



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Knockrobin Hill Care Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Knockrobin, Port Road, Wicklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	28 January 2025
Centre ID:	OSV-0005774
Fieldwork ID:	MON-0045685

About the designated centre

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

Knockrobin Hill Care Home is situated in Knockrobin, County Wicklow. Residents' accommodation is situated on three floors of the facility and accommodates 99 residents. It is a purpose built facility and accommodation comprises of 99 single rooms, all of which have spacious ensuite bathrooms. Each ensuite bathroom consists of a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms all floors and there is a safe garden area for residents to use and enjoy. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	98
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How we inspect

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
Tuesday 28 January 2025	08:00hrs to 15:30hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

The Inspector spoke with eight residents living in the centre, residents who were willing and able to converse. The overall feedback from the residents living in the centre was positive. Residents told the inspector that they were well looked after and that staff were very kind to them. Many residents told the inspector that the food was 'good quality' and that they had access to choices at mealtimes,

The centre was spacious with surfaces, finishes and furnishings that were easy to clean. Residents' bedroom accommodation comprised of 99 single rooms, all with ensuite facilities. Overall, the general environment, residents' bedrooms, communal areas and toilets inspected appeared nicely decorated and clean with wide clutter free corridors. Residents and visitors spoken with were happy with the standard of environmental hygiene.

The ancillary facilities generally supported good infection prevention and control. For example, the infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. There were sluice rooms for the holding and reprocessing of bedpans, urinals and commodes on each floor. All ancillary facilities were seen to be well-ventilated, clean and tidy.

Call bells were available throughout the centre. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspector observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of the staff.

The Inspector saw that residents were encouraged to personalise their bedrooms with items such as photographs, ornaments and personal belongings to help them feel comfortable and at ease in the home. One visitor said that the staff were fantastic and that they helped decorate her mother's room.

Three residents spoken with said that there was plenty of activities to choose from and that in particular they said the live music sessions was their favourite. An activity co-ordinator was on-site to organise and encourage resident participation in events. An activities schedule was on display on a large board on each floor. On the day of the inspection students from the local school were assisting residents to play board games and there were lots of lively discussions about the past.

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

There was a clearly defined management structure in place and this inspection identified it was a well-run centre with a culture which promoted person-centred care. Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of staff training and quality and safety which is further discussed within this report.

This unannounced inspection focused on the infection prevention and control related aspects of the regulations.

Knockrobin Nursing Home Ltd is the registered provider for Knockrobin Hill Care Home. This centre is a part of the Curam Care Homes Group which has a number of nursing homes throughout Ireland. On the day of inspection the person in charge was supported by an assistant director of nursing (ADON), a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. To support the management team there was an operations manager, who was also on site on the day of the inspection.

There were regular management team meetings and minutes of these meetings were available to the inspector. The management team had documented improvements that they wanted to implement following both clinical and non-clinical audits in the centre. Action plans were made available with achievable time-frames set.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship (AMS). The provider had also nominated the assistant director of nursing to the role of IPC link nurse who had recently finished the course and was receiving IPC information updates from the community IPC team.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for *Legionella* in the hot and cold water systems was undertaken.

Staff were supported in accessing education and training updates through a blended approach, combining online and in-person IPC training. There was a plan in place for more IPC training in various areas like antimicrobial stewardship and out break management to be completed by the middle of the year. However, a gap in

knowledge was identified regarding the correct procedures for obtaining specimens to ensure accurate diagnosis of a residents' condition. This is discussed further under Regulation 16: Training and staff development.

The centre had experienced a number of outbreaks in 2024, the inspector reviewed the outbreaks and found they were identified, well managed, controlled and documented in a timely manner. The provider had an outbreak contingency plan that was available for all staff to access. Vaccination records were maintained for all residents with a very high uptake with the COVID-19 vaccination programme. Staff reported that the layout of the building lent itself to effective outbreak management. This meant that each area could effectively operate as a distinct cohort area with minimal movement of staff between zones to reduce the risk of the spread of infection should an outbreak develop in one area of the centre.

IPC policies were available to guide staff and up to-date posters as reminders of best practice, these included the new national policy *National Clinical Guideline No.30-(IPC)* 2023 which was readily accessible on each floor.

A schedule of infection prevention and control audits was in place. The audits covered a range of standard precautions like hand hygiene, management of spillages, equipment and environment hygiene, laundry, waste and sharps management. The high audit scores reflected what the inspector observed on the day.

An accurate record of residents with previously identified multi- drug resistant organism (MDRO) colonisation (surveillance) was maintained. This meant that the provider was able to effectively monitor the trends in the burden of antimicrobial resistance within the centre.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There were sufficient staff resources to maintain the cleanliness of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Further training was required in relation to the taking of a urine sample from a urinary catheter. Two members of staff did not know the correct procedure for

obtaining a urine sample. Correct techniques are important to avoid contamination of the sample as this may introduce bacteria into the urinary tract which increases the risk of infection.

A small number of staff carried gloves in their pockets for use when caring for residents, these gloves were accessed without performing hand hygiene. This practice increases the risk of infection spread.

Judgment: Substantially compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. These included arts and crafts, gardening and music therapy. Access to daily newspapers, television and radio was available.

Hand sanitisers were available in wall mounted dispensers along the corridors and at the point of care for each resident. Some barriers to effective hand hygiene practices were observed during the course of this inspection. Clinical hand wash sinks that complied with the recommended specifications were not available in the areas of the centre where residents were living, this meant that staff could not easily wash their hands if visibly soiled. This is discussed further under Regulation 27: Infection control.

The provider had a number of good assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. All areas were included on the daily cleaning schedule. A deep cleaning schedule had been introduced recently to ensure all resident rooms received a deep clean each month.

Residents that had been identified as being colonised with an MDRO were appropriately cared for with standard infection control precautions. Care plans ensured that information about residents healthcare associated infection status was accessible. All resident files viewed contained resident's current health-care associated infection status and history. Residents with a urinary catheter had a care plan to guide the care.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. In addition the use of dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection. This initiative minimised unnecessary antibiotic prescribing.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged and facilitated.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The premises was bright, clean, tidy and conformed with all matters set out in schedule 6 of the regulations. The overall environment was designed and laid out to meet the needs of the residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The transfer document and the pre assessment document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Clinical hand hygiene sinks were not easily accessible for staff to wash their hands and residents sinks were dual purpose for residents and staff. This increased the risk of staff transmitting a health care associated infection to residents when hands are visibly soiled.
- The provider had not substituted traditional needles with safety engineered sharps devices in line with best practice guidelines to minimise the risk of a needle stick injury.
- Urinals were used to empty catheter bags when necessary. Some of the urinals found in the bathrooms were visibly unclean and not reprocessed in the bedpan washer. This increased the risk of a catheter associated infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

Nursing staff were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing. There was a low level of pressure ulcers in the centre, staff were using a risk assessment called the "Braden Score" to assess if residents were at risk of developing a pressure ulcer.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Knockrobin Hill Care Home OSV-0005774

Inspection ID: MON-0045685

Date of inspection: 28/01/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have been provided with a copy of Urinary Catheter Care including how to take a urine sample for a urinary catheter. A sign-in sheet will be used to confirm the issue of the guidance to nurses to acknowledge they have received, read, understood and will implement the procedure as outlined in the guide. Additionally, a validation document will be developed to observe compliance with the procedure. The nurse induction document will be amended to capture this procedure.</p> <p>An update has been sent to staff through Knockrobin Hill Care Home's messaging system (Altra) to inform staff who are carrying gloves in their pockets that this is not permitted, If they are using the gloves without performing, hand hygiene increases the risk of infection. The Altra message included a reminder that gloves should only be taken as needed, and all required gloves are readily available behind closed doors for infection control purposes. This update will be included in hand Hygiene training conducted by ADoN (IPC link practitioner).</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Hand Hygiene & Sink Accessibility: A risk assessment and mitigation plan is in place for the use of residents' bedroom sinks when hands are visibly soiled. Hand sanitizers have been placed in all bedrooms for staff use to meet the 5 Moments of Hand Hygiene. Additionally, On the ground floor which accommodates 22 residents 2 clinical handwash</p>	

sinks will be installed. One in the nurses' station and one in the sluice room ensuring accessible clinical handwash sinks within easy walking distance from resident rooms.

On the first floor, which accommodates 38 residents, 3 clinical handwash sinks will be installed. One in the nurses' station, which is located centrally and one in each of the sluice rooms located in the bedroom areas of the floor within easy walking distance from resident rooms.

On the second floor, which accommodates 39 residents, 3 clinical handwash sinks will be installed. One in the nurses' station, which is located centrally and one in each of the sluice rooms located in the bedroom areas of the floor within easy walking distance from resident rooms.

Doors to the sluice rooms will have handsfree access therefore will be accessible to all staff and will have picture and word signage on the door indicating the location of clinical hand wash sinks.

Safety-Engineered Sharps Devices: Safety-engineered sharps devices had been introduced to the home, the traditional needles found during inspection have safely been disposed of. There are only Safety Engineered Sharp Devices in use in the home.

Urinal Hygiene & Catheter Care: Visibly unclean urinals that required replacement were ordered and have been replaced. Staff education on urinal uses and proper disinfection procedures has been reinforced during handover discussions and huddles to ensure best practices are followed.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2025
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	31/10/2025