



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

Issued by the Chief Inspector

Name of designated centre:	Kylemore House Nursing Home
Name of provider:	Kylemore Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	15 February 2022
Centre ID:	OSV-0000055
Fieldwork ID:	MON-0032560

About the designated centre

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

Kylemore House Nursing Home is located in a residential area in Bray. The designated centre is a short distance from the sea front, DART train station, shops and other amenities. Kylemore House nursing home accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 12 single and 13 twin bedrooms. One twin bedroom has full en suite facilities. En suite toilet and wash basin facilities are provided in 10 single and seven twin bedrooms. A wash basin is provided in two single and five twin bedrooms. Bedrooms on the first floor are accessible by stairs or a stair lift. A variety of communal areas are available to residents on both floors. A dining room, two sitting rooms, a visitors' room and an enclosed courtyard area is provided on the ground floor. A sitting/dining room and balcony area is available on the first floor.

The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Kylemore House nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

32

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 15 February 2022	10:00hrs to 16:30hrs	Liz Foley	Lead
Tuesday 15 February 2022	10:00hrs to 16:30hrs	Mary Veale	Support

What residents told us and what inspectors observed

There was a very welcoming and homely atmosphere in the centre. Resident's rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for within the confines of the service. The inspectors greeted the majority of residents during the day and spoke at length with ten residents and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

On arrival the inspectors were guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed, homely and welcoming atmosphere. The centre appeared clean to a high standard throughout. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene. Access to staff hand hygiene sinks was limited.

The centre was originally a Georgian house which had been adapted and extended over time and now accommodated up to 38 residents over two main floors. The upper floor of the original building has a split level landings with accommodation on both of these levels. The centre had a two storey extension built to the rear. Upper floors were accessible by chair lift so residents who lived in the upper levels needed to be able to use the chair lift safely. The centre was warm throughout and appeared clean to a high standard. The centre had been carefully and beautifully decorated and the décor was sympathetic to the age of the building. There was a choice of communal spaces that residents could access, for example, the ground floor contained a dining room, sitting room, quiet room, day room and opened out to a small courtyard at the rear. There was an open plan sitting/dining room on the first floor and from this level there was open access onto a secure terrace which was frequently used during the day.

On the morning of the inspection the Inspectors observed residents attending Mass via a live video stream from church and residents participating in an exercise class. Communal areas had been decorated with valentine day posters and some residents had valentine roses by their bed side. The inspectors observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the day in which the inspectors observed laughter and banter between staff and residents. In the afternoon the inspectors observed some female residents having an enjoyable and social experience having their hair styled by staff.

There were staff members allocated to the supervision of communal rooms. Staff were seen to encourage participation and stimulate conversation. The inspectors

observed that the residents were not rushed. There were regular residents meetings. Minutes were recorded and the actions taken by the management team to address matters raised were documented.

Residents who spoke with inspectors understood the restrictions in place for Covid-19 and the reasons for staff wearing masks. Residents said they were concerned about becoming infected with the virus and had decided that they did not want a visit from an unvaccinated visitor. This discussion was evident in the minutes of a recent residents meeting viewed by inspectors. Residents said they felt safe in the centre and that they always had someone to talk to.

Residents were complimentary of the food and the choice being offered. Residents had access to drinks and snacks throughout the day. Inspectors observed that residents had access to cooled bottled water from a fridge located on the ground floor. Inspectors observed that staff were positive, patient and kind to residents during a dining experience. Staff were observed discussing residents likes and dislikes during their meal time experience. The Menu was easy to read and displayed prominently in the main dining room.

The next two sections of this report present the findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service delivered.

Capacity and capability

Overall systems were supporting quality and safety improvements and there were good levels of compliance found on inspection. The centre were managing challenges with staff vacancies and had employed agency staff to ensure residents' needs were met. Some improvements were required to ensure the centre were following their audit schedule and that regular clinical audit was informing safe and high quality care.

