



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

Issued by the Chief Inspector

Name of designated centre:	Kilbrew Recuperation and Nursing Care
Name of provider:	Kilbrew Recuperation and Nursing Care Limited
Address of centre:	Kilbrew Demense, Curragha, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	10 August 2022
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0035601

About the designated centre

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

Kilbrew Recuperation and Nursing Care is a purpose-built premises. Residents are accommodated in single and twin bedrooms, some with en-suite shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ashbourne town on a large mature site, at the end of a short avenue in from the road. Together with gardens surrounding the centre, there are also two enclosed, themed gardens within the centre premises. The centre provides accommodation for a maximum of 74 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 10 August 2022	09:25hrs to 16:45hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector walked around the centre with the assistant director of nursing and observed that some improvements had been made to the centre since the last inspection which took place in December 2021. These improvements included the conversion of an oxygen store room into an assisted shower room with a wash hand sink. However, other improvements planned for 2022 had been delayed due to changes in company ownership in November 2022.

The internal appearance of the building was tired and shabby in appearance. The carpets in the main foyer, and a number of bedrooms were heavily stained and/or faded. Corridor walls, door frames, skirting boards and hand rails were marked and chipped. The inspector was informed that there was a plan to redecorate, however, there was not a commencement date for it.

The interior decoration of the bedrooms varied between rooms giving an individual appearance to each bedroom. Some residents had personal items displayed in their bedroom others had not. There were a number of sitting rooms accessible to residents and two dining rooms. The inspector observed a member of staff facilitating a group of residents in an exercise class in the morning.

There was a schedule of activities displayed on the residents' notice board, which reflected residents' access to activities. Residents spoken with praised the standard of activities available to them. They particularly enjoyed being outside in the sunny weather and a group were observed outside in the courtyard enjoying the afternoon sunshine.

The inspector observed residents mobilising safely on the corridors with staff available to assist those in need. The corridors appeared clutter free.

The standard of infection prevention and control observed was good. There were sufficient numbers of hand sanitisers dispersed throughout the centre and a random selection of those checked were functioning appropriately. Staff demonstrated good hand hygiene practices throughout the morning. The centre was clean and tidy however, some areas such as store rooms were extremely cluttered.

There were two housekeeping staff rostered to work seven days per week. They had established processes which assured the inspector that infection and prevention control practices were robustly monitored. Cleaning schedules together with daily and weekly cleaning checklists were available for review.

The management team were aware of the latest guidance from Health Protection Surveillance Centre (HPSC) in relation to visitors to the centre. Residents told the inspector they were having visitors and met them in their bedroom or in the garden. Relatives told the inspector they were not allowed to visit communal areas however,

the management said they were.

The inspector observed that there were sufficient numbers of staff available to assist residents at mealtimes. Staff checked with the residents which meal they would prefer and ensured that the food was hot on arrival. Staff facilitated residents in a discreet and un-rushed manner. The inspector observed that the food was of a good quality and the quantities of food served were as per the resident's preference. The food smelled and looked appetising and there was a good selection on offer to the residents. Residents told the inspector the food was 'lovely' and they had 'a choice'. A variety of drinks were available throughout lunch time. Cups of tea, coffee, water and soft drinks were offered to residents in between mealtimes.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection carried out 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 determine if an application to vary condition 1 and remove condition 4 of the certificate of registration could be progressed. The inspector found that improvements had been made and the compliance plans identified on the last inspection had been almost completely addressed and the overall level of compliance had improved.

The governance of this centre was good. The registered provider is Kilbrew Recuperation and Nursing Care Limited which is a subsidiary of Orpea Care Limited. Kilbrew Recuperation and Nursing Care Limited has two directors, one of whom is the named provider representative. A new person in charge was due to start in the coming days. The associated regional director was supporting the two assistant directors of nursing to manage the centre in the interim period. All parties had a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose. The management team demonstrated a willingness to address the areas for improvement identified on this inspection.

The management team had oversight of the quality of care being delivered to residents. They had an audit schedule in place which was being adhered to and there was clear evidence of learning and improvements being made in response to these reports and other feedback. For example the areas for improvement reflected in this report had already been identified by the management team and there was a proposed plan in place to address the issues identified under premises.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. Staff spoken with were familiar with residents' needs and had appropriate qualifications for their role. They also demonstrated that

they were knowledgeable and skilled. Although there were staff vacancies, the vacancies were not negatively impacting residents as agency were being employed to cover vacant shifts.

There were no gaps in the staffing training matrix. All staff had up-to-date training in place as per the schedule reviewed and newly employed staff on duty on the day of the inspection were in the process of completing their mandatory training.

Communication with staff occurred regularly on a formal and informal basis. All staff who spoke with the inspector confirmed that they felt supported.

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

An application to remove condition 4 and vary condition 1 of the certificate of registration had been made. All the required documents had been submitted with this application.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge had been appointed. However, this person had not commenced employment at the time of the inspection. The inspector was informed of a planned start date of 15 August 2022.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, risk management and in leadership skills. Housekeeping staff had received revised training in the use of chemicals and those spoken with demonstrated a good knowledge of the chemicals they were using.

There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. There had been a change in person in charge. The outgoing person in charge had left at the end of July and the newly appointed person in charge was not due to commence until 15 August. However, the two assistant directors of nursing were managing the centre effectively in the interim period. Both the assistant directors of nursing and the associated regional director were in the centre for the inspection. They were supporting each other in the introduction of the new systems for oversight which were in the process of being implemented.

The existing systems in place for the oversight and monitoring of care and services were reviewed. All audits completed since the last inspection were reviewed and appeared to provide the provider with a good clear view of issues to be addressed including the need for refurbishment of the centre, further storage facilities and the implementation of a process to identify clean equipment.

An annual review had been completed for 2021, it included a quality improvement plan and residents' feedback on the service they received.

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose had been submitted with the application to vary condition 1 and remove condition 4 of the certificate of registration. It met the legislative requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display in the reception area and on the residents' notice boards. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It also included an appeals process should the complainant be dissatisfied with the outcome of the complaints process. Contact details for advocacy services were also on display in the centre. The inspector found that the records of all complaints were available for review and the records reviewed were comprehensive and met the legislative requirements. There were two open complaints on file both of which were in the process of being investigated.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were available. They had just been updated by the new subsidiary company Orpea Ltd and were in the process of being implemented.

Judgment: Compliant

Quality and safety

Overall inspectors were assured that residents received a good standard of service. Resident told inspectors that they felt safe living in the home and that it was a nice place to live. They said they were well looked after and staff were always available to assist them.

The inspector saw that improvements had taken place since the last inspection, however further improvements were required in relation to the premises and infection control practices. Some of these remained outstanding since the previous inspection. The inspector noted that the provider was aware of the issues identified in this report and had a plan to address them with external contractors due on site in September 2022 to address the flooring issue.

Infection control practices had improved, the standard of cleanliness of the building had improved with the additional trained staff in place. However, further improvements were required in the cleaning and appropriate storage of equipment

for which there was no clear process in place.

The inspector reviewed a sample of resident's records and saw that those that spent long period of time in bed now had the required documents completed. This assured the inspector they were receiving appropriate pressure area care.

Visiting arrangements, were in line with regulation and guidance from the Health Protection Surveillance Centre.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The register provider had not kept some areas of the centre in a good state of repair. For example internally, corridors, some communal rooms and bedrooms were seen to have heavily marked wall paint and chipped wood on door frames, skirting boards and handrails.

The register provider had not ensured that the premises conformed to all matters outlined in schedule 6;

- Suitable storage was not available for equipment. Equipment was inappropriately stored in several unoccupied bedrooms and in communal shower/bathrooms rooms. For example, linen trolleys were stored in communal bathrooms and two registered unoccupied bedrooms were being used to store hoists, wheelchairs and other equipment
- Floor covering in the corridors and in the communal sitting areas were not clean, they appeared heavily stained. The flooring in these areas had not been repaired or replaced since the last inspection.
- There was no wash hand sink in two of the sluice rooms.
- The new assisted shower room had no hand towel dispenser in place.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy had been updated and it included all the areas outlined in Schedule 5. The risk register had been updated since the last inspection and it included the risk rating of all risks identified and a plan to reduce each identified risk.

Judgment: Compliant

Regulation 27: Infection control

The register provider had not ensured that equipment used and stored in the centre was suitably clean. For example;

- a number of armchairs and sofas in use could not be cleaned properly due to the outer covering been ripped and internal padding being exposed.
- boxes of supplies were inappropriately stored on the floor of several storage rooms.
- storage rooms were packed with supplies, some out-of-date; for example the storage room where dressing supplies were kept.
- a review of the manner in which clinical and non-clinical items were stored was required to reduce the potential risk of cross-contamination.
- there was no system in place to determine whether equipment stored in storage rooms had been cleaned or not. A number of hoists and wheelchairs stored in the unoccupied bedrooms were not clean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents records were reviewed. All those reviewed reflected that residents who required specific pressure area care when in bed received it as per their care plan.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in activities. Those spoken with expressed satisfaction with the variety of activities available to them. Two residents who used to attend day care facilities had a valid rationale for not attending and they

confirmed to the inspector that they were aware of this rationale.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilbrew Recuperation and Nursing Care OSV-0000143

Inspection ID: MON-0035601

Date of inspection: 10/08/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: By the 31st December 2022, a comprehensive programme of works will have been undertaken that includes re-painting of the centre, the provision of revised dedicated storage areas, the installation of IPC-compliant handwash sinks and the replacement of a number of floor coverings.</p> <p>A number of storage issues have already been addressed following the inspection and the hand towel dispenser referenced during the inspection is now in place. (Complete)</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: By the 31st December 2022, new furniture will be in place to replace older furniture and storage areas will have been revised as above.</p> <p>A revised cleaning system has been recently introduced within the centre and by 31st October 2022 will be fully operational.</p> <p>Clinical items have now been fully separated from non-clinical and no items are being stored directly on the floor. The PIC monitors adherence to the revised storage arrangements in place within the centre on an ongoing basis. (Completed).</p>	



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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2022