



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

Issued by the Chief Inspector

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:	Unannounced
Date of inspection:	14 October 2020
Centre ID:	OSV-0000242
Fieldwork ID:	MON-0030733

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, two dining rooms and a number of smaller rooms including a library and oratory which are quiet spaces for residents and relative use. 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.

Number of residents on the date of inspection:	78
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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:

Date	Times of Inspection	Inspector	Role
Wednesday 14 October 2020	09:20hrs to 16:30hrs	Caroline Connelly	Lead
Wednesday 14 October 2020	09:20hrs to 16:30hrs	Helena Grigova	Support

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a very nice place to live with plenty of choice in their daily lives. Staff promoted a person-centred approach to care and were found to be kind and caring. Inspectors met with a large number of residents present on the day of the inspection and spoke in more detail with eight residents and also met a number of visitors on window visits during the inspection.

The inspectors arrived unannounced to the centre in the morning and saw numerous residents up and about. A number were enjoying breakfast in the dining rooms, whilst others were relaxing in various day and activity rooms. The centre was a hive of activity as residents got up and ready for the day. Some residents were seen to move freely around the centre and some were accompanied by staff as required. The corridors were sufficiently wide to accommodate walking aids and wheelchairs, handrails were readily available for residents use. The person in charge accompanied the inspectors on a tour of the premises where they also met and spoke with residents in their bedrooms, in the day room and outside in the courtyard. The residents in the courtyard told the inspectors that they had easy access to the courtyards from the centre and enjoyed going out in the good weather. One of the courtyards was also home to a smoking shelter so residents were seen to use this at various times throughout the day and told the inspectors that this facility was very important to them.

The centre was seen to be homely, well decorated and very clean throughout. There were numerous decorative murals painted on walls in the centre and in the courtyard. They were of scenes of local places of interest and residents told inspectors it was lovely to reminisce looking at the murals. Beautiful black and white individual portraits of residents adorned one wall and the person in charge explained that these were taken and framed as part of an art project. There were a number of bright day rooms, activity room and dining rooms where residents were able to use and be together with other residents whilst still maintaining social distancing guidelines. Resident's bedrooms were seen to be much personalised with plenty of space for clothing and belongings. Directional signage was pictorial as well as written this assisted residents with cognitive difficulties to find areas of the centre. Residents were facilitated to exercise their civil, political and religious rights. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms whether they wished to stay in their room or spend time with others in the sitting rooms. One resident explained to the inspectors that she liked to spend part of the day in her bedroom where she was comfortable. She also enjoyed company and liked staff to stop by for a chat.

The centre had recently closed again to visitors because of the increase in restrictions due to the COVID- 19 pandemic but they had allowed window visiting and some garden visiting using social distancing. Visiting on compassionate grounds was also facilitated. Inspectors saw and were informed that a number of visitors had

used technology such as video calling, telephone calls, emails etc, to keep in touch with their family member. The inspectors met one resident who had learnt to email in the centre with assistance from staff and her family. Following meeting the inspectors in the morning she had emailed her daughter to inform her that inspectors were present in the centre. The inspectors were informed of this by her daughter who was visiting her mother via a window visit in the afternoon. The resident and family told the inspectors that were also looking at new forms of technology where headphones and a microphone could be used as the resident suffered from deafness. They felt this would assist with communication when having window visits. Some residents told the inspectors that they had missed seeing their family and were looking forward to having in door visits again in the future but said the staff had been great during this time. Despite the lack of visitors the inspectors saw a lot of activity taking place during the inspection. This included a mixture of small group activities and one to one time spent with staff. Residents told inspector's that there had been an increase in activities during the pandemic and there was always something to do in the centre. A number of residents requested more bingo, it is already available three times a week but said they just loved it. Inspectors also saw exercise groups, knitting groups, music sessions, one to one chats and arts and crafts taking place during the inspection. Residents told the inspectors that the activities were very important to them and they looked forward to the quizzes, bingo, special events such as parties for special occasions. Inspectors also observed some very person centred interactions with staff and residents in resident's rooms and in the communal areas.

There was evidence that the centre is embedded in the local community and local businesses had donated treats for the residents during the pandemic and prior to the pandemic schools and choirs were regular visitors to the centre. During the pandemic residents told the inspector they spent a lot of time outside enjoying the landscaped gardens. The garden to the front of the centre contained bird tables, shrubs, potted plants and a full duck pond near the entrance. A new sunhouse/outdoor visiting area was developed near the pond which was of very high quality and was in constant use during the dry weather. The person in charge said residents and staff had decided to name the sunhouse after a very popular and well loved resident who had recently passed away in the centre. Hens and a henhouse were also at home in the garden and residents said they enjoyed watching the hens and the ducks as many of the residents were from a rural background. The inspectors also saw a trishaw parked outside the centre, which is used to take residents out for a cycle, the cycling being completed by the staff member whilst the resident sits back and enjoys the view of the surrounding countryside. Two residents used to be able to go together before but because of the social distancing requirements this has been reduced to one resident at a time. Residents reported it to be an enjoyable activity and it was lovely to get out in the fresh air.

Residents in the centre stated that they enjoyed living in the centre. Staff were kind and attentive and residents were complimentary about the food. Inspectors saw that residents were offered choice and pictorial menus displayed which assisted residents with cognitive impairment to ensure they understood the choice they were making. The menu was seen to be varied and the residents said if they didn't like what was on the menu they were given other choices. Modified diets were

seen to be well presented and appetising. Meal times in the dining room had been extended to ensure residents could still attend the dining room for meals but abide by social distancing, this meant there were a number of sittings but they were generally observed to be an unhurried social event.

Residents and relatives were complimentary about staff saying that staff are excellent, friendly courteous and understanding. Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents stated that staff were kind and nice and are very helpful. Staff were seen to make a special effort to facilitate residents to talk to their families during the time of no visiting. The inspectors saw and residents confirmed that staff assisted residents to keep up their appearance. The inspectors saw that residents' nails were painted and their hair was done, one of the cleaning staff had taken on the role of hairdressing in the absence of the hairdresser being able to come into the centre. Residents said this was very important to them and they liked to look well for photos and interactions with their families. Relatives said communication with the centre during the COVID-19 pandemic has been excellent. Emails and photos were sent to families. With residents permission photos and events were uploaded to the centers facebook page and a text messaging system was set up for family members. Staff were seen to abide by best practice in the sanitising of hands and wearing of PPE. 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 has a very good compliance history 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.

The Inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. Infection control practices were of a high standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre. The management team had established links with the public health team and HSE lead for their area. A local COVID-19 management team had been established within the geographical area and the person in charge was fully involved and instrumental in these meetings. There was a clear and comprehensive COVID-19 emergency plan

and policy in place which the inspectors reviewed. Cautionary signage was seen throughout and social distancing was put in place throughout the centre.

The centre is owned and operated by Killure Bridge Nursing Home Limited who is the registered provider. The company is made up of six directors, two of which are actively involved in the running of the centre on a regular and consistent basis. Weekly governance meetings are held between the Registered Provider Representative (RPR) and the person in charge where all aspects of the service are discussed and actioned. Minutes of these meetings were evidenced and the action plans updated. There was a clearly defined management structure in place, 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 two 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 representatives 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 evidence of quality improvement strategies and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. For example; audits were carried out in relation to infection control, environmental audits, medication management, care planning and falls. Following completion of audits, there was evidence that the person in charge had highlighted any issues to responsible staff for action. These arrangements gave assurance to the provider representative that improvements were being monitored, measured and actioned. The management team had completed a 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 2019. Residents surveys were ongoing including a recent survey that took place with residents in relation to their satisfaction in the centre during the COVID-19 restrictions.

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 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. 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. 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.

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 and a twilight nurse at night, with a regular pattern of rostered care staff. Cleaning, catering and laundry staff were also on duty on a daily basis. Staffing levels had increased since the commencement of the COVID-19 pandemic particularly in areas of cleaning and activities. Staff were allocated to work in separate teams to minimise contacts with the residents and other staff members. Staff facilities were extended to meet social distancing guidelines.

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. The person in charge was undertaking a professional qualification in infection control. Infection control training was ongoing for all staff as was hand hygiene and the wearing, donning and doffing of PPE. Staff confirmed that they received regular COVID-19 preparedness updates.

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 inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspectors were found to very well maintained and contain the requirements of schedule 2 of the regulations.

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. Robust management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Comprehensive preparedness plans were in place for the management of an outbreak of COVID-19 and extra resources were made available in staffing levels and equipment.

There was evidence of a comprehensive auditing system of all aspects of care and service in the centre which was instrumental in effecting change as required. Regular residents meetings and surveys of residents and relatives ensured residents views were taken into account in all aspects of the service. 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 inspectors 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

The center's statement of purpose was recently revised to reflect changes due to COVID-19 and contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2013. The statement of purpose accurately described the management structure, the facilities and the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

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

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.

Residents who spoke with the inspector were aware of the complaints procedure and reported feeling safe and confirmed high satisfaction with the services.

Judgment: Compliant

Quality and safety

Overall, despite the COVID-19 restrictions residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Formal residents' meetings were held monthly and resident's religious preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. There was a comprehensive programme of activities available to residents. Inspectors found that an ethos of respect for residents was evident and there appeared to be a warm and friendly atmosphere between residents and staff. Residents and relatives gave positive feedback regarding all aspects of life and care in the centre. The provider used different ways to get feedback about the quality of the service, and included questionnaires about the service being provided, including feedback on their experience during the COVID-19 restrictions and feedback from the regular residents meetings. Residents' rights were seen to be respected 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 outpatient services. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated and advocacy services were available to residents as required

Inspectors 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. 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 easy to access outdoor areas for residents to enjoy. 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.

There was a good menu choice available and residents were very complimentary about the food, the choice and the service. Mealtimes were seen to be social occasions with the majority of the residents attending the dining room for their meals. Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place.

There was very good oversight of infection prevention and control measures. Protocols were in place in line with the HSE and HPSC guidance to ensure the ongoing safety of residents and staff. Procedures were in place to facilitate isolation of residents should the need arise. There were adequate hand sanitizer dispensers in all areas of the centre and along corridors, clinical waste bins and PPE were readily available throughout the centre. The centre was observed to be very clean. An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High use areas are now cleaned frequently and deep cleaning schedules have been enhanced. The management team had ensured adequate supplies of cleaning products were available and was availing and using all updated guidance in relation to cleaning materials. Up to date information from professional organisations and from the Health Information and Quality Authority was seen to be available to the staff team. An infection control committee was in place and frequent refreshers on hand hygiene and the use of PPE were provided to staff and residents. All aspects of infection control were well audited in the centre.

Regulation 11: Visits

The centre normally operates an open visiting policy but due to the COVID-19 pandemic the centre was currently closed to visitors except in exceptional and compassionate circumstances for end of life. Garden and window visits had been facilitated and inspectors saw a number of window visits taking place during the inspection.

The inspector saw that compassionate visits were facilitated at any time. Staff were also committed to ensuring residents and their families remained in contact by

means of Skype, WhatsApp, email, facebook and other video and telephone calls.

Judgment: Compliant

Regulation 17: Premises

The premises and external gardens were very well maintained and ongoing improvements were taking place. A new large laundry had been added to the back of the centre since the previous inspection which enable appropriate segregation of clean and dirty linen. The old linen room provided a much needed extra storage room in the centre. Overall the premises were suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way.

Judgment: Compliant

Regulation 26: Risk management

The risk register was maintained and updated to manage the risks for each area of the centre. This was regularly reviewed and updated for example in reflection to risks related to COVID-19. There was an updated health and safety statement with an emergency plan including the procedures to be followed for emergency evacuation of the centre.

Serious risks were identified, recorded, investigated and learning from serious incidents or adverse events involving residents were outlined and action taken completed.

Judgment: Compliant

Regulation 27: Infection control

Infection control policies and procedures had been augmented since the COVID-19 pandemic crisis to take into account the highly contagious nature of the virus. Excellent links had been established with public health, the HSE and support and advice was available from the geriatrician and palliative care consultants from the

local hospital. HSE and the health protection and surveillance centre (HPSC) guidelines were accessible to staff and the guidelines were seen to be followed in practice. Residents were seen to be isolated on admission and return from hospital for a period of two weeks, as set out in the aforementioned guidelines.

