

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Killure Bridge Nursing Home
Centre ID:	0242
Centre address:	Airport Road
	Waterford
	051 870055
Telephone number:	051 870037
Email address:	info@killurebridge.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Killure Bridge Nursing Home Ltd
Person authorised to act on behalf of the provider:	Kenneth Walsh and David Hyland
Person in charge:	Mary Burke
Date of inspection:	20 August 2013
Time inspection took place:	Start: 09:20hrs Completion: 16:50hrs
Lead inspector:	Caroline Connelly
Support inspector(s):	Íde Batan
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	77 (which included two residents in the acute hospital)
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day on the 20 August 2013. This was Killure Bridge Nursing Home's eight inspection by the Authority and as part of the monitoring inspection, inspectors met with the provider's assistant director of nursing, residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 10 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

The providers and person in charge were very proactive in response to the actions required from the previous inspection and the inspectors viewed a number of improvements during the inspection which are discussed throughout the report. The inspectors found the premises, fittings and equipment were of a high standard, were clean and well maintained and there was appropriate use of colour and soft furnishings to create a homely environment.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

In summary, although the person in charge was not present on the day of the inspection there was evidence that she was fully involved in the day-to-day running of the centre and was reported to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time and there were a large number of visitors in the centre during the inspection.

The person in charge, providers and staff demonstrated a commitment to care delivery and continuous improvement with numerous auditing of the service and care resulting in improvements for residents. They had adequate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The inspectors identified that safe storage of chemicals and emergency planning requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statement. The related actions are set out in the Action Plan under the relevant outcome. These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose and function was viewed by the inspectors, it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The facilities, management structure and services provided were set out and other relevant information provided. The philosophy of the centre as outlined in the statement of purpose and function is to "provide the best possible individual and social care to each resident to enable them to maximise their potential ability and so enhance their quality of life". This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The statement of purpose was found to meet the legislative requirements.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

On the day of the inspection the assistant director of nursing (deputy person in charge) was on duty and in charge of the centre. Although the person in charge was not present on the day of the inspection it was evident to the inspectors that she was clear on her roles and levels of responsibility and was committed to creating an environment that supported quality improvement.

She had been instrumental in the implementation of a number of improvements in the centre as discussed throughout the report. The person in charge is an experienced nurse and manager and there was evidence of a commitment and person-centred approach to the resident's care. She was very involved in the day-to-day management of the organisation and had a good reporting mechanism in place to ensure that she was always fully aware and up-to-date in relation to each of the residents' changing needs.

Staff and residents identified the person in charge as the one with overall authority and responsibility for the service. On previous inspections and through all communication to the authority she displayed a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The deputy person in charge was observed by the inspectors throughout the inspection to be competent and capable and very knowledgeable about the residents and their needs. She was able to tell inspectors detailed information about the residents and the running and organisation of the centre. She was fully aware of her responsibilities in being in charge of the centre under the legislation.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

- Regulation 6: General Welfare and Protection
- Standard 8: Protection
- Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The training records viewed by the inspector showed that staff received ongoing elder abuse training. Staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse at home and had completed questionnaires to establish their understanding of their responsibilities.

Staff interviewed by inspectors were aware of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of no tolerance to any form of abuse in the centre. Any allegations of abuse had been acted on immediately, investigated fully and appropriate action taken. Notification was sent to the chief inspector as required by legislation.

Residents' finances were safeguarded by the policy on the management of residents' accounts and personal property. The inspector saw a record of all money and valuables kept in the safe for safekeeping for residents, along with a list of all withdrawals or lodgements which were signed and properly receipted.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

On the previous inspection it was observed by the inspectors that many of the residents were sat in the corridor area around the entrance to the centre and that the number of residents sitting in the corridors had continued to increase. The area around the reception was seen to be very busy and overcrowded. The inspectors observed staff members after lunch trying to move a number of residents in large chairs down the corridor to their bedrooms. Their journey was impeded by a number of residents sat in the corridor, the residents had to pull their legs right in to prevent injury. From a health and safety point of view this was not a safe practice for residents or for staff and could lead to serious injury. On this inspection the inspectors observed that the seats were removed from the reception area and corridors and residents were using the lounges and other designated seating areas. There was a sense of calm and tranquillity that had not been there on any of the previous inspections and residents and staff reported it was an improvement for all. On the last inspection it was also observed that a very large supply of incontinence wear had been delivered over the weekend and numerous boxes of products were

left on the corridor stacked up. They were blocking the corridor and a means of exit from the building and were also a risk of falling on a resident if they went near them. A system has now been put in place and priority is given to the removal and storage of same within an hour of delivery.

The fire policies and procedure was viewed by the inspectors and were centre-specific. There were notices for staff on "what to do in the case of a fire" appropriately placed throughout the centre. The fire alarms, extinguishers, hoses, blankets and emergency lighting were all checked and serviced by external companies and records reviewed showed that they had all been checked and serviced on a number of dates in October 2012 and in 2013.

Fire training was provided to staff in November 2012 and June 2013. Regular fire evacuation drills were undertaken; the last one documented for 30 June 2013 which took place at night. The emergency evacuation plan was viewed by the inspectors and showed arrangements in place to evacuate residents in the event of an emergency and where temporary accommodation would be provided in the event of being unable to return to the centre. However, the emergency plan did not include action to be taken in the event of other emergencies such as the kitchen or laundry not being in operation or the water supply being cut off.

Inspectors viewed the comprehensive log of accidents and incidents that took place in the centre. Resident accidents and incidents were documented in their notes and these entries corresponded with the centre's accident and incident log. Accidents and incidents were trended and investigated using a root cause analysis which resulted in an action plan. Individual changes were implemented following falls such as review and reduction in medication, introduction of a low low beds and a physical review by the GP.

The centre-specific health and safety statement was seen by the inspectors to be very comprehensive. The risk management policy was also viewed by the inspectors which contained numerous safe working practice sheets and hazard identification sheets with control measures. The inspectors viewed that this contained risk assessments for chemical and biological agents as well as risk assessments for violence and aggression of residents, individual assessments for residents who smoked and residents on warfrin therapy.

Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency and pressure sore development, continence, moving and handling.

The inspector observed staff abiding by best practice in infection control with regular hand washing in between residents, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the buildings and throughout staff and resident areas.

The sluice room and cleaning rooms were observed to be left open despite signs on them to be kept closed at all times and digital locks on the doors. The cleaning room contained numerous chemicals which if taken by residents could cause injury.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

On the previous inspection it was identified that the practice of checking, dispensing, and recording of the drugs administered seen by the inspector was not in line with current best practice guidelines. The practice was unsafe and could lead to errors. Following the last inspection there has been ongoing medication management training for staff and ongoing audit of practice. On this inspection best practice was seen and the inspectors accompanied nurses to observe medication practice and storage. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation. Photographic identification for residents was present. A copy of An Bord Altranais medication guidelines was readily available.

The medication trolleys were secured and the medication keys were held by the nurse in charge. Controlled drugs were maintained as per professional guidelines. Medication management was the subject of audit by the person in charge and inspectors saw the results of these audits which are fed back and actioned by the staff.

Further involvement, training and audit from the pharmacist had helped to enhance the service provided to the residents. The pharmacist is involved in three-monthly reviews of resident's medication.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met.

A number of different GPs provided medical services to the residents. Residents have choice whether or not to remain with their own GP. GPs visit routinely and undertake ward rounds on a monthly basis and all residents care is reviewed at least three monthly. Residents' medical records were inspected and these were current with entries including referrals, reviews, blood and swab results.

Residents, relatives and staff described the GP services as good. There was a responsive out-of-hours service available to residents seven days per week.

Inspectors found that resident's general healthcare needs were adequately met and monitored. Vital signs and weights were recorded monthly; blood sugar levels were recorded daily or weekly as required.

Chiropody and physiotherapy were available as required and funded privately by residents. The inspector met one of the physiotherapists during the inspection who was in the centre providing therapy to a resident. Complementary therapy services included exercise with fit for life programme and reflexology.

There was a comprehensive assessment and care planning system in place which included evidence based assessments. These assessments and care were reviewed every month or more frequently as required.

On previous inspections the inspectors identified the lack of accessibility to health care professionals such as occupational therapists as being an issue in the provision of care to the residents. On this inspection the deputy person in charge informed the inspector that this has resolved and that they now have much easier access and numerous residents have received seating assessments and specialist equipment. Overall the inspectors found a good standard of evidenced-based nursing care and the provision of appropriate medical and multidisciplinary healthcare. Bedrails are being used for a number of residents in the centre, many who have requested them for their comfort. The use of lap-belts had been substantially reduced with only one resident using it as a means of restraint on a regular daily basis. The inspector saw that assessments for the use of restraint were being completed on residents and alternatives to restraint had been tried. These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented. The reduction in restraint usage demonstrated to the inspectors that they were aiming towards a restraint free environment.

There were very good links with psychiatric consultants and community services for residents who required these services and assessments and treatment reviews were seen in residents notes.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

On the previous inspection the inspectors noted strong odours in various areas in the centre. It was also noted that the centre was not clean and did not smell fresh despite it being late morning and early afternoon following cleaning of that area. There were four cleaners employed to work in the morning until 13:00hrs and there was no cleaning staff on again until the next day. On this inspection the centre was noted to smell fresh and was observed to be cleaner.

The cleaning hours have been expanded to include cleaning for two hours in the evening and cleaning staff had received training and restructuring.

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected.

Killure Bridge Nursing Home is purpose-built and provides a high standard of resident accommodation. The inspectors found that the premises, fittings and equipment were well maintained. There was a good standard of décor throughout. Landscaped gardens and courtyards with seating were available for residents' and relatives' use. The bedrooms seen by inspectors were personalised with photographs. Some residents had their own furniture in their rooms.

There was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists, pressure-relieving mattresses and zimmer frames. Service contracts for all equipment were up to date.

The corridors were wide, allowing easy access for residents in wheelchairs and those people using walking frames or other mobility appliances, and had handrails throughout. Inspectors observed residents moving freely using their individual aids which had been greatly aided by the removal of the chairs at the front entrance of the building as discussed previously.

Residents and relatives were seen to use the courtyards and garden areas and told the inspectors of their enjoyment of same.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided. The complaints procedure was on display in the main foyer.

The provider, person in charge and staff conveyed a good understanding of the purpose of a complaints procedure. In practice, records of complaints and their outcomes were kept, with an independent appeals person nominated. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The complaints log was viewed by the inspectors and the documentation of complaints was found to be sufficiently robust in that it did contain a record of any investigation and outcome of the complaint and whether or not the resident/relative was satisfied, as is required by legislation.

Outcome 16

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

On the previous inspection the inspectors observed a number of personal notices up in residents' bedrooms in relation to falls risks and other personal care issues. This did not promote a person-centred approach to care or protect the privacy or dignity of the residents. On this inspection the inspectors noted these signs had been removed and replaced with a more discretely system. A few residents had requested notices for their own personal use which the inspectors found to be appropriate.

There was an active residents' association which offered residents and relatives an opportunity to participate and engage in the running of the centre.

The last meetings were held in June 2013 and April 2013 and attended by ten residents and the person in charge. Numerous issues were discussed including, the provision of hip protectors, laundry, food, supervision in the sitting rooms and the upcoming summer BBQ for residents.

The assistant director of nursing has met with a number of relatives to discuss and review care plans.

There is a reception area on the entrance to the building where a sign-in book for visitors was present. A suggestion box was also available in the main reception and residents and relatives were encouraged to use it.

The manner in which residents were addressed by staff was appropriate and respectful. Inspectors observed the residents' privacy and dignity being respected and promoted by staff in that staff knocked before entering residents' bedrooms. Religious needs were catered for with Communion available every week and inspectors saw the minister administering communion during the inspection. The rosary was said with the residents daily and mass available. The other religious denominations were visited by their ministers as required. There was an oratory in the centre which the residents confirmed they enjoyed using for quiet reflection and it was also used prayers and removals following the death of certain residents.

There was a comprehensive programme of activities available in the centre. The inspectors saw a very lively music session going on during the inspection which appeared to be enjoyed by all. Residents' right to choice in participation was respected by staff and while many residents participated in organised activities, inspectors observed that others chose to spend time in their room or in another room where activities were not going on.

The centre was open to visitors throughout the day and numerous visitors were seen in the centre throughout the inspection. The residents commended the staff on how welcoming they were to all visitors. Relatives were also observed taking residents out.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

During the last inspection staffing levels and skill mix at night time was discussed by the provider who wished to replace the third nurse at night time with a nurse until 00:00hrs and then a care staff replacing the nurse leaving two nurses until 07:30hrs with four care staff to care for the 79 residents. The inspectors examined a study that was carried out by the provider and person in charge at night time which included a tracking system to ensure that effective care could be given to the residents after 00:00hrs with the proposed compliment of staff. The inspectors informed the provider it was their responsibility under the legislation to ensure the staffing levels and skill mix of staff met the needs of the residents taking into account the size and layout of the centre. The provider and person in charge assured the inspectors they were happy with the proposed staffing levels and would keep them under review and would increase them again if required. During this inspection the inspectors spoke with staff that worked night duty, to the deputy person in charge who also had worked night duty and the providers who all reported that the new arrangement was working out well and there were no adverse effects for the residents. The inspectors again reinforced to the providers the need to keep all staffing levels under continuous review.

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. There was a clear management structure and staff were aware of the reporting mechanisms. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

The human resource policy was centre-specific and included details for the recruitment, selection and Garda Síochána vetting of staff. The inspectors reviewed the planned and actual rotas. The inspectors noted that there were adequate staff numbers on the day of the inspection to meet the needs of the residents. Residents and staff agreed that there were staff available in sufficient numbers and with the appropriate skills and competencies to meet the personal and health needs of residents.

An extensive variety of professional development training was provided to staff. The staff training and education records viewed by the inspector showed that staff had attended mandatory training in manual handling, fire training and elder abuse. The nursing staff had attended a large variety of professional training including training on medication management, dementia care, venapuncture, care of the older person, wound care, behaviours that challenge, cardio-pulmonary resuscitation (CPR) training and first aid, end of life training and numerous other courses. The records showed that care assistants had received Further Education Training Awards Council (FETAC) Level 5 training. Staff that spoke to the inspector reported a great level of support and encouragement from the person in charge to attend training and keep their knowledge base up to date.

Inspectors saw that appraisals were completed for staff in the staff's files and this assisted in the identification of staff training needs. Inspectors saw three comprehensive staff files, which contained all the information as outlined in the regulations.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the providers, and the deputy person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

23 August 2013

Provider's response to inspection report *

Centre Name:	Killure Bridge Nursing Home
Centre ID:	0242
Date of inspection:	20 August 2013
Date of response:	27 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

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

The sluice room and cleaning rooms were observed to be left open despite signs and locks on them to be kept closed at all times. The cleaning room contained numerous chemicals which if taken by residents could be very dangerous.

The emergency plan was very comprehensive for fire and other major emergencies but required updating to take into account action to be taken in the event of other emergencies such as the kitchen or laundry not being in operation or the water supply being cut off.

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

Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre including rectifying hazards identified on inspection.	
Action required:	
Update the emergency plan to contain the requirements of the regulations for all emergency situations.	
Reference:	
Health Act, 2007 Regulation 32: Fire Precautions and Records Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The emergency plan is updated to include actions required in event of kitchen, laundry, gas and water failure. Staff are reminded to keep doors closed to sluice room and cleaning press. The Director of Care or appointed deputy will check doors every morning to ensure they are closed.	26 August 2013 26 August 2013