, some of which were in progress, and many which had been completed in the earlier part of this year.

One aspect of the service was working particularly well as the centre had developed and ran themed weeks; for example a "dignity awareness week". These special weeks encompassed additional staff training on a given topic relevant to residents care or quality of life, and initiatives such as group and art projects with the residents, as well as the development of specific information booklets for the residents and staff.

The management team had a clear organisational structure, with different members of the team responsible for different aspects of the services. Policies and procedures were routinely reviewed by a policy review committee, and were found to be closely followed by staff. Policies were clear and well written and included some highlighted and key phrases throughout to draw staff attention to key parts of the policies. Policies were routinely disseminated to staff through a process of weekly tool box talks.

The workforce was sufficient to deliver the services in the centre. The rosters were reviewed for the week before and after the inspection as well as the days of the inspection. There was a gender mix available on every shift throughout the day and night, to meet the preferences of the residents. There were in-house specialists including a full time general practitioner (GP), physiotherapists and occupational therapists available to meet resident's needs. The centre also has a small number of volunteers who facilitated popular aspects of the activity programme, and their roles

were described as per the regulations.

All staff and volunteers were Garda vetted, and the staff files reviewed had all components as required by the legislation including copies of identification, references and annual appraisals.

The complaints process was working well, and the records maintained were to high standards. Complainants were recorded as satisfied and redress was swift. There were regular reviews occurring of the complaints process by a senior manager in the centre.

The person in charge was a suitably skilled and experienced registered nurse. She is also the provider representative in the centre, and holds overall responsibility for the service.

During adverse weather in the earlier part of this year the policy and procedure to manage adverse events worked well, and staff were commended for their performance during this period by both residents and management.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider submitted all the required details to apply for the registration of their four additional bedrooms.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a skilled and experienced nurse who works full time in the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had employed sufficient staff to care for the needs of residents in the centre. There were registered nurses on site throughout the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were fully trained and supervised in their work. Staff interviewed were knowledgeable about policies and procedures in addition to the Health Act and Regulations.

Judgment: Compliant

Regulation 21: Records

All records reviewed in the centre met the requirements of this regulation. All policies and procedure were up to date and were seen to guide practice.

Judgment: Compliant

Regulation 23: Governance and management

There were safe and effective systems in place to monitor the effective and safety of the service. The provider had sufficient resource in place to run the service.

Judgment: Compliant

Regulation 3: Statement of purpose

the statement of purpose was available and included what was required under the regulation. A update to the statement of purpose was submitted to HIQA immediately after the with some additional detail to satisfy all aspects of the registration process.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had a role description and Garda vetting in place. They were known to and supervised in their work by the management team.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedures was displayed in the centre and records kept of complaints indicated that complaints were dealt with quickly and records maintained. Any actions that were taken or required on foot of a complaint were recorded and discussed at management meetings.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 policies were up to date and available to staff.

Judgment: Compliant

Quality and safety

The services provided were high quality and running safely for the benefit of the residents who lived there.

Residents' needs were comprehensively assessed on admission to the centre by an in-house general practitioners and there was access to specialist allied health practitioners (physiotherapists and occupational therapists) if required. Care plans were developed, and the samples seen by the inspector were well written, clear and were person centred. There was evidence that the care plans had been developed in consultation with the resident and / or their relatives if appropriate. The care plans were reviewed every three months, and were guiding staff to provide care every day. There was access to specialist medical services as well. The provider reported that due to their proximity to a large hospital and their provision of convalescent beds to large hospitals in the Dublin area, the residents were able to access hospital services quickly and information was shared between the centre and the hospital effectively. The GP had access to an electronic record system that could be accessed from his surgery, and blood results were uploaded to this directly from the hospital near by, and ready for all staff to review quickly.

Medications were safely dispensed in the centre as per residents' prescriptions, and the storage of medications was safe and correct as per the regulations. Medication audits were completed routinely, and there was also a process in place to review nurses' competency level in dispensing medication and to monitor medication errors. Any errors that had been identified had an accompanying plan to address the error and the action was completed.

Residents who displayed responsive behaviours were safely treated in the centre, and in a manner that was least restrictive. There were some bed rails in use in the centre, and the inspector found that the process of assessing these was clear and timely and included a section that indicated alternatives were trialled. The alternatives to restrictive practices were not consistently described in the sample seen, and the person in charge (PIC) agreed to review the records to ensure this information was included in detail going forward. There was a policy in place to guide staffing practices with residents who displayed responsive behaviours, and staff had attended training in the area. No psychotropic medications were in use in the centre as a treatment for responsive behaviours.

