



# 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:	22 March 2024
Centre ID:	OSV-0005774
Fieldwork ID:	MON-0042294

## 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:	95
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## How we inspect

To prepare for this inspection the inspector or 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
Friday 22 March 2024	09:15hrs to 16:30hrs	Helena Budzicz	Lead

## What residents told us and what inspectors observed

This inspection found that residents enjoyed a good quality of life in which their care needs were met, and their independence was promoted. The inspector was introduced to a number of residents who were relaxing in the communal day rooms and to residents who were in their bedroom resting or reading. Residents told the inspector they were very satisfied with the standard of care and services provided. One resident said that she felt "very happy living in the centre, loved her room and the view " and that 'staff are very kind and helpful'. Residents were overwhelmingly positive about the staff who provided their care.

The centre was warm and clean throughout, and there was a relaxed and friendly atmosphere. The inspector observed that many residents were up and sitting in the day room on the morning of the inspection. Some residents were observed mobilising independently throughout the centre. These residents had access to enclosed courtyards, which enabled them to mobilise outside in a secure environment. Residents appeared to be well-cared for and comfortable and relaxed in their environment.

There were a number of spaces for residents to relax in, including bright and pleasantly decorated day/dining rooms in each unit. The centre has well-maintained garden areas with sufficient seating arrangements for the residents to sit and relax in the garden.

The menu choice was displayed by the dining room entrance, and this showed an array of choices for residents. Residents had access to a fresh supply of drinking water and refreshments throughout the day of inspection. The inspector observed a lunchtime dining service. Meals appeared to be relaxed, unhurried social occasions. Residents were complimentary of the quality and quantity of food they received. Staff were present during mealtimes to provide discreet assistance and support if required.

A social programme with a variety of meaningful activities for occupation and engagement was being implemented, and residents could choose to participate or pursue their own interests. Residents said there was always a great selection of activities, and they had a choice of which area or activity they wanted to attend. Mass was also available in the centre.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, records of which were observed by the inspector. The inspector observed staff and resident interactions throughout the inspection and found that staff were familiar with residents and were kind and responsive to their needs. Friendly, respectful conversations between residents and staff could be overheard in various areas of the centre throughout the day.

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

## Capacity and capability

Overall, the inspector found that this was a well-managed centre with a clearly defined management structure and effective management systems in place. The centre has a good history of compliance with the regulations, and this was sustained as the findings of this inspection show.

This was an unannounced inspection carried out over one day by the inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The centre is owned and managed by Knockrobin Nursing Home Limited, the registered provider. The company comprises two directors, and one of the directors is the named provider representative. The person in charge was supported in their role by an assistant director of nursing (ADON), clinical nurse managers (CNMs) and a full complement of staff, including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which reviewed areas such as falls, wounds, activities, infection control, and prevention audits with respect to sharps and medicine management. Audits were objective and identified improvements.

Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and resident meetings. The annual review for 2023 was available and included a quality improvement plan for 2024. It was evident that the provider was continually striving to identify improvements.

There were sufficient resources in place in the centre to ensure the effective delivery of high-quality care and support to residents. Staff were supported to attend training according to their roles and responsibilities. There was a system in place to oversee this training and highlight when staff required refresher training.

The inspector examined a sample of staff files, and they contained all of the requirements listed in Schedules 2 and 4 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

There was an accessible and effective policy and procedure in place for dealing with complaints. The complaints log was well-maintained, and there was evidence that all

complaints were investigated, the outcome was recorded, and the complainant was satisfied with the outcome.

#### Regulation 14: Persons in charge

The person in charge has been full-time in post at the centre since 2021. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and residents' care needs.

Judgment: Compliant

#### Regulation 15: Staffing

There was a sufficient number of staff and skill-mix to meet the needs of the residents on the day of the inspection. There were a minimum of three qualified nurses on duty at all times.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to appropriate and mandatory training in areas such as safeguarding, manual handling, infection control and prevention, and fire safety training, which was up-to-date for all staff. It was evident on the day of the inspection that staff working in the centre were appropriately supervised in their roles.

Judgment: Compliant

#### Regulation 21: Records

The inspector reviewed a sample of staff files and found that they meet the criteria as outlined in Schedules 2 and 4 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were good management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. The contracts contained all of the required information, including the services and facilities available, the fees to be charged, and the terms related to the bedroom to be provided.

Judgment: Compliant

## Regulation 30: Volunteers

From a review of a sample of records, the inspector found that volunteers supporting recreational activities in the centre had their roles and responsibilities set out in writing and were vetted in accordance with the National Vetting Bureau Act.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints policy and procedure were updated on inspection to reflect the change in the legislation of S.I. 628 of 2022 to ensure regulatory compliance. The complaints procedure was displayed in the prominent location.

Judgment: Compliant

## Quality and safety



Residents living in the Knockrobin Hill Care Home were generally satisfied with the quality of the care they received, and they expressed that they felt safe in the centre. The inspector found that a person-centred approach to care and support was promoted, and residents were encouraged to maintain their independence and autonomy.

Residents had good access to health care and were consulted in the organisation of the designated centre. Residents' health care needs were met through regular assessment and review by their general practitioner (GP). Residents' nutritional and wound care needs were also met. Residents' nutritional status was assessed monthly, and wounds were assessed every three days or more often if needed. There was evidence that referrals to health care professionals, such as dietitians, SALT (speech and language therapist) and TVN (tissue viability nurse), were sent and consulted if required.

Overall, the centre was clean, and there was good adherence to the National Standards for Infection Prevention and control (IPC) in community services (2018). The premises were kept in a good state of repair. There was a maintenance plan in place, and overseen by the person in charge to ensure that the centre was in compliance with the regulations.

Good medicine management systems were in place in the centre. Out-of-date medicines and medicines that were no longer in use were disposed of appropriately. Registered nurses were knowledgeable of their professional responsibilities in relation to medications. They were seen to adhere to the principles of the ten rights of medication administration when administering medications to residents.

There were systems and procedures in place to safeguard and protect residents from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with inspector were knowledgeable about what to do if they had a safeguarding concern.

## Regulation 17: Premises

The registered provider ensured premises were appropriate to the number and needs of the residents living there. The premises also conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

## Regulation 20: Information for residents

The residents' guide contained all the relevant information specified in the regulation, such as a summary of services and facilities and the procedure for making complaints.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The inspector saw that a copy of all transfer letters when the resident was temporarily transferred to the hospital was kept in the resident's file on the electronic nursing system. The nursing staff also ensured that upon residents' return to the designated centre, all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

### Regulation 27: Infection control

The centre was very clean on the day of the inspection. There was a cleaning schedule in place to ensure all areas of the centre were appropriately cleaned. A dedicated staff member was identified as an Infection control link nurse to provide advice and guidance to other staff members. Staff were seen to adhere to guidelines for the use of personal protective equipment (PPE), and there was a good stock of this available for staff, including enhanced PPE should there be an outbreak of infection in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines controlled by misuse of drugs legislation were stored securely, and balances were checked appropriately and correctly. The pharmacist, in collaboration with the general practitioner (GP), had a comprehensive review system in place for all residents relating to the prescribing and administering of medication.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Assessments of residents' health and personal and social care needs were recorded on an electronic system, and care plans were developed from these assessments using validated assessment tools. The inspector reviewed care plans for weight loss, wound care plans, social and well-being care plans, and infection control care plans for MDRO (Multi Drug Resistant Organism). Care plans were person-centred to reflect the individual residents' needs and requirements and to assist staff in providing care for their individual needs. There was also evidence that the care plans contained information from the health and social care professionals' recommendations.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. General practitioners (GPs) attended the centre regularly to support the residents' needs. Residents had timely access to medical services, including consultant and community psychiatry services and geriatrician services. The inspector reviewed the wound care management in the centre and saw that all wounds were appropriately assessed by the nursing staff and the tissue viability nurse specialist, where applicable. There was evidence that any changes to a resident's treatment plan were updated in the resident's care plan.

Judgment: Compliant

### Regulation 8: Protection

The systems in place to safeguard residents from financial abuse were sufficient. The inspector was assured that the arrangements in place for residents who required a pension agent were in line with best practices and Department of Social Protection guidelines.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, residents' rights to privacy and dignity were respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Residents had access to a variety of

activities over seven days a week, and a schedule of diverse and interesting activities was available. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Independent advocacy services were available to residents, and their contact details were on display.

Judgment: Compliant

### Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely while having regard for their well-being, safety, and health, as well as that of other residents.

Judgment: Compliant

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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 10: Communication difficulties	Compliant