



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

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | Kiltipper Woods Care Centre            |
| Name of provider:          | Stanford Woods Care Centre Limited     |
| Address of centre:         | Kiltipper Road, Tallaght,<br>Dublin 24 |
| Type of inspection:        | Unannounced                            |
| Date of inspection:        | 17 May 2023                            |
| Centre ID:                 | OSV-0000053                            |
| Fieldwork ID:              | MON-0040139                            |

## About the designated centre

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

Kiltipper Woods Care Centre is purpose-built and was established in 2004. The centre provides 24-hour nursing care seven days per week and is designed to ensure the comfort and safety of residents in a home-like environment. The centre can accommodate 121 residents, both male and female. Residents have access to amenities and a host of recreational activities, providing a warm and friendly atmosphere. The services and expertise of skilled and friendly staff enhance the quality of life for all residents who live in the centre. The centre comprises of residential accommodation primarily in single en-suite bedrooms and a number of double en-suite bedrooms, a day care centre, a rehabilitation hydrotherapy department and a coffee shop. Kiltipper Woods is situated at the foot of the Dublin Mountains close to the M 50 and is serviced by the Luas Red Line in Tallaght and the 54A bus route. The care centre is also situated close to shops, public houses, restaurants, sports grounds and many other amenities.

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

|  |     |
|--|-----|
| Number of residents on the date of inspection: | 118 |
|--|-----|

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 17<br>May 2023 | 09:00hrs to<br>16:10hrs | Helena Budzicz | Lead    |
| Wednesday 17<br>May 2023 | 09:00hrs to<br>16:10hrs | Karen McMahon  | Support |

## What residents told us and what inspectors observed

From inspectors' observations, it was evident that residents living in the centre received a high standard of quality and personalised care. Throughout the day, the atmosphere in the centre was relaxed and calm.

Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well. Residents were observed to be well presented in neat dress, with some residents wearing make-up, as was their preference.

The centre is set out over two large levels, split into six units with a mix of single and multi-occupancy rooms. The centre was observed by inspectors to be clean and well maintained. Each unit has a variety of small and large communal areas for use, including dining facilities. These rooms were seen to be clean, bright, comfortable and tastefully decorated, suited to the purpose of their use. One sitting room area had a large fish tank, and one resident watching TV in the room told inspectors they loved looking at the fish in the tank.

However, it was noted one large sitting room on the upper level in the Elm unit was not available to residents as it (along with an office) was being converted into two single-occupancy bedrooms. This had the effect of reducing the amount of communal space available to residents in that unit. The person in charge and general manager of the centre informed inspectors, on the day of inspection, that a plan was in place to replace that communal space for residents in the coming weeks.

The centre also had a café on-site that was regularly used by residents and their visitors. Inspectors observed one resident and their visitors availing of this facility during the inspectors' walk through the centre. The café provided a unique and safe environment for the residents.

Activity notice boards throughout the centre clearly showed the planned activities for the day ahead. The inspectors observed a wide range of activities planned on the day of inspection, including religious services, live music, exercise, poetry, hand nail and beauty therapy and hairdressing. It was also noted that activities for the centre were planned up until 8 pm that evening, which meant that residents had busy, fun-filled days and plenty of activities to look forward to.

Residents' bedrooms were clean, warm and comfortable. Windows in the rooms provided a variety of views, including the close-by Dublin Mountains and the colourful enclosed gardens that serviced the centre. There was adequate storage in all of the bedrooms for residents to store their clothes and personal possessions, and most bedrooms had lockable storage space if they wished to use it. Some multi-occupancy rooms, where concerns had been raised on previous inspections

regarding the privacy and dignity of residents, had been reconfigured to enhance the privacy and dignity of the residents residing in those rooms. The inspectors observed that many residents had personalised their bedroom space with pictures, photographs and soft furnishings to reflect their lives and interests.

Residents had access to a large and well-cared-for enclosed garden in the middle of the centre. This was accessible to residents from various access points on the ground floor. The garden was accessible for wheelchair users and had raised flower beds to allow for residents to partake in gardening activities. There was also a smaller enclosed garden space to the side of the centre. There were ample outside seating facilities in all garden spaces, which were clean and well maintained.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

Overall, the findings of this inspection were that Kiltipper Woods Care Centre was a well-managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. Inspectors found that residents were receiving good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The centre has a good history of compliance with the regulations, and this was evident on the day of the inspection.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to inform a response to an application to vary Condition 4 attached to the registration of the centre. The provider had applied to extend the timeframe within which works would be completed to 31 October 2023. The initial plans for the reconfiguration of four multiple-occupancy bedrooms were submitted to the Office of the Chief Inspector in 2019. Inspectors observed that the layout of the four-bedded occupancy room and three double-occupancy rooms in the Oak unit had been reconfigured. For example, the provider installed new privacy curtains, new wardrobes, and head trunking with switches and lights. However, inspectors observed that not all works, as outlined in condition 4 were completed to support the quality of lived environment for the residents living in these bedrooms. Furthermore, inspectors observed that construction works were going on on the first floor. The sitting room and the office in the Elm unit were being reconfigured to two-single occupancy bedrooms. The provider had failed to inform the Office of the Chief Inspector about these changes to the footprint of the designated centre.

Kiltipper Woods Care Centre is a designated centre for older people registered and operated by Stanford Woods Care Centre Limited. There was an established management team with clear roles and responsibilities, and clear deputising arrangements were in place when the person in charge was absent.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed.

A comprehensive annual review of the quality of the service in 2022 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

There were sufficient resources in place in the centre to ensure the effective delivery of high-quality care and support to residents. Staffing and skill-mix were appropriate to meet the assessed needs of the residents.

There was a system in place to monitor staff training. A review of this system found that staff had access to training, including training in fire safety, infection control, manual handling and safeguarding vulnerable adults. Communal areas were appropriately supervised, and staff were observed to be interacting in a kind and respectful way with the residents.

There was a directory of residents made available to inspectors. This had all the required information in relation to residents' admissions and next of kin details. However, the details regarding residents' general practitioner (GP) were missing in some entries.

Notifications of incidents were recorded and reported as per the regulations. Three-day notifications and quarterly notifications were being appropriately reported and done within the regulation's time frame.

## Regulation 16: Training and staff development

A review of the training records found that all staff members had access to a variety of training according to their roles and responsibilities. There was good supervision of staff across all disciplines.

Judgment: Compliant

## Regulation 19: Directory of residents

While there was a directory of residents maintained and available on request in the centre, not all information required under paragraph (3) of Schedule 3 was completed in the directory. For example, the details of the general practitioner (GP) were missing from some residents' entries.

Judgment: Substantially compliant

### Regulation 22: Insurance

The designated centre had a current certificate of insurance which outlined a cover against injury to residents, staff and visitors and included insurance against other risks such as loss or damage to residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding the allocation of some resources to enhance the living environment of residents living in the multi-occupancy bedrooms in the Oak unit and the improvements made to their quality of life in respect of some works completed as outlined in Condition 4 of the registration, the registered provider had failed to ensure the designated centre was operated at all times in line with its registered statement of purpose. Specifically, the registered provider did not inform the Office of the Chief Inspector of the changes of the footprint made in the centre, which resulted in a reduction of the registered communal space for residents as outlined under Regulation 17: Premises.

Judgment: Substantially compliant

### Regulation 30: Volunteers

There were no volunteers involved on a voluntary basis in the designated centre.

Judgment: Compliant



## Regulation 31: Notification of incidents

Incident and accident records confirmed that all incidents had been reported to the Chief Inspector as required under the regulations within the specified time periods.

Judgment: Compliant

## Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider failed to inform the Office of the Chief Inspector of the intended changes in respect of the footprint of the centre and submit an application for the variation of Condition 1 of the registration and the relevant reasons for the variation of this condition.

Judgment: Not compliant

## Quality and safety

Overall, inspectors found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. However, inspectors found some issues were identified in relation to the premises.

Residents had access to a general practitioner (GP) who attended the centre most evenings. The centre also had access to support from a geriatrician and advanced nurse practitioner from the integrated care team for older persons at the nearest hospital, as well as access to the psychiatry of old age. The centre had a referral system in place for health and social care practitioners, such as dieticians, speech and language therapists and tissue viability nurses, for when such services were required.

A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

Overall the centre was found to be clean throughout and well ventilated. Staff had easy access to personal protective equipment (PPE) and alcohol hand rub dispensers at the point of care.

The design and layout of the centre were generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. However, inspectors saw that some action was required in relation to premises as outlined under Regulation 17: Premises.

Fire evacuation plans were noted on various walls throughout the centre and clearly identified evacuation routes in the event of a fire. There were adequate fire exits throughout the building. A review of fire safety records showed regular fire drills were taking place. Notes documented, by the centre, evaluating the drills clearly identified outcomes and areas for improvement. There were up-to-date records available on the day of inspection for the servicing and checks of emergency lighting and smoke alarms.

#### Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required. All staff were trained in how to use any assistance devices recommended by these services.

Judgment: Compliant

#### Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Laundry facilities were available on-site, and residents' clothes were returned to them clean and fresh.

Judgment: Compliant

#### Regulation 17: Premises

Notwithstanding the improvements made to the premises, the inspection found that the premises was not in line with the registered Statement of Purpose and the

conditions of the registration. The following changes had been made without consulting the Chief Inspector, which resulted in a loss of 19.45 m<sup>2</sup> of communal space;

The sitting room and the office in the Elm unit were in the process of being converted to two single-occupancy bedrooms.

The inspectors found that improvements were required to ensure the premises conformed with the matters set out in Schedule 6 as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example;

- The emergency-call bells were missing from some of the communal areas used by residents.
- There was a hole in the ceiling of a sluice room on the Aspen unit and in the room with the transmitter unit.

Judgment: Not compliant

### Regulation 27: Infection control

The inspectors found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Infection control guidance was available to all staff. There was a cleaning schedule in place, which included staff rostered for cleaning seven days a week. Staff with responsibility for cleaning described the processes in place to minimise the risk of cross-contamination during the cleaning of the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. There were adequate evacuation plans, highlighting relevant evacuation routes, around the centre. Inspectors observed that all staff were up-to-date with the fire training. Regular fire drills were taking place in the centre, with learning outcomes clearly identified.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, television and the Internet. There was an independent advocacy service available to residents.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Regulation 16: Training and staff development  | Compliant               |
| Regulation 19: Directory of residents  | Substantially compliant |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Substantially compliant |
| Regulation 30: Volunteers  | Compliant               |
| Regulation 31: Notification of incidents   | Compliant               |
| Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration | Not compliant           |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication difficulties  | Compliant               |
| Regulation 12: Personal possessions  | Compliant               |
| Regulation 17: Premises  | Not compliant           |
| Regulation 27: Infection control   | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 9: Residents' rights  | Compliant               |

# Compliance Plan for Kiltipper Woods Care Centre OSV-0000053

Inspection ID: MON-0040139

Date of inspection: 17/05/2023

## 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 19: Directory of residents   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The GP name for all residents has been entered on the Directory of Residents, this will be updated for all new admission.</p>   |                         |
| Regulation 23: Governance and management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The statement of purpose has been updated to include the full details of the proposed changes to the floor plans on First Floor and Ground Floor and has been submitted to the Chief Inspector.</p> <p>The communal space and offices on Elm unit have been replaced with two communal areas of greater size 25.3 m<sup>2</sup> than the original communal space of 19.45 m<sup>2</sup>.</p> <p>I acknowledge that we did not advise the case holding inspector in advance of starting the proposed extension works so that they would be aware of the future date of when to expect the submission of the application to vary a condition 1 of the registration.</p> <p>The application to vary Condition 1 has been submitted to the Chief Inspector .</p> |                         |

|  |               |
|--|---------------|
| Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration | Not Compliant |
|--|---------------|

Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:

The application to vary Condition 1 of the registration has been submitted to the chief inspector on completion of the conversion of the office and communal space to the 2-bedroom extension and on completion of the construction of the new communal space and as discussed with the inspectors at the time of inspection.

I acknowledge that we did not advise the case holding inspector in advance of starting the proposed extension works so that they would be aware of the future date of when to expect the submission of the application to vary a condition 1 of the registration.

We have completed upgrading and reconfiguration of Oak multi-occupancy bedrooms 96 99 100, with the addition of new furniture, the bedrooms have been reconfigured to provide the resident with personal space to comply with 7.4m<sup>2</sup> per residents, privacy screens have been installed to ensure the privacy and dignity of all residents, bedrooms have been newly painted, easily accessible landscape courtyards are available and attractive bright outdoor landscaping to the rear of the bedrooms has been updated, the courtyards and the landscaped gardens provide a bright and visible view from all Oak bedrooms and communal space for the residents to enjoy.

Room 97 which is currently a double room will convert to a single en-suite bedroom to ensure it is compliant with the the regulations and required dimensions. Following all the additional remodeling, upgrading and reconfiguration of bedrooms 96 99 100 & 97 ,

I am satisfied that all of these bedrooms now comply with the required regulations and will provide the residents with safe and comfortable bedrooms and communal space to meet the needs, care and welfare of the resident.

On this bases we are requesting the removal of Condition 4 of our registration.

|                         |               |
|-------------------------|---------------|
| Regulation 17: Premises | Not Compliant |
|-------------------------|---------------|

Outline how you are going to come into compliance with Regulation 17: Premises:

The communal space and offices on Elm unit have been replaced with two communal areas of greater size than the original communal space of 19.45 m<sup>2</sup>.

The Statement of Purpose has been updated to reflect the proposed Floor Plan changes with the extension of the two bedrooms and the addition of the converted of storge space to communal areas,



A copy of the statement of purpose has been submitted to the Chief Inspector.

I acknowledge that we did not advise the case holding inspector in advance of starting the proposed extension works so that they would be aware of the future date of when to expect the submission of the application to vary a condition 1 of the registration.

The two-emergency call bells in the communal spaces have been installed.

The Low Low sink in the cleaner's store on Aspen has been installed.

The small hole in the ceiling of the video transmission room has been sealed.

**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> |
|-------------------------------|---|-----------------|--------------------|---------------------------------|
| Registration Regulation 7 (2) | An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the | Not Compliant   | Orange             | 11/07/2023                      |

|                  |  |               |        |            |
|------------------|--|---------------|--------|------------|
|                  | designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect. |               |        |            |
| 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.   | Not Compliant | Orange | 11/07/2023 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.   | Not Compliant | Orange | 14/07/2023 |

|                  |  |                         |        |            |
|------------------|--|-------------------------|--------|------------|
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3.  | Substantially Compliant | Yellow | 14/07/2023 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | Substantially Compliant | Yellow | 14/07/2023 |