Resident's safety and rights were upheld in the centre. Staff were fully trained in safeguarding, and there was an up to date policy in place to guide practice. Any residents spoken to during the two days of inspection reported they felt safe in the centre. The centre did not act as a pension agent for any of their residents therefore their management of residents' pension monies was not explored.

Resident's rights to privacy and dignity were managed by staff through respectful interactions, and honouring the resident's choices on a day to day basis. Voting had been facilitated in the centre in previous referendum and elections. There was a varied activity programme in place and attendance records were maintained. The level of engagement and impact of the activity on residents was not recorded, although residents were keen to tell the inspector that they valued the activities they engaged in, and found them enjoyable.

There was adequate space for residents' personal possessions in their bedrooms, and all bedrooms had an option for residents to securely store their belongings if they wished. Resident's laundry could be managed within the centre, and many residents reported they were satisfied with this system, although some elected to send their laundry elsewhere and that choice was facilitated and respected by staff.

Resident's safety was also promoted in the centre by robust risk management, health and safety and infection control policies and procedures. Risk assessments were in place and being updated for key clinical and non-clinical risks. Reviews of incidents were completed by the management team, and any action plans had been complete door were delegated to a named individual. Staff were seen to use hand hygiene resources throughout the day and during medication dispensing. There was sufficient personal protective equipment available in resident's rooms who had infections, and it was stored discretely inside their bedroom doors instead of on the corridors.

There were good fire safety practices being followed in the centre, with all aspects

of the fire prevention system and equipment being serviced regularly. Fire drills were taking place and clearly recorded, indicated how long they drill took and noting actions to be implemented. The building had fire compartments throughout and the new bedrooms added to the ground floor were beside a new fire exit. In some parts of the building bedroom doors were not on magnetic locks, and the fire procedure clearly delegated staff duties to include the closure of doors in the event of an alarm activation.

The premises were appropriate to manage the needs of the residents who lived there, and to provide the service as described in the statement of purpose. The majority of rooms in the centre were single and en-suite and residents spoken to were complimentary about their size and location. There were handrails along corridors, clean and non-slip flooring and adequate seating rest areas spaced throughout corridors for residents to take breaks. There was also a seating area defined as an internet hub where residents could access computers and communicate with the friends and relatives on skype if they wished.

As the building was designed around a central courtyard area, many ground floor bedrooms had direct access to the courtyard through patio doors, and others had windows to look directly out. Many of these bedrooms had venetian blinds to increase privacy, however some did not, and the provider and management team agreed to review the privacy needs and requirement of residents in those remaining rooms. The residents who lived in these rooms, with whom the inspector spoke, indicated their preference was to see out to the courtyard.

The four new bedrooms were finished to a high specification. They were single en-suite rooms, with sufficient room to accommodate wide beds and residents with bariatric needs. There was under floor heating which could be controlled by the individual, sufficient storage and direct access to a secure outdoor area of the grounds through patio doors, and call bells were in place in each bedroom and en-suite. There was a small seating area in this part of the area, which was decorated to look homely and comfortable.

Throughout the inspection days, visitors were observed coming in and out of the centre and a log book was being maintained at reception. There was sufficient seating and rest stops throughout the building as well as a courtyard with plentiful seating and a café for residents to meet their visitors.

Regulation 11: Visits

Visitors were welcome in the centre and there was sufficient space to facilitate private visits if required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to sufficient storage for their personal belongings and there was an in-house laundry service that residents could use.

Judgment: Compliant

Regulation 17: Premises

The premises was purpose built, well maintained and spacious. It meets all the requirements of the regulations and Schedule 6.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date risk management policy and maintained a risk register. Measures were in place to control the specific risks as outlined by the regulations.

Judgment: Compliant

Regulation 27: Infection control

There were policies and procedures in place to prevent and control healthcare associated infections in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was taking adequate precautions to manage the risk of fire, and arrangements in place to respond to fire emergencies. Equipment was well maintained and a register was kept indicated service records, training, drills and records of any testing that took place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were dispensed and supplied to the resident in line with the regulation and good practice guidelines. Medication was stored securely and safely.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were in place for every resident that were clear and person centred. Care plans were seen to guide practice and there was evidence they were reviewed regularly and within the required timeframe.

Judgment: Compliant

Regulation 6: Health care

Residents had access to an on-site General Practitioner (GP) but could choose a different GP if they wished. Referrals were made to specialist health professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed behaviour that challenges, were thoroughly assessed and had clear plans in place to manage the behaviours in the least restrictive fashion.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded in the centre by a clear policy and procedure and fully

trained staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to and a choice in recreational activities, and had access to TV, radio, newspapers and the Internet. There was an advocacy service available in the centre and their right to privacy was respected by staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant