



**Health  
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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:	SignaCare Killerig
Name of provider:	Signacare Killerig Ltd
Address of centre:	Killerig, Carlow
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0005454
Fieldwork ID:	MON-0035460

## About the designated centre

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

SignaCare Killerig Nursing Home is situated a short driving distance from Tullow town in County Carlow. The centre provides accommodation for 45 residents. It caters for both male and female residents aged over 18 years of age. Residents are accommodated in 35 single bedrooms and 5 twin rooms, each with ensuite shower, toilet and wash basin facilities. Bedrooms are located on the first and second floor. The ground floor mostly consists of spacious communal areas and various services such as catering, laundry and treatment rooms. Care services provided at SignaCare Killerig include residential care, convalescence, respite and palliative care for residents. The provider employs a team of staff in the centre to meet residents' needs. This team consists of registered nurses, care assistants, an activity coordinator, maintenance, housekeeping and catering staff. According to their statement of purpose, value is placed on the uniqueness of each individual and the centre is guided by a commitment to excellence that ensures every resident will enjoy passionate and professional care. They aim to enhance the ability of residents to participate in and contribute to daily life. Facilitating residents' independence and choice in how they plan their daily lives. The centre aims to provide a person centred approach to care where staff will endeavour at all times to deliver quality care informed by best practice and complying with all relevant standards and legislation ensuring the residents are involved in all aspects of planning and decision making.

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

Number of residents on the date of inspection:	45
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 19 May 2022	09:00hrs to 17:30hrs	Arlene Ryan	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector was met by the reception staff and the person in charge. The monitoring of temperatures, signs and symptoms of COVID-19, and hand hygiene was completed. Following an introductory meeting, the inspector did a walk-around the nursing home with the person in charge and clinical nurse manager.

The nursing home was very spacious, clean, bright and well maintained. The residents bedrooms were located on the first and second floor along with a small seating area and pantry on each floor. Sitting rooms, dining room, the coffee shop, hairdressers, communal spaces and offices were located on the ground floor. There were two lifts to access each floor of the building. The bed rooms were large and had a very homely feel. Residents and families had brought in personal items such as pictures, photographs and even some items of furniture which personalised the residents rooms.

The residents who spoke with the inspector were very happy with their rooms and said that there was plenty of storage for their personal belongings. The inspector observed that the residents wardrobes were organised and tidy and that a member of staff was allocated to ensure that this standard was maintained. The en-suites were very spacious and contained grab rails beside the toilet, at the sink and in the shower. Additional storage was seen in the bathrooms for storing toiletries.

Residents informed inspectors that the laundry service was available to them and that they always got their clothes back clean and fresh. They could send items home with their families if they chose to but mostly used the in-house laundry.

Visitors were seen coming to and from the nursing home. Visiting was returning to normal following the recent COVID-19 outbreak. However even throughout the recent COVID-19 outbreak, nominated visitors were allowed to visit their family members in line with the Health Protection Surveillance Centre (HPSC) and public health guidance. One visitor told the inspector about the ease of access for them to visit their relative and about how important this was to them and their family. The visitor was very complimentary of the staff and care provided at the nursing home.

The day room and dining room located on the ground floor were very spacious and welcoming. Meals were served from the serving area within the dining room. The food looked and smelled appetising and the presentation was very good. A selection of special diets were being prepared by the chef in line with individual resident requirements. The chef had a list of these requirements based on the residents individual assessments and care plans. Condiments were available on each table and the residents were observed enjoying their meals.

Some residents told the inspector that the food was lovely, that they always had choice and had plenty to eat. The menu was displayed for the residents to see and

they could order their preference in the morning time, however if they changed their mind there was always another option available. Staff were on hand to assist residents throughout lunch time. Some visitors were also present and assisting their relatives with meals. Overall there was a relaxed atmosphere and residents could take their time when eating.

There was a good variety of activities scheduled for residents and this was clearly displayed in the communal area. The activities coordinator scheduled activities seven days per week and when they were not on duty they organised for other staff to ensure the activities were carried out. The residents said that they loved the live music sessions in particular and the activities coordinator was in the process of trying to increase these music sessions for the residents. With the gradual ease of restrictions following the COVID 19 pandemic, there were plans to have more outside and community activities recommenced. There was an enclosed garden outside the dining room. Access to the garden was through the fire doors, however this door was alarmed.

