

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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| Centre name: | Killure Bridge Nursing Home |
| Centre ID: | OSV-0000242 |
| Centre address: | Airport Road, Waterford. |
| Telephone number: | 051 870 055 |
| Email address: | info@killurebridge.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Killure Bridge Nursing Home Limited |
| Provider Nominee: | Kenneth Walsh |
| Lead inspector: | Vincent Kearns |
| Support inspector(s): | None |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 79 |
| Number of vacancies on the date of inspection: | 0 |

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

| | |
|---------------------|---------------------|
| From: | To: |
| 26 April 2017 08:30 | 26 April 2017 17:30 |
| 27 April 2017 07:30 | 27 April 2017 14:30 |

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs | Substantially Compliant | Compliant |
| Outcome 02: Safeguarding and Safety | Substantially Compliant | Substantially Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant | Compliant |
| Outcome 04: Complaints procedures | Substantially Compliant | Compliant |
| Outcome 05: Suitable Staffing | Substantially Compliant | Compliant |
| Outcome 06: Safe and Suitable Premises | Substantially Compliant | Non Compliant - Moderate |

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia in the centre. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were examined. The inspector met with residents, relatives, staff members, the person in charge and the provider representative during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire, submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were a total of 79 residents living in the centre with two residents in hospital. The inspector observed that many of the residents required a significant level of assistance and monitoring due to the complexity of their individual needs with 54% of residents' assessed at having a maximum or high dependency needs. Thirty-seven residents (47%) had a formal diagnosis of dementia. The inspector also observed that some residents functioned at high levels of independence. Overall, the inspector found the person in charge and the staff team were committed to providing a high quality service for residents with dementia.

The centre was purpose built in 2004 and the majority of residents had single rooms with full en suite facilities. Residents had access to appropriate communal facilities and to a secure landscaped gardens. Each resident was assessed by the person in charge prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment and care plans were in place to meet their assessed needs. The health needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. There was evidence of good interdisciplinary approaches in the management of behaviours that challenge with positive outcomes for residents. The service functioned in a way that supported residents to lead purposeful lives. Positive connective care was observed during the formal observation periods. Collaboration and respect for residents was very evident with clear evidence of resident and their representatives input into all aspects of care provision. Whenever possible, the routine within the centre was organised and adjusted to meet the needs of individual residents.

The inspector found that the quality of residents' lives was generally enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was clearly evident. There was a recently appointed activities coordinator however, all staff fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals. Residents appeared to be well cared for and residents and visitors gave very positive feedback regarding all aspects of life and care in the centre

The person in charge and provider had carried out on-going improvements to create an environment where the overall atmosphere was moving towards being homely,

comfortable and in keeping with the overall assessed needs of the residents who lived there. Bedrooms were seen to be personalised. The inspector found the residents were enabled to move around as they wished. There were improvements in the signs and pictures that had been creatively used in the centre to support residents to be orientated to where they were.

The person in charge had submitted a completed self-assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self-assessment tool and the findings and judgements of the inspector generally concurred with the provider's judgements. From the six outcomes reviewed during this inspection; four of the six outcomes were compliant and one outcome; safeguarding and safety, was deemed to be substantially compliant with the regulations. However, one outcome was deemed to be moderately non-compliant; safe and suitable premises. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia was discussed in outcome 3. There were a total of 79 residents in the centre and two residents were in hospital on the days of inspection. Forty-three residents had been assessed at maximum and high dependency needs, 24 residents had medium dependency needs and 12 residents had low dependency needs. Thirty-seven residents had a formal diagnosis of dementia.

It was clear that residents had a choice of retaining their own General Practitioner (GP) of choice as there were 14 GP's attending the centre as many residents continued to have their medical care needs met by the same GP as prior to their admission to the centre. Residents also had good access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health of later life services. The person in charge informed the inspector that the centre received excellent support from mental health services. This support included the community psychiatric nurse attending the centre each week to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place which were followed through by the staff in the centre.

The inspector focused on the experience of residents with dementia in the centre on this inspection. The inspector tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

Each resident was assessed prior to admission to the centre by the person in charge using a structured assessment. The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. There was evidence that non-verbal residents experiencing

pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. The inspector observed picture information systems being used with residents with communication needs. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs and at a minimum of every two months. There was plenty of evidence that residents and their family, where appropriate participated in care plan reviews. Residents and their representatives to whom the inspector spoke were well aware of their care plans. There was a keyworker allocation system in relation to care plans which ensured that a named nurse had responsibility for a specific group of residents' care plans. The inspector found that the care plans were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were also updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. On the days of inspection there was no resident receiving end of life care. The vast majority of the residents who recently died had received full end of life care in the centre supported by the staff, GP's and if appropriate, the community palliative care team. There was evidence that the person in charge, the nursing team supported by residents' GPs and in consultation with residents' families; had established practices to include care procedures that would prevent unnecessary or unsuitable hospital admissions. There was evidence of on-going discussions and planning for the end stage of life. The person in charge outlined how all concerned were working towards ensuring the prevention of unnecessary transfers of residents to the acute hospital and allow them to die with dignity in the centre.

The inspector noted that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that one wound that had recently been healed and that there were no residents with pressure sores or major wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

There were systems in place to ensure residents' nutritional needs were met, and that residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. There was close monitoring of any resident at risk unintentional weight loss and the inspector noted that suitable clinical reviews and/or intervention was provided as required. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files/records reviewed

by the inspector confirmed this to be the case. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. Meal choices were promoted and there was a four weekly menu cycle in place and the dietician had been consulted regarding the development of the menu. The inspector spoke to the chef and catering staff and noted that there was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. A record detailing residents' special dietary requirements and preferences was forwarded to the kitchen each day. Appropriate provision and alternatives were provided for residents who required celiac and diabetic diets. Mealtimes in the dining room was observed by the inspector to be a social occasion. There were two sittings and all staff including the person in charge, sat with residents while providing encouragement or assistance with their meal. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were aware of individual resident's requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents.

There was good on-going monitoring of residents nutritional, hydration, and oral health needs. Residents were suitably monitored and nutritional screening was carried out using an evidence-based screening tool at regular intervals. The inspector reviewed a fluid balance record which was being maintained for one resident and found that it had been regularly updated by the staff. Nutritional supplements were prescribed where appropriate and the inspector saw that these supplements were offered to residents at the appropriate times.

Residents had good access to the dietician, speech and language therapist (SALT) and occupational therapist (OT). Access to the dentist, diabetic services and other diagnostic services was also facilitated as appropriate. Some residents required Percutaneous Endoscopic Gastrostomy (PEG) feeding (endoscopic medical procedure in which a tube (PEG tube) was passed into a patient's stomach through the abdominal wall). The inspector reviewed documentation and care plans for a resident who was on a PEG feeding regimen and noted this resident had suitable care plans which were implemented in practice. The inspector saw that advice from the dietician and SALT were implemented for individual residents including residents' requiring PEG feeding. Staff were appropriately knowledgeable in this area and the care plan described the care needs of the resident including management of the stoma sight. In addition, the inspector noted that residents with dementia were monitored closely when receiving a PEG feed.

The inspector spoke with a number of residents and relatives regarding food and nutrition. All responses were positive with residents and relatives expressing a high level of satisfaction with the choice of food and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents, if they wished. The inspector observed snacks being provided at different times during the day and staff offering extra portions to residents during their meal.

The person in charge was actively involved in the provision of care and had governance systems to oversee and manage risks associated with the nutrition and the meal time experience. Regular audits of the meal-time experience were carried out and any areas for improvement were addressed through an action plan.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were centre specific up-to-date written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. Medicines were supplied to the centre by a retail pharmacy business. Medicines were stored securely in the centre in three separate digitally locked medication trolleys or within locked storage cupboards within a secured clinic room. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Nursing staff were observed administering medicines to residents and the administration practice was in line with current professional guidance. Medication audits were conducted in the centre and covered some aspects of medication management practices such as; storage, labelling, administration records, controlled medicines and temperature controls on medicine refrigeration. The pharmacist supplying the centre attended regularly and completed medication audits. There was evidence on the medication prescription sheets of regular review of medications by the GP's.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents spoken to stated that they felt safe in the centre and were very complimentary of the kindness and respect shown to them by all staff. The inspector saw that there was an easy rapport between staff and residents. The inspector observed that there were warm, positive and respectful interactions and residents were

comfortable in asserting themselves and bringing any issues of concern to staff or the person in charge. Residents and relatives spoken to articulated clearly that they had full confidence in the staff and expressed their satisfaction in the care being provided.

The person in charge confirmed that all staff had Garda Clearance. This was found to be the case when a sample of staff files was examined. Some residents with dementia had responsive behaviours. Behaviours described as problematic by staff included verbal and physical aggression. Staff spoken to by the inspector outlined person centred interventions including utilising the use of music, walks in the garden and distraction techniques. Files examined showed that assessments and care plans for these residents were person centred. That they contained sufficient detail and appropriate interventions to provide a consistent approach to care for residents who had behavioural issues. Records reviewed demonstrated that staff cared for residents who presented with responsive behaviours in a very dignified and person centred way by the staff using effective de-escalation methods.

Staff interacted socially with residents and implemented suitable interventions. Choices in relation to activities were offered where possible and residents' individual preferences were respected. Environmental triggers such as noise levels were generally controlled. Staff were vigilant to monitor for delirium or underlying infections if there was any change in a resident's mood or behaviour. The inspector concluded that the person in charge and staff worked to create an environment for residents with dementia to minimise the risk of responsive behaviours. Staff had the competence to assess and plan care in order to provide a consistent therapeutic care for residents with responsive behaviours.

Staff were working towards promoting a restraint free environment. Families were involved in the assessment procedure and gave feedback regarding the process. The inspector saw that the person in charge and staff promoted a reduction in the use of bed-rails, at the time of the inspection there were eight bed-rails in use. The inspector saw that alternatives such as low-low beds, crash mats and bed alarms were in use for a number of residents. Regular safety checks of all residents were being completed and documented. The level of restraint used was monitored and audited closely. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with inspectors confirmed this. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails. From the sample of care plans reviewed the inspector noted that all risk assessments in relation to the use of bed rails had been reviewed every two months or more often if required.

The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. Small amounts of money stored in envelopes was kept in a locked safe. Each envelope contained the name of the resident and signatures for lodgements and withdrawals were documented with a record of monies lodged or withdrawn as appropriate. This system was found to be sufficiently robust to protect residents.

The inspector was satisfied that there were suitable measures in place to safeguard residents and protect them from abuse. There was evidence of good recruitment practices including verification of all staff references and an excellent level of visitor activity. There was an adequate policy in place for the prevention, detection and management of any protection issues. All staff spoken with confirmed their attendance at elder abuse training and were clear on their reporting responsibilities. Staff outlined for example their on-going "vigilance" and their confidence in the person in charge to take appropriate action if and when required. The inspector reviewed staff training records and saw evidence that all staff had received up to date mandatory training on detection and prevention of elder abuse and further training was scheduled for later in 2017. However, not all staff interviewed were adequately familiar with the safeguarding policy or sufficiently knowledgeable in the management of an allegation, suspicion or disclosure of abuse.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

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. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. Some residents regularly went out for coffee, went to a local pub and the inspector was informed that one resident enjoyed the occasional trip to the bookies. The inspector observed that some residents were spending time in their own rooms, watching television, or taking a nap.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in residents care plans. It was clear that all residents were treated with respect. The inspector spent time observing resident and

staff interactions and heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards residents. Residents choose what they liked to wear. There was a hairdresser room which was observed to be very popular with residents on the second day of inspection.

The inspector observed that there were many visitors at different times in the centre throughout both days of inspection. The inspector noted that staff knew the names of visitors and vice versa. Visitors told the inspector that they often spoke to staff and found them very approachable and helpful. Some relatives visiting stated that the "person in charge is really great", that the "staff are wonderful here" and "they (staff) could not do enough for you". The inspector observed that staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty of areas in the centre to visit in private if they wished to. They said that if they had any concerns they could identify them to the staff and/or the person in charge and were assured they would be resolved.

Skype was available in the centre and residents had access to the daily newspapers as well as a well stocked library. Residents also had access to radio, television, and information on local events.

There was an active residents' association which met each month. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. One visitor who also acted as a "resident representative", spoke of her involvement in the committee to the inspector. She said she found it a useful forum to have a say on behalf of her relative in the running of the centre. She gave the inspector the example of the improvement of a path that had tarmacadam after a request coming from this residents association meeting. There was evidence that residents with dementia were consulted with and actively participated in this meeting.

The inspector spoke to the recently appointed activities coordinator who was well experienced and very enthusiastic and committed to supporting residents to enjoy as meaningful and fulfilling activities as possible in the centre. She outlined how she met the particular needs of residents with dementia generally in one-to one sessions. There was a varied and interesting programme of activities available to residents which included art therapy, bingo, live music, sing-songs, exercise fit for life sessions, religious activities and other more individualised activities. Some residents also continued to attend a local day centre. Residents and relatives told the inspector how much they enjoyed the activities particularly the live music. Residents art was framed and displayed throughout the centre. The inspector noted that support from the local community was evident with for example volunteers providing a knitting club each Tuesday, transition year students from a local school and students perusing the Gaisce Awards also attended the centre. There was live music provided every day which was very popular with many residents and the inspector observed that many residents enjoying these music sessions. There were a number of garden areas which provided gardening opportunities all year round and there was evidence of recent planting included a variety of marigold flowers in raised flower beds. There were pet rabbits that were popular with

residents and there was a pound to the front of the centre, which contained a selection of fowl including ducks and free ranging hens. There were suitable outside areas with seating and suitable paths and during the two days of inspection, a number of residents were seen enjoying these with visitors in the spring sunshine.

Residents had easy access to an independent advocacy service. Having spoken to residents, visitors and staff the inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in any activity or to spend quiet time in their room and being encouraged and supported to follow their own routines.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the early morning, prior to, and after lunch and in the afternoon. These observations took place in the dining and communal room areas. Overall, observations of the quality of interactions between residents and staff in these areas for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. The inspector noted that the staff tried to create an atmosphere of relaxation by sitting and suitably interacting with residents and at times playing background music appropriate to the age and era of residents.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On this inspection the inspectors found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. The complaints policy, which was prominently displayed, met the regulatory requirements. Residents and relatives all said that they had easy access to the person in charge who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Audits reviewed confirmed that this was the case. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Based on the review of the staff rota the inspector was satisfied that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing compliment included at least three staff nurses at all times.

Residents to whom the inspector spoke described staff as being very attentive and kind in their dealings with residents and indicated that staff were caring, responsive to their needs and at all times treated them with respect and dignity. A number of staff spoken to had worked in the centre for many years and clearly demonstrated an excellent understanding of their role and responsibilities in relation to ensuring appropriate delivery of person-centred care to residents. The inspector observed very positive interactions between staff and residents over the course of the inspection and found staff to have an excellent knowledge of residents' needs as well as their likes and dislikes. Over the two days of inspection, the inspector observed staff did not appear to be rushed, had time to stop sit and chat with residents or to participated in various group activities.

Staff confirmed to the inspector that they had been facilitated in accessing continuing professional education by the person in charge and the provider representative. The person in charge outlined how she promoted and supported staff training and development and ensured all staff received updates on any policy, training or opportunities that were required. From speaking to the person in charge, the Clinical Nurse Manager (CNM) and a review of documentation; it was clear staff were supervised appropriate to their role and responsibilities. There was an education and training programme available to staff and the training matrix indicated that mandatory training was provided to all staff. For example a number of staff had attended training in areas such as cardio pulmonary resuscitation (CPR) and medication management and all staff had completed mandatory training in fire training, manual handling and responding to and manage behaviours that were challenging.

All nursing staff were on the live register with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland and many of the health care assistants had completed the Further Education and Training Awards Council (FETAC)

level five qualifications.

The inspector reviewed a sample of staff files which included all the required information under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann for 2017 for nursing staff were seen by the inspector.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Killure Bridge Nursing Home was a purpose built single story building opened in December 2004 and consisted of 62 single en suite bedrooms, five single bedrooms and six twin rooms surrounded by four acres of landscaped gardens and situated three kilometres outside Waterford city. Adequate screening was available in the shared rooms. Call bells were provided in all bedrooms and communal areas. There were two large comfortably furnished day rooms and a number of smaller rooms were also available including the library and oratory which were quiet spaces for reflection. The main dining room was located beside the kitchen and a second dining room was also available. An additional kitchenette was located on one wing for residents and relatives to make a cup of tea or a snack at any time. Adequate toilet and bathroom facilities were available. The corridors had grab rails, were clutter free and allowed residents plenty of space to walk around inside. All areas were very well maintained. Appropriate assistive equipment was provided to meet residents' needs such as hoists, specialised seating, beds and mattresses.

The corridors were wide and generally bright and allowed for freedom of movement. There was a selection of old time photographs of notable local historical events/areas located along the corridors. There were "locks and latches boards" located on a number of the corridors that was in place for residents with dementia to assist in triggering memories about household tasks, DIY and trade skills. The person in charge explained how a number of residents with a cognitive impairment and/or responsive behaviours had benefitted from using these boards. She outlined how these boards also had encourage conversation and discussions.

Residents' bedrooms were personalized with memorabilia and residents had good access to televisions, radios, papers, magazines and a well stocked in-house library. There were clocks and calendars available in residents bedrooms and in many other locations throughout the centre to assist residents particular residents with dementia, to remain

orientated in time. Access to and from the centre was secure. Since the last inspection improvements in relation to signage and cues was evident. For example many residents' bedroom doors contained memorable photographs at eye level and there were signs erected at various locations to assist and orient residents with perceptual difficulties. For example, toilets, bedroom doors, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. Signage throughout the centre had text and pictures to help residents to identify communal rooms and to support way finding. Some toilet seats had a contrasting colour however, the person in charge agreed to review the premise in relation to ensuring adequate visual cues and signage to support residents in navigating the various areas within the centre.

Circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Staff confirmed the suitable use of personal protective equipment such as latex gloves and plastic aprons. The inspector noted the arrangements for segregating clean and soiled laundry. The communal areas and bedrooms were found to be clean and there was good standard of general hygiene at the centre. However, there were cobwebs noted on the ceiling of two sluice rooms and in one bathroom. In addition, there was dust visible on an extractor fan in the laundry room and the sink in one sluice room was not adequately clean.

There was a homely atmosphere and the décor was warm and comfortable and in keeping with the period of this building. The outdoor landscaped gardens were located around the premise with three small enclosed gardens, one of which was a focal point in the centre and enjoyed by residents and relatives. The outside garden area was accessed through several exists and there are seating areas and pathways for residents and visitors to walk on. The outside garden area contained seating, bird tables, shrubs and potted plants and the duck pond near the entrance was a particularly interesting feature that residents and visitors to enjoy.

Laundry was provided in the centre for the majority of 79 residents however, the laundry room was not adequate. For example on first the day of inspection it appeared cluttered and did not provide adequate space for the separation of clean and dirty laundry. The inspector formed the view that the size and layout of the laundry room was not adequate to ensure good infection prevention and control practice. The person in charge and provider representative readily accepted that the laundry room was not adequate and provided the inspector with plans that were well advanced in relation to replacing the existing laundry facilities. All doors into hazardous areas such as the sluice rooms, the laundry room and the cleaners room (which contained cleaning chemicals) were fitted coded mechanical digital locks. However, the inspector noted that two sluice rooms, the cleaners room and the laundry room were not secured during this inspection.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|-----------------------------|
| Centre name: | Killure Bridge Nursing Home |
| Centre ID: | OSV-0000242 |
| Date of inspection: | 26/04/2017 and 27/04/2017 |
| Date of response: | 15/05/2017 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all staff interviewed were adequately familiar with the safeguarding policy or sufficiently knowledgeable in the management of an allegation, suspicion or disclosure of abuse.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

residents from abuse.

Please state the actions you have taken or are planning to take:

All staff received update on safeguarding policy and updates will be provided regularly

Proposed Timescale: 28/04/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents by ensuring all doors into hazardous areas including the cleaners room, all sluice rooms and the laundry room are secured at all times.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Secured rooms will be checked regularly throughout the day to ensure they are locked and all staff informed on the importance of closing secured areas

Proposed Timescale: 27/04/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre including ensuring that the centre is suitably clean and provide adequate laundry facilities.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

A comprehensive deep cleaning schedule was developed immediately

The plans for the new laundry will be submitted to the local County Council for planning permission and as soon as planning granted new laundry building will commence

Proposed Timescale: 31/03/2017