Kylemore Nursing home Limited were the registered provider for Kylemore House Nursing Home. The company had two directors, one of whom was actively involved in the daily operations of the centre. There was a stable and experienced senior management team in place, the person in charge worked full time and was supported by a manager and team of nurses, health care assistants, activities housekeeping and catering staff. Staff were aware of their roles, responsibilities and lines of reporting in the centre.

This was an unannounced risk inspection to monitor compliance in the centre. Management systems were mostly effective in monitoring quality and safety in the centre. There was an ongoing schedule of audit in the centre which was informing ongoing quality and safety improvements. For example there was a weekly

environmental walkabout which informed a schedule of work required in the centre, this was obvious by the good condition in which the centre was maintained. However some clinical audits were not being completed in line with the centre's schedule which potentially impacted on ongoing quality improvements.

There had been a high turnover of staff in the centre over the past year and the provider had ongoing recruitment efforts in place to maintain safe and consistent staffing levels. In order to ensure the care needs of residents were met the provider was employing agency staff to back fill the shifts and these staff were regular attendees in the centre.

There was an ongoing and comprehensive induction and training programme in place for all staff. The provider submitted information following the inspection on the training needs in the centre. Gaps in training were due to new staff joining and the provider had plans in place to ensure all staff would receive mandatory training. For example, the centre had identified that some new staff were due fire training and had scheduled training dates prior to the inspection but had to defer the training due to the COVID-19 outbreak.

There was a proactive approach to complaints and feedback in the centre. Inspectors viewed a sample of complaints and found that they had been managed in line with the centre's policy. There was evidence that the provider and person in charge had engaged with the complainants to find agreeable solutions to problems identified and used the learning to inform quality improvements.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. There was a minimum of one nurse on duty over 24 hours and contingency arrangements were in place should additional staff be required to provide cohorted care to residents in the event of an outbreak of COVID -19.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.
Judgment: Compliant
Regulation 23: Governance and management
Some management systems required improvements. Clinical audits were not completed routinely, for example, falls and nutrition audits, which had not been completed in line with the centre's audit schedule. This resulted in lost opportunities to ensure ongoing learning informed improvements in care in line with best practice.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. Inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.
Judgment: Compliant
Regulation 34: Complaints procedure
There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Inspectors viewed a sample of complaints all of which had been managed in accordance with the centre's policy.
Judgment: Compliant
Quality and safety
Inspectors found that the care and supports residents received was of a high quality and ensured that they were safe and well supported. Residents medical and health needs were met. The ethos of the centre was person centred and the residents

rights were upheld with a social model of care.

The centre was COVID-19 free at the time of inspection. Arrangements were in place for residents to receive their visitors in private. Inspectors were told visiting arrangements would remain under review in line with national guidance.

The premises was meeting the needs of most residents and was decorated and maintained to a high standard. Improvements were required to ensure that residents who were wheelchair users could access a hand wash basin and additional call bells were required.

The provider had a risk management policy in place which outlined the arrangements to monitor and manage risks within the centre. The risk register clearly identified the risks and those with overall responsibility for risk within the centre

The registered provider was implementing procedures in line with best practice for infection control. Housekeeping procedures were providing a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and the vaccination programme for COVID-19 had been completed. Some improvements were required in the condition of shared equipment and access for staff to foot operated bins and hand hygiene sinks.

Overall the provider had good oversight of fire safety and systems in place were effectively maintaining the safety of residents. There was an ongoing schedule of audit and routine servicing of fire detecting and fire fighting equipment. The provider had ensured that fire drills were completed and was assured that there were sufficient staff on duty to evacuate the centre at any time day or night. Some new staff had not completed annual fire training, but they had completed on-site fire safety induction. Training dates were scheduled but had been delayed due to a recent outbreak of COVID-19 in the centre. Some improvements were required which the provider was undertaking to address immediately, one compartment door which did not fully close was adjusted and fixed during the inspection. There was evidence that daily, weekly and monthly fire safety checks were carried out. All fire exits were observed to be free from any obstructions. Personal emergency evacuation plans were in place for all residents. However some improvements in fire safety were required ,this is further discussed under Regulation 28 Fire precautions.