There was a flurry of activity at the hairdressers salon as many residents were having their hair done. The dedicated salon was spacious and a few residents could have their hair done at the same time. The residents were very complimentary of the hairdresser and said it was something they looked forward to each week.

The inspector observed that some of the store rooms required reorganisation as some items were stored on the floors reducing the ability to clean the rooms. The linen trolleys were not appropriately covered, posing a risk of cross contamination of clean linens. However the inspector was assured by the person in charge that action was being taken to rectify these issues.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. This was a well managed centre to the benefit of the residents. There were good leadership, governance and management arrangements in place which contributed to the centres high level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). There had been some recent changes to the management arrangements within the centre, and centre continued to maintain its overall compliance with regulations.

This was an unannounced inspection. The purpose of the inspection was to enable the Chief Inspector to progress the application to renew the registration of the

centre. The Chief Inspector had been informed that the centre had a COVID-19 outbreaks on the 19th April 2022 affecting a total of 27 residents and 10 staff who tested positive for COVID-19. All had recovered at the time of inspection and the centre were awaiting the public health team to declare to outbreak over.

The provider was Signacare Killerig Limited which is part of the Virtue Integrated Elder Care group. The management structure was clear. The person in charge was supported by a regional manager, clinical nurse manager, support services manager, a team of nursing staff, healthcare assistants, catering, housekeeping and maintenance staff. A dedicated activity coordinator was there to ensure that the residents social and spiritual needs were met. In addition a hairdresser was on site on the day of inspection. There were clear lines of accountability and staff were aware of their responsibilities and who they were accountable to.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the provider. The systems included a comprehensive auditing programme which was reviewed and had led to some documented improvements in practice. However some further improvements were required under the following regulations; Regulation 9: Residents Rights, Regulation 17: Premises, Regulation 27: Infection Control and Regulation 3: Statement of Purpose. The statement of purpose required updating to reflect the recent changes to the management structure of the centre and premises.

There were an adequate number of staff on duty on the day of inspection and the staff roster showed that all shifts were covered. The management team were actively recruiting additional healthcare assistants and housekeeping staff to provide additional cover within the centre. Staff were visible on the floor tending to residents needs in a caring and respectful manner throughout the day of inspection. The supervision of staff was good which resulted in a high level of care for the residents.

The centre was well resources. It was clean and tidy and furnished to a high standard. Residents personal storage was seen to be adequate and where extra storage was required additional storage units were in place.

The annual review report on the quality and safety of care of residents in the nursing home was available to the inspector. It was very comprehensive and included details of residents satisfaction survey and opinions. There were also results from the centres audit programme, key performance indicators and included improvement initiatives and plans.

The compliance plan from the previous inspection carried out in May 2021 was followed up. The inspector found that the compliance plan responses had all been implemented.

## Regulation 15: Staffing

There was a sufficient number of staff and skill-mixes to meet the needs of the

residents.

There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of staff training records showed that staff had received training and staff informed inspectors that they were facilitated to attend mandatory training and other training appropriate to their roles. There was an ongoing schedule of training in place to support staff.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were examined. These included details of the service provided and the fees to be charged for such services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The description of the rooms in the Statement of Purpose did not correspond with the floor plans and that the floor plans reflected the design and layout of the centre.

The Statement of purpose required updating in line with the recent changes within

the management team.

Judgment: Substantially compliant

## Quality and safety

The inspector was assured that residents were receiving a good standard of care and service in the nursing home and the residents who spoke with the inspector said that they were happy living there. They found the staff to be very helpful and kind, and they felt safe.

Residents were involved in regular resident meetings where they were encouraged to make suggestions about the organisation and services. Independent advocacy services were available to the residents if required. There was a coffee shop in the foyer with comfortable chairs and access to coffee and tea for residents and their families. Residents also had access to private spaces, other than their bedrooms.

Each residents room had life story boards with information about the resident. This allowed for a quick reference for staff caring for the residents. However the residents had the choice as to whether they wanted to participate in this initiative and if they chose not to do so the board was not completed.

A selection of resident files were reviewed by the inspector. Individualised assessments were completed for residents using a variety of validated risk assessment tools. Care plans were in place based on these risk assessments and were person centered reflecting the individual care needs of the residents. The oversight of residents healthcare needs was comprehensive and access to a medical practitioner and other allied health professionals was evident in the residents records.