All staff have access to personal protective equipment and there was up to date guidance on the use of these available. All staff were observed to be wearing surgical face masks correctly as per the relevant guidance. Alcohol gel was observed to be available throughout and the inspectors were asked to use on entering the centre along with a temperature check and check on health status. Hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE from the HSE and were confident staff were trained and knowledgeable in the correct use of same. Staff had been re-trained in all aspects of infection control, including donning and doffing of PPE and physical distancing and the person in charge was undertaking a post registration qualification in infection control. Staff spoken with were found to be knowledgeable of correct practice and were aware of symptoms of COVID-19 to look out for in residents, themselves and other staff members.

The centre was seen to be visible clean and best practice guidelines were seen to be followed in all aspects of cleaning with detailed deep cleaning schedules in place. Daily checklists were completed. Cleaning staff numbers had significantly increased since the onset of the COVID-19 pandemic and there were five cleaning staff on duty during the inspection. The provider had invested in extra resources such as individual shower chairs, commodes and individual hoist slings to prevent cross infection

Special precautions were in place for infected laundry including the use of alginate bags and clinical waste procedures were seen to be robust. The new laundry ensured there was clear separation of clean and dirty linen. All staff members have attended for swab-tested on a fortnightly basis and temperature checks were in place for staff and residents twice daily.

Judgment: Compliant

Regulation 28: Fire precautions

The fire alarm, emergency lighting and fire extinguishers were serviced as required and the records were available for review. Regular fire drills were undertaken during the day and at night time and full compartment evacuations were simulated with acceptable time frames.

Staff had completed fire safety training on annual basis. Inspectors reviewed files for newly recruited staff and they all obtained fire training as part of their induction

program followed by full training.

The fire procedures and evacuation plans were prominently displayed. Each resident had an up to date personal emergency evacuation plan. Inspectors found that all fire exits were clear and unobstructed on the day of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care plans were updated regularly as required by legislation and thereafter to reflect residents changing needs. There was evidence that the care plans had been discussed with residents or relatives if appropriate. The inspectors saw that each resident care plan reviewed, residents were comprehensively assessed within 48 hours of admission with relevant care plans to support resident's needs. A sample of care plans showed that residents were risk assessed for clinical risk such as malnutrition, falls, pressure ulcers and a smoking risk assessment was in place for residents who smoked.

There were no residents with pressure sores and residents at risk of pressure damage were provided with pressure relieving mattresses and cushions.

On discussion with the inspectors, staff were knowledgeable about residents likes, dislikes and residents care needs. Staff who spoke with an inspector were also aware of typical and non-typical presentation of COVID-19 and what symptoms and signs to look out for in residents, should they become unwell. There was active monitoring of residents for signs and symptoms as evidenced in residents care plans.

Judgment: Compliant

Regulation 6: Health care

Inspectors were 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.

In relation to COVID-19, the centre had updated End of Life and Palliative Care policies in place. There was evidence of liaison with the public health officer and with the HSE locally regarding supplies of oxygen, PPE, funding and management of

same. In addition anticipatory prescribing systems were in place for those residents that may require them. Advanced care plans were in place for all residents and the inspectors noted that there had been discussions regarding potential care options and residents or their representative had involved in the discussion of same.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspectors 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.

Staff promoted the principles of restraint free environment and this was a priority of the person in charge who said that they try not to use any restraint measures except when alternatives and other interventions had failed. Three residents had bedrails at night to prevent falls or because residents expressed that they feel safer with them.

Judgment: Compliant

Regulation 8: Protection

Inspectors were 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. Pension agent arrangements were robust with separate client accounts available.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There were two activity co-ordinators and a varied and stimulating activities programme was in place with a large number of activities held every day. During the COVID-19 pandemic, activity sessions and external activities in the gardens were particularly important to keep residents spirits up. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities.

Residents had access to media and aids such as radio, televisions, telephone and wireless Internet access were also readily available. This was used to keep in contact with their families during the period of restricted visiting.

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. Resident and relative surveys were undertaken including a survey with relatives around communication and management of the centre during the pandemic and with visiting restrictions.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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