The centre had an electronic nursing documentation system. Nursing documentation reviewed indicated that residents needs had been assessed using validated tools and that person centred care plans were in place reflecting residents needs. Care plans were implemented and evaluated on a four monthly basis, reflecting the residents changing needs and in consultation with the resident.

Residents availed of a varied activity programme. Activities took place on both floors. Residents links with the community where possible were maintained and this was supported by access to local media, internet and telephone services. Residents had access to an independent advocacy if they wished. There was evidence that regular resident committee meeting were taking place in the centre. The residents committee meeting minutes expressed high levels of satisfaction will all aspects of

the service provided and particularly with the staff. It was noted that some residents discussed visiting arrangements at the residents committee in January 2022 and the actions from the resident's committee was in the centres visiting arrangements.

Regulation 11: Visits

Visits were facilitated in line with the current guidance, Health Protection and Surveillance Centre Covid 19 Guidance on visits to Long Term Residential Care Facilities.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Call bells were required in two communal bathrooms and in one en-suite.
- A wheelchair accessible sink was required in order to meet the needs of residents in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a up to date risk management policy. A risk register was in place which identified open and closed clinical and environmental risks.

Judgment: Compliant

Regulation 27: Infection control

Some improvements were required to ensure the environment was as safe as possible for residents and staff, for example;

- Two shared shower chairs were worn and could not be cleaned and therefore

- increased the risk of cross contamination to residents using them.
- Foot operated waste bins were not accessible in some areas of the centre in line with the guidelines.
 - Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, of these all were not compliant with Health Building Note 00-10: Part C standards. Resident's sinks should not be dual purpose.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to ensure adequate precautions were in place to protect from the risk of fire, for example, three large oxygen cylinders were stored unsecured in a garden shed with no signage to alert residents and staff of this risk. Oxygen cylinders were not stored in line with the suppliers' recommendations and can be a risk if damaged. Signage was also required on a cage where smaller oxygen cylinders were securely stored.

Emergency lighting was not working at two points in the centre and the provider was taking immediate steps to ensure there was adequate means of escape.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

All nursing notes reviewed by the inspectors had a comprehensive assessment and person centred care plans. There was evidence that the care plans were reviewed four monthly in consultation with the resident or their family.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a General Practitioner of their choice. There was evidence that residents had been reviewed by physiotherapy, occupational therapist, chiropodist , psychiatry of old age and geriatricians.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following restrictions due to COVID-19 and there were opportunities for residents to participate in group or individual activities as preferred. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kylemore House Nursing Home OSV-0000055

Inspection ID: MON-0032560

Date of inspection: 15/02/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Since the date of the inspection clinical audits have been completed for falls and nutrition. Any necessary corrective actions have been identified and named individuals have been given responsibility to process these actions. The outcomes have been discussed with all relevant staff and are available on the Staff Notice Board. • A revised monthly audit calendar has been drawn up and will be kept under review as the needs arise. • Individual Staff Nurses will be supported to increase their knowledge of clinical issues and will be facilitated to attend audit training so will be involved in auditing processes 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Call Bells in 2 communal bathrooms and 1 ensuite - Ordered waiting on delivery date • Wheelchair accessible wash hand sink – Plumber to give us a date for installation 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

- 2 easily cleaned shower chairs were delivered on 16th February and the previous shower chairs have been removed from the Centre.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- On the day following the inspection our Oxygen supply company was asked to remove the three large cylinders. This was completed on the 24th February which was the earliest date available due to shortage of their drivers.
- On the day of inspection appropriate signage was placed on the O2 cage.
- On the day following the inspection emergency lighting was replaced at the two points in the Centre.

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.	Substantially Compliant	Yellow	31/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	05/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	16/02/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	24/02/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	16/02/2022