There was a low use of restraint in the centre, mostly in the form of bed rails. Each resident with a bed rail in place had a risk assessment in place and consent had been obtained. Most bed rails were in place at the request of these residents and they felt safer with them in place. The use of restraint was closely monitored by the management team.

The inspector visited the laundry facility and found it to be spacious, well organised and clean. There was a one way system in place to support good infection control practices. There was plenty of space available to segregate residents clothing prior to returning them to their rooms.

The enclosed garden outside the day room was well maintained. The walkway was even and free from obstructions. There was seating available for those using the garden. However access to the garden was through a push bar set of doors which is alarmed to alert staff when opened. On the morning of the inspection the alarm had not been switched off therefore residents did not have the choice to go outside

without activating the alarm. Additionally there was no handle on the outside of the door to allow residents to come back in when the door was closed. This issue was escalated to the maintenance team for action on the day of inspection.

Infection control practices were largely of a high standard. The housekeeping staff took the inspector through the process for cleaning the residents rooms and en-suites. They had a clear process in place but were still required to have mop buckets. Mop heads were changed between rooms and never placed back in the mop bucket once used. The cleaning trolley was clean and organised. The person in charge informed the inspector that they were currently reviewing the cleaning trolleys and current system to see if they could make further improvements.

There were an adequate number of hand sanitising units throughout the nursing home and they were clean and free from alcohol gel residue. A number of clinical hand washing sinks and taps did not conform with the national standards however staff had easy access to sinks. In addition the linen trolleys and storage rooms required a review. Although residents equipment was seen to be clean, there was no clear process for identifying clean and dirty items.

### Regulation 11: Visits

Visits by residents' families and friends were facilitated according to current public health guidance. The nursing home had arrangements in place to ensure the ongoing safety of residents.

Judgment: Compliant

### Regulation 17: Premises

The premises was well maintained and appropriate to the number and needs of the residents living at the centre.

Judgment: Compliant

### Regulation 27: Infection control

While good practices were observed, action was required in respect of the following issues:

- A number of shower chairs in residents rooms showed signs of rust.
- Clean and dirty items were in the store room creating the potential for cross-

contamination.

- Access to the cleaning room was through a store room creating the potential for cross-contamination.
- Linen trolleys were open allowing the potential for cross-contamination of the clean linens.
- The systems for identifying and storing clean equipment, such as hoist slings and commodes, required review.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated assessment tools. Care plans were person centred to reflect the individual residents requirements and to assist staff in providing their individual needs. Assessments and care plans were completed and reviewed in line with the regulations. End of life care plans were detailed and reflected the resident's wishes.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to a medical practitioner and other allied healthcare services. Recommendations by these healthcare professionals were clearly reflected in the residents care plans.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) appeared to receive a good standard of care. There were appropriate and detailed care plans in place where required.

The use of any restraints was minimal and appropriate.

Judgment: Compliant

## Regulation 8: Protection

Staff had completed safeguarding training and were aware of what to do if they suspected abuse. They felt confident to report any concerns that they might have.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a good variety of activities available in the centre. Occupational and recreational care plans were person centred and reflected individual resident's preferences.

The fire doors arrangement limited the residents rights to access the garden.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for SignaCare Killerig OSV-0005454

Inspection ID: MON-0035460

Date of inspection: 19/05/2022

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been meticulously reviewed and new drawing have been requested to reflect same -</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Replace/refurnish the shower chairs in residents rooms that showed signs of rust and audit the equipment on a yearly basis and put in a purchasing plan to accommodate Residents needs.</li> <li>• The store room will have closed in storage presses minimising the potential for cross-contamination.</li> <li>• Linen trolleys are no longer open allowing the potential for cross-contamination of the clean linens.</li> <li>• The systems for identifying and storing clean equipment, such as hoist slings and commodes has been reviewed with the introduction of the Clean labelling system and documented evidence of the same. There is now a strict segregation of storage of clean and dirty items onsite.</li> </ul>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC &amp; Facilities Department have sourced a new locking system that allows Residents to access the garden from the inside and handles have been applied to current exit doors</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	15/07/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/07/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Substantially Compliant	Yellow	15/07/2022

	choice in so far as such exercise does not interfere with the rights of other residents.			
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