



**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:	Announced
Date of inspection:	18 October 2023
Centre ID:	OSV-0005454
Fieldwork ID:	MON-0041112

## 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
Wednesday 18 October 2023	08:45hrs to 17:00hrs	Sinead Lynch	Lead

## What residents told us and what inspectors observed

On arrival to the centre, the inspector was met by the person in charge and the registered provider representative. There was a brief introductory meeting and then the person in charge completed a walk about of the centre with the inspector.

The centre was found to be homely and warm. The decor of the centre was inviting with an open reception area with tables and chairs and coffee dock. There was a receptionist available throughout the day to guide residents and visitors as required. On the ground floor of the centre there was a dining room which was found to be spacious with plenty of light shining through the glass pannelled doors. This dining room looked out onto a patio area with views of the grounds around.

Resident's bedrooms were found to be large and spacious with adequate storage for personal items. Rooms were cleaned daily and residents were very positive about the cleanliness of their rooms and throughout the centre, with one resident saying that 'my room is cleaned daily, this place never smells like a nursing home'.

There was an activity room available on the ground floor also, which provided adequate space for group activities. Activities for the centre was provided by two nominated staff members. The schedule of activities for each week was delivered to each resident's room and a larger easy-read format was displayed in the lifts in the centre.

Residents who spoke with the inspector proudly talked about their annual Christmas collection. In collaboration with the activity staff, the residents and visitors of the centre collected toys that were on 'wish lists' from disadvantaged children. The residents explained that this was a big event each year and following the collection they would receive thank you letters and pictures of children opening their gifts.

Residents who spoke with the inspector said they felt 'safe and happy' living here. Residents spoke very positively about the staff and their kindness and caring approach. Residents could detail to the inspector what they would do if they had a complaint, 'I could speak to any of the staff'. Staff were also aware of what to do should a complaint arise.

Staff who the inspector spoke with were very knowledgable about the residents they were caring for. The inspector observed their interaction to be pleasant and empathetic. Residents that had communication difficulties had a care plan in place and staff that cared for these residents were aware of each resident's needs and were observed to engage accordingly.

The management and staff had implemented many new initiatives in the centre in 2023. One of these new initiatives was 'the clean plate approach'. This had introduced new ideas and choices during meal times and throughout the day. For example, nutritious snacks such as milk shakes, smoothies and other healthy finger

food snacks that residents who have difficulty holding cutlery can easily hold in their hands. Training was implemented for the staff on nutrition and recognising that meal times should be unhurried and a calm relaxing environment is encouraged. This approach towards meal times and nutrition had led to meals being a social experience and resulted in an enhanced relationship between residents and staff and overall improved mealtime experience for the residents. The inspector observed the lunch time meal. This was observed to be calm and ample assistance was available from staff where residents required or requested assistance.

Staff were observed regularly checking on residents who remained in their bedrooms. Staff would offer drinks and snacks and also offer to assist the residents to the communal area where required.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents.

## Capacity and capability

On the day of the inspection, the inspector found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The provider and person in charge had implemented many improvements in the centre since the last inspection, under Regulation 27: Infection prevention and control and Regulation 17: Premises.

Signacare Killerig Limited is the registered provider for Signacare Killerig. The company is part of the Virtue Intergrated Care Group, which has a number of nursing homes nationally. The company has three directors, one of whom is the registered provider representative. The daily running of the centre was overseen by the person in charge with the support of a senior management team which included a Director of Clinical Operations. The person in charge worked full-time and was supported by a clinical nurse manager, a team of nurses and health care assistants, activity co-ordinators, house keeping team, catering, administration and a full-time maintenance person.

There was an annual review completed of the centre. This included updates, achieved improvements and further improvements planned for the centre. There was positive communication with the residents in relation to quality improvements. Residents' opinions were sought through meetings and questionnaires.

The provider and the person in charge had completed many audits of both the care of residents and the premises. The inspector saw evidence of how these audits had led to improvements throughout the centre in relation to meals and nutrition, the care planning process and residents' involvement in the centre and further consideration about how their day-to-day lived experience could be enhanced.

