



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

Name of designated centre:	Killure Bridge Nursing Home
Name of provider:	Killure Bridge Nursing Home Limited
Address of centre:	Airport Road, Waterford
Type of inspection:	Announced
Date of inspection:	25 September 2018
Centre ID:	OSV-0000242
Fieldwork ID:	MON-0022214

## About the designated centre

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

Killure Bridge Nursing Home is a designated centre registered to provide care to 79 dependent people. It is a purpose built single story building opened in December 2004 and consists of 62 single en suite bedrooms, five single bedrooms and six twin rooms surrounded by four acres of landscaped gardens. It is situated three kilometres outside Waterford city. The communal space includes two large comfortably furnished day rooms and a number of smaller rooms including a library and oratory which are quiet spaces for residents and relative use. There are two dining rooms and a kitchenette is located on one wing for residents and relatives to make a cup of tea or a snack at any time. Appropriate assistive equipment is provided to meet residents' needs such as hoists, specialised seating, beds and mattresses. The outdoor landscaped gardens are located around the premise with three additional small enclosed gardens, one of which is a focal point in the centre and enjoyed by residents and relatives. The outside garden area is accessed through several exists and there are seating areas and pathways for residents and visitors to walk on. The outside garden area also contains bird tables, shrubs, potted plants and the duck pond near the entrance. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

**The following information outlines some additional data on this centre.**

Current registration end date:	19/02/2019
Number of residents on the date of inspection:	77

## 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
25 September 2018	09:50hrs to 17:50hrs	Caroline Connelly	Lead
26 September 2018	09:25hrs to 15:40hrs	Caroline Connelly	Lead

## Views of people who use the service

The inspector spoke with the majority of the residents and numerous relatives throughout the inspection. There were also 13 completed questionnaires received by HIQA. Residents said they felt safe and well cared for and knew the names of the person in charge and staff whom they considered to be very approachable and helpful.

All residents spoken to reported satisfaction with the food and said plenty of choices were offered at meal times. They were particularly complimentary about the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals.

Residents who spoke with the inspector were very happy with the activities and said they particularly enjoyed the music sessions which were on daily, seven days a week, bingo was a close second and numerous other activities were outlined. Residents spoke of the trips out accompanied by staff and families which they enjoyed and looked forward to. Questionnaires reviewed were very positive in their comments about the service provided and the staff. Many referred to being part of a family in the centre. All praised the staff for their care and kindness and a number outlined their dedication to the residents which was even more apparent when a resident was ill. Several relatives described the welcome they receive whenever they visit and described their ability to talk to the person in charge or staff whenever they wanted to. A couple of residents described how the staff help them to do their hair and put on make up and felt they are treated with respect and dignity. All residents and relatives were complimentary about the premises describing it as very clean and a friendly homely environment

Residents and relatives were very complimentary about the management team and said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

## Capacity and capability

There were very effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and the centre was compliant with the regulations. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement

of purpose.

There was a clearly defined management structure in place, the provider representative visited the centre on a regular basis and held weekly governance and management meetings. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by three Clinical Nurse Managers (CNM), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The provider representative and management team displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular reviews of all aspects of the service and resident care utilising key performance indicators, staff appraisals and provision of staff training.

There was a comprehensive audit management system in place which identified a variety of audits to be completed during the year. The inspector reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, falls, meal times, wound management, care plans, call bells and manual handling audit. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge regularly received feedback from residents and relatives via the residents forum and through resident and relatives' surveys. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2017. This review was made available to residents and relatives in an easy to read format and was discussed at residents meetings.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work and there was low turnover of staff. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents. Staff supervision was implemented through monitoring procedures and senior nursing staff and a recently promoted senior care assistant ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and

induction of new employees and also referenced job description requirements and probation reviews. The inspector saw that these were followed through in practice with robust recruitment and comprehensive induction in place. The person in charge confirmed that all staff had Gardai vetting and that no staff member commenced employment until satisfactory vetting is in place.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider made an application for the renewal of its registration to the chief inspector in the form determined by the chief inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities. The person in charge had maintained her continuous professional development having previously completed an MSc in advancing healthcare practice, a BSc in Nursing, a certificate course in nurse prescribing, and additional gerontology and management courses. She continued to attend training and seminars relevant to her role such as end of life care, nutrition and dementia and medication management. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection and it was obvious that she was well known to all.

Judgment: Compliant

#### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of three nurses on duty during the day and two nurses at night, with a

regular pattern of rostered care staff. Cleaning, catering and laundry staff were also on duty on a daily basis.

Judgment: Compliant

### Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as dementia care, nutrition and continence care. Nursing staff also attended clinical training such as wound care, phlebotomy, medication management and end of life care. There was evidence that training was scheduled on an ongoing basis. The person in charge and a number of staff had completed train the trainer courses and were providing in-house training to staff.

Comprehensive induction programmes were in place for new staff which were being kept under review and updated as required. There was evidence of good supervision and staff development.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained all the requirements of regulations and was maintained in a consistent and safe manner.

Judgment: Compliant

### Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to be very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

## Regulation 22: Insurance

The centre had appropriate insurance for the centre and the insurance cert was clearly displayed.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. This was further enhanced by the introduction of the role of a senior care staff since the previous inspection, which has assisted with staff supervision and induction of new staff. Robust management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care and, which contained details of the service to be provided and the fee to be paid. Additional charges were clearly outlined. The contracts also included the room occupied by the resident as required by the regulations.

Judgment: Compliant

## Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size

and layout of the premises.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints. Complaints were audited and the discussed at the governance meetings.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The designated centre had all of the written operational policies as required by Schedules 5 of the regulations. Policies were centre specific, comprehensive and referenced the latest national policy, guidance and published research. Policies had been updated in July 2018 and staff were made aware of their contents.

Judgment: Compliant

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

There were three CNM's working in the centre who takes charge of the centre in the absence of the person in charge and the inspector interacted with one of the CNM's during the inspection.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared for and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. Reviews and ongoing medical interventions as well as laboratory results were evidenced. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, physiotherapy and chiropody. Residents in the centre also had access to specialist mental health services and were reviewed regularly and as required. The inspector also observed that residents had easy access to other community care based services such as dentists and opticians. Overall, residents and relatives expressed satisfaction with the healthcare service provided.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives and the annual review was made available to all.

There was evidence that the centre is rooted in the local community with local choirs and schools regular visitors to the centre. A varied and interesting social programme was seen and residents' photos and art work was displayed throughout the centre. The inspector saw a number of different activities taking place during the inspection from small group activities such as Sonas dementia support therapy and large board games to large groups attending the daily music sessions. Individual one to one activities also took place for residents in their own rooms and dog therapy was popular with a large number of residents. Some residents regularly went out for coffee and went to a local pub. Residents told the inspector about the variety of activities they enjoyed. Residents' religious preferences were facilitated through

regular visits by clergy from different churches to the centre. There was mass held the first Friday each month and prayers were available each day. Residents were facilitated to exercise their civil, political and religious rights. The inspector noted that residents were enabled to vote in national referenda and elections as the centre was registered to enable postal polling. Advocacy services were available to residents as required.

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. Improvements were seen in the premises to insure that it was consistent with some of the design principles of dementia-specific care. Corridors were brightened with art work and focal points and signage and cues were used to assist residents with perceptual difficulties and orient residents. Overall the premises was very bright, clean and well maintained. There was plenty of communal space including outdoor areas for residents to enjoy. The provider had improved the area around the outside of the building providing a safe tarmacadam pathway around the building where residents and relatives can walk. The plans to build a new laundry were delayed due to technical issues which have now been resolved and planning permission has been granted. The provider told the inspector this is currently out to tender with the vision it will be completed in the next number of months.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly. An emergency plan had been developed an appropriate response was in place for all emergency situations.

### Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area's, in the garden and in their rooms. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

### Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked

storage space in residents bedrooms. Many bedrooms were seen to be personalised with photographs and items residents brought in from home.

Judgment: Compliant

### Regulation 17: Premises

The premises and external gardens were very well maintained and ongoing improvements were taking place. Overall the premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

Laundry was provided in the centre for the majority of 79 residents however, the laundry room was small in size and on the previous inspection it appeared cluttered and did not provide adequate space for the separation of clean and dirty laundry. On this inspection some new systems had been put in place to ensure clean and dirty linen were separated and personal laundry was completed outside of normal laundry hours to prevent excess laundry at any time. The person in charge and provider representative had informed the inspector that a new laundry was to be built following the previous inspection. However due to technical difficulties this was delayed.

On this inspection the provider representative provided the inspector with plans that were well advanced in relation to replacing the existing laundry facilities this was due to be completed by the end of November 2018.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

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. Meals and meal times were observed to be an enjoyable experience.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

### Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular detailed fire drills were undertaken at different times of the day.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and the inspectors saw good practice in medication administration during the inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapist, dietician, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team. Staff spoken to by the inspector outlined person centred interventions including utilising the use of music, walks in the garden and distraction techniques.

Judgment: Compliant

### Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. There was

a very clear system in place in the management of residents' finances and in the invoicing for extra items as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and regularly audited.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. There was a relative who acted as a resident representative who attended residents meetings and was also available for advise and support for other relatives. A comprehensive programme of appropriate activities were available and there was easy access to the outdoor space.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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

# Compliance Plan for Killure Bridge Nursing Home OSV-0000242

Inspection ID: MON-0022214

Date of inspection: 26/09/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  New Laundry building will be completed by 31/01/2019	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/01/2019