Staff spoken with were knowledgeable about what to do if a resident reported an incident of abuse, if there was a fire in the centre and what to do should a resident or visitors make a complaint.

There was appropriate staffing levels to meet the needs of the residents. The person in charge informed the inspector that if the requirements of the residents increased then staffing would be reviewed with the support of the registered provider and that residents' dependency levels were maintained under review.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. There were two open complaints in the centre on the day of the inspection. The person in charge had followed the policy and both complaints were almost ready to close.

There was a suite of policies made available to the inspector. This included all the required policies as set out in Schedule 5. They had been updated since the last inspection and now guided practice.

#### Regulation 14: Persons in charge

There was a person in charge who worked full-time in the designated centre. The person in charge was an experienced registered nurse who met the requirements of the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

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

Judgment: Compliant

#### Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and

effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an updated complaints policy available in the centre. This guided residents and visitors on how to make a complaint and who to approach.

The centre's complaints procedure was displayed in the centre and included a nominated complaints officer. The inspector reviewed the complaints log and found that the complaints were recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5. These were reviewed every three years or sooner if required.

Judgment: Compliant

## Quality and safety

The inspector was assured that the residents were receiving a high standard of care. The provider had robust arrangements in place to ensure a safe and high quality service was provided to the residents. This inspection acknowledged the improvements implemented since the last inspection in relation to individual assessment and care planning to include infection control care plans.

The centre was found to be clean and clutter free. There was a cleaning schedule in place for all areas. The cleaning staff were aware of their responsibilities and were knowledgeable on the importance of their role.

Residents appeared well cared for in relation to their personal care needs. Each resident had specific care plans in place and the resident was involved in the care planning process. Each resident had a pre-admission assessment completed prior to



admission. This was detailed and informed the person in charge of the current care needs of the resident and allowed them to identify if they would meet the specific residents care needs.

Those residents who presented with communication difficulties had a care plan in place to guide staff on how to care for the resident. Staff were aware of their care needs. Staff who spoke to the inspector could detail each resident's needs and preferences. Staff were observed to speak calmly and directly to each resident and gave adequate time for each resident to respond. This appeared to have a positive impact on the resident as no signs of distress or being rushed were observed.

Medication was administered to residents in line with the centre's policy. Medication was stored in a locked clinical room and there was a safe system in place to return medication to the pharmacy. There were medication audits in place. Where learning was identified there was an action plan in place with time frames that were attainable.

Residents were provided with nutritious meals and a varied diet. There were drink and snack stations around the centre which allowed easy access to fresh drinks throughout the day. As the management and staff implemented the 'clean plate' approach there was an improvement noted in relation to the MUST score of residents. Weights had stabilised and in many cases residents had gained weight.

### Regulation 10: Communication difficulties

The person in charge ensure that where a resident has a specialist communication requirement, these requirements are recorded in the resident's care plan. Staff were knowledgeable of the care needs and were always made aware of changes in residents' needs by the nurse in charge.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to maintain control over their own belongings. Each resident had a wardrobe and a lockable locker for storing their belongings. Residents' laundry could be done on site or by their relatives, if they wished to.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that each resident was offered choice at meal-times. Food appeared wholesome and nutritious. There was access to a safe supply of fresh drinking water.

Judgment: Compliant

### Regulation 20: Information for residents

The Residents' Guide detailed all the services and facilities in the centre. It also included information relating to residence in the centre and the visiting policy. The procedure for making a complaint was included both in full detail and in plain English to make it more accessible to residents.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider had developed and implemented a risk management policy which included the required specified risks.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medications and pharmacy records were stored securely in a locked medications room. Processes were in place to receive and check medications and unused medications were returned to the pharmacy in line with the centre's own processes. Medication administration practices observed were as per best practice guidelines. Medication audits were undertaken by the pharmacy at regular intervals.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated nursing assessment tools. Care plans were person-centred to reflect the individual residents' requirements and to assist staff in providing care for their individual needs. The

inspector observed that in all samples reviewed, the newly admitted residents were accurately assessed and based on the assessments, the care plans were completed within 48 hours.

Judgment: Compliant

### Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. Residents had access to advocacy services and were frequently consulted in the running of the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant