



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

Issued by the Chief Inspector

Name of designated centre:	Kiltipper Woods Care Centre
Name of provider:	Stanford Woods Care Centre Limited
Address of centre:	Kiltipper Road, Tallaght, Dublin 24
Type of inspection:	Short Notice Announced
Date of inspection:	30 October 2020
Centre ID:	OSV-0000053
Fieldwork ID:	MON-0030940

About the designated centre

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

Kiltipper Woods Care Centre (KWCC) is purpose built and was established in 2004. The centre provides 24-hour nursing care seven days per week and is designed to ensure the comfort and safety of residents in a home-like environment. Residents have access to amenities and a host of recreational activities which provide for a warm and friendly atmosphere. The services and expertise of skilled and friendly staff enhance quality of life for all residents who live in the centre. The centre comprises of residential accommodation primarily in single en-suite bedrooms and a number of double en-suite bedrooms, a day care centre, rehabilitation hydrotherapy department and coffee shop. Kiltipper Woods is situated at the foot of the Dublin Mountains close to the M 50 and is serviced by the Luas Red Line in Tallaght and the 54A bus route. The care centre is also situated close to shops, public houses, restaurants, sports grounds and many other amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	101
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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 30 October 2020	10:00hrs to 17:40hrs	Sarah Carter	Lead
Friday 30 October 2020	10:00hrs to 17:40hrs	Niamh Moore	Support

What residents told us and what inspectors observed

On arrival, reception staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness and exposure to COVID-19 risks, hand hygiene, face covering, and temperature checks.

Inspectors visited all units in the centre throughout the day and where possible, engaged with residents. Residents spoken with indicated their satisfaction with the services they received. They reported they were "kept busy" and enjoyed the wide range of activities and recreational opportunities on offer. Residents spoken with were also happy with the food and meals they received.

Residents told inspectors that staff were kind and caring and couldn't do anymore than they do for them.

Residents expressed satisfaction with their surroundings. They acknowledged that the staff members kept the bedrooms and all areas in the home neat, tidy and clean. Inspectors saw household staff cleaning all areas of the centre, paying particular attention to surfaces, including handrails, and decontaminating residents' equipment.

During the inspection the inspectors observed a range of activities targeted at both those residents who chose to stay in their rooms and those residents who used the communal areas, with appropriate social distancing in place. Residents were seen to use the garden areas and the grounds. An internal radio station was broadcasting on the morning of inspection. This radio show took requests from residents, and was also broadcast on their televisions. It appeared to be a source of much enjoyment to the residents.

The management team told inspectors that COVID-19 had affected all residents, staff and the managers, directly and indirectly, and had resulted in huge changes in how the services in the centre were run. However, staff under the leadership of the management team, were organised and supported throughout the outbreak. There was a psychological support service in place to support staff. Staff from the centres own "bank" of staff worked in the centre throughout the outbreak. No staff from external sources were required during the outbreak.

Capacity and capability

This was a good centre with leadership from a large management team who

maintained person-centred care at the heart of care delivery. This culture and approach ensured that residents well being was maintained and residents were satisfied with the care and communications they received.

This was a short-term announced inspection and the registered provider representative had been informed about the inspection on the day before the inspection was scheduled. This was done in order to ensure that the inspection team were aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them.

The designated centre had a thematic inspection reviewing restrictive practices towards the end of 2019 and had been deemed compliant against the relevant standards. This risk inspection was triggered by the number of deaths that occurred in the centre between April and May 2020, during the first wave of the COVID-19 pandemic in Ireland.

The centre had experienced an outbreak of COVID-19 from 6th April 2020, the day the first case was diagnosed. This outbreak was declared over in June 2020. The centre sadly lost 20 residents to COVID-19 during the outbreak. The Chief Inspector was informed of the deaths in the correct manner, and received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. Managers and staff in the designated centre received support and guidance from the public health team throughout the weeks of active infection and continued to access information and communication with these specialists as required.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, including setting up an outbreak control / response team, which met on a regular basis. The registered provider had a clear pathway prepared to guide them in the response to suspected or active cases. The provider had established access to expertise in public health and specialist medical personnel and Consultants in the nearby hospital.

Admissions to the centre had resumed. The provider had risk assessed admitting residents from hospitals, and had a procedure in place requiring new residents to remain in isolation for 14 days. Admissions were taking place in a specified area in the centre.

The governance and management team were committed to providing a good service and sought regular feedback from residents and families to improve practice and service provision. Throughout the COVID-19 outbreak, an enhanced pattern of communication with families and loved ones was evident with records showing regular updates in respect of the situation in the centre. The loss of life in the centre had taken an emotional toll on staff and management, and support services had been put in place to assist all in processing what had happened.

At the time of the inspection there were sufficient staff to meet the needs of residents. Staff were observed in all units in the centre, and were seen to be responsive to residents requests and were engaging positively with residents while

providing care and support. Staff spoken with confirmed they had been kept up to date with guidance and any changes to procedures and received updated infection control training. During the COVID-19 outbreak in the centre, a large proportion of staff were unavailable for work due to following isolation protocols. The provider took steps to identify additional staff by redeploying staff from other roles, using staff from their own bank of staff and employing student nurses. Staff supported existing team members in liaising with families members by facilitating video calls.

The number of complaints to the centre was low, and a review of records showed that where complaints arose they had been managed in line with local policy and procedure. Where required external expertise was sought to assist in complaint investigations. An assistant director of nursing was identified as the complaints manager, and her work was reviewed by another member of the management team.

Inspectors found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and many stated to the inspectors that they felt supported by the hands-on management team who were present throughout the outbreak on a 7 day a week basis. A very high percentage of staff had completed training in infection control.

A variety of meetings were taking place, and minutes of those meetings showed that issues such as risk management, health and safety, infection control, staffing and training requirements, and quality indicators were on the agenda. As a result, inspectors were assured the provider had maintained good levels of oversight to ensure that despite the challenges posed by the outbreak, a consistently high standard of quality care continued to be provided and that the safety of the residents was maintained.

Throughout the inspection, inspectors observed staff consistently adhering to infection prevention and control measures such as social distancing as per public health guidelines, including during break times.

Regulation 15: Staffing

There were sufficient staff to meet residents' needs. A range of staff were seen to be available in the centre including the management team, a clinical nurse manager (CNM), registered nurses, health care assistants, household and catering staff. Rosters showed there were always nurses on duty.

The roster reviewed indicated that each unit had its own dedicated staff group that did not move to other units.

There were no staff vacancies on the day of the inspection, and the Provider had made plans to fill key management positions. There were no longer dedicated activity staff, however a health care assistant was identified on each unit as

responsible for organising and providing activities.

The Provider had sustained satisfactory staffing levels throughout the outbreak of COVID-19 using their own staff resource. Registered nurses were on duty at all times, providing care and supervision to health care assistants.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were fully trained in infection prevention and control. They had received a wide variety of training before and during the outbreak of COVID-19, on all aspects of infection prevention and control.

Information and training resources remained available at unit-level on the centres tablet computers.

As mentioned above the roster reflected the "zoning" or co-horting of staff, and there was a satisfactory supervision structure in place in each zone. There were sufficient numbers of clinical managers to provide oversight and maintain safe services.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability in the designated centre, and a range of policies and procedures in place to ensure the centre was being operated in line with the statement of purpose and a safe service was provided for residents. The provider had sufficient resources in place to meet the residents needs and to fulfil the requirements of their services, as outlined in the statement of purpose.

Inspectors identified a range of management systems in place to ensure the centre was being run effectively. There was a well established management team in the centre, with arrangements in place to ensure key roles in the centre were covered in the event that staff became unavailable, through ill health for example. The person in charge held a dual role of person in charge and provider, and had appropriately delegated areas of responsibility to assistant directors of nursing, a clinical director and an operations director.

There were clear lines of accountability and responsibility amongst the management team, and all clinical staff. The roles and responsibilities of the managers and staff involved in the response team that been formed to manage COVID-19 were clear and all involved had sufficient expertise to contribute to this important structure.

The governance systems in place were robust. There was good levels of oversight over all aspects of the service, and consisted of key performance data being gathered and discussed and audits being completed. In addition there was a robust approach to risk management, and many risks relating to COVID-19 had been assessed and controls identified.

As part of the suite of information and data available to managers to oversee the services and ensure quality and safe services, an incident analysis on the centres COVID-19 outbreak had had been prepared. Key causal factors had been identified and these included, delays to testing and results, inadequate supply of personal protective equipment (PPE) nationally and rapidly changing guidance.

There had been a significant COVID-19 outbreak in the centre, but records showed that the provider had worked hard to be prepared ahead of an outbreak, and to manage the outbreak when it occurred. There were arrangements in place to ensure sufficient resources were available to operate the designated centre in line with the statement of purpose. A review of minutes of management meetings showed there were forums to discuss a range of issues. A COVID-19 meeting was taking place regularly, and more frequently when required, and covered issues such as infection prevention control arrangements, staffing levels, residents well being, resident and staff testing, personal protective equipment (PPE) stock levels and ordering arrangements, and collecting information in the centre to monitor the outbreak. Communication with residents and their families was also kept under regular review. A range of meeting minutes showed that the providers approach to the management of the centre was kept under review, and was amended to reflect any updates in national guidance.

There were clear systems in place for identification of risk, and escalation routes for identified risks. Staff spoken with were clear of their roles and responsibilities. Records reviewed showed that the policy in relation to escalating risks had been followed, and steps were taken to

Contingency plans had been drawn up using both the Chief Inspectors template and a template from a professional body. Succession planning for key management staff was in place, and as discussed above the centre had a large "bank" of its own staff which it intended to use to manage any staff shortages.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was up-to-date and contained all the necessary information to

guide staff and managers to manage complaints. There was a designated complaints person. A small number of complaint records were reviewed. The outcome of the complaints investigations were clearly recorded, and records were maintained separately from any resident information and files.

Judgment: Compliant

Quality and safety

Residents received safe, quality care. On the day of inspection residents were being provided with good quality care and support, with a focus on meeting residents care needs. Arrangements were in place to meet residents' medical needs, and appropriate advice had been sought when residents' needs changed. Audit systems were in place to ensure policies and procedures were being implemented in the centre.

A walk around the premises found that the centre was warm, well maintained and welcoming. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current COVID-19 restrictions for social distancing. Resident and staff interactions were observed to be person-centred. There was access to the outdoors from many parts of the ground floor. The outdoor areas included courtyards and terraces with outdoor furniture and planting. Some residents bedrooms had direct access to the outdoors, and this was used to facilitate window visiting between these residents and their families.

Inspectors found that residents received a high standard of nursing care and health services to meet their needs.

Residents' records showed that residents' care and support needs were being kept under review, and where changes were noted appropriate referrals were made. For example, where residents had lost weight, referrals had been made to the dietitian, and advice had been implemented. Daily observations were being carried out, and any changes were referred to nursing management. Palliative care had been provided to residents, and records showed individuals and their families had provided information about their personal wishes for end-of-life care. Medical support had been provided by staff employed in the designated centre, and was available on a 24-hour basis.

Residents had access to physiotherapy and occupational therapy on-site, and the centres own general practitioner.

Although visiting was restricted as per national recommendations at the time of the inspection, residents were encouraged to maintain contact with their friends and families by video calling. Window visits were also taking place on the day of

inspection. Visiting was also facilitated on compassionate grounds, and a policy was in place to guide this practice.

The centre was visibly clean throughout and was maintained and decorated to a good standard with art work displayed on the walls and seasonally appropriate decoration.

Having experienced and recovered from an outbreak of COVID-19 in the centre, the person in charge and staff team were committed to ensuring a further outbreak did not occur. The provider ensured there was adequate supply of PPE available and that it was appropriately used by staff. Signage was in place throughout the centre advising of COVID-19 infection prevention and control precautions.

The centre was visibly clean on the day of inspection.

There were systems in place to ensure that staff were aware of and complying with the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. This included a staff uniform policy, temperature checks and adequate access to PPE. Staff informed inspectors that their temperature checks were completed three times per shift and records were reviewed to support this. Inspectors observed staff using PPE and completing regular hand hygiene appropriately on the day of this inspection.

Regulation 13: End of life

There were no residents in the centre on the day of inspection receiving end-of-life care. Care plans reviewed showed residents' consulted with and given opportunity to express their wishes and preferences regarding their end of life care. This involved consultation with the centres general practitioner and residents family members where appropriate.

A daily handover document was reviewed which recorded residents' preferences and wishes about their care at the end stage of their lives. This ensured that each resident's wishes and preferences were clearly communicated to all members of the staff team.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were assessed and were met. Inspectors observed that residents were provided with adequate quantities of food and drink throughout the day. Menus were on display outside the dining area to inform residents of the daily choices on offer for lunch and dinner. Residents' meals were served in dining rooms on each unit. While adhering to social distancing, mealtimes were social occasions for residents in the centre. Meals were also served to residents in their bedrooms for those who requested this.

There were sufficient staff available to supervise residents in the dining room and meet their needs for assistance with meals where staff provided discreet support which was patient, kind and dignified. Residents reported satisfaction with the quality and quantity of food they were provided with.

A validated assessment tool was used to screen residents' risk of malnutrition and dehydration. Residents had timely and appropriate access to speech and language therapy and dietitian services as necessary. Care plans were updated to ensure residents' dietary recommendations were communicated to all staff.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy. A risk register was maintained, and a process of risk assessment was used by management and staff to identify and assess risks in the designated centre. This included risk rating, escalation risks and the mitigation of risks. A comprehensive suite of risk assessments for various risks associated with COVID-19 had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements.

Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes. A serious incident review in respect of the COVID-19 outbreak had been completed shortly after the centres COVID-19 outbreak was declared over, in June 2020.

Judgment: Compliant

Regulation 27: Infection control

The premises was clean, tidy and well-equipped with hand washing stations, antibacterial gel dispensers, and reminder / information posters were displayed throughout.

There was a sufficient supply of Personal Protective Equipment (PPE) and staff used it in line with current guidance. Inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to inspectors the cleaning arrangements and the infection control procedures in place. Staff were observed to maintain social distancing as much as possible.

Overall, there were robust cleaning processes in place. Cleaning schedules and signing sheets were completed. Inspectors observed staff decontaminating equipment between use and adhering to infection control guidelines. There was a process in place and evidence for terminal (thorough) cleaning taking place. Cleaning and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning.

A new digital scanning system had been introduced at the entrance to actively monitor visitors' temperature in a contact less manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes on coming on and off shift. Staff were rostered to work on specific units, and each unit had its own entry and exit, and staff dining area.

Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a number of care plans focusing on residents who were recently admitted to the centre, residents who were losing weight, residents who were high risk of falls and residents recovering from COVID-19.

Care plans were maintained securely on a password protected computerised system. Inspectors were assured that the registered provider had met the needs of each resident with a comprehensive assessment completed as per the regulations. Care plans were based on appropriate clinical risk assessment, where a need was identified such as weight loss or falls risk, a screening tool was carried out which

guided care plan interventions.

Care plans were completed within 48 hours after the residents' admission to the centre, and formally reviewed at 3 monthly intervals or as and when the need arose.

Staff who spoke with inspectors outlined the process of involving the resident and their family within the care plan reviews. Written records were reviewed to support this.

Judgment: Compliant

Regulation 6: Health care

Overall, residents' healthcare was being maintained by a good standard of evidence-based nursing care with appropriate medical and allied health care support available via a referral process. Residents had access to occupational therapists and physiotherapists on site. The centres general practitioner also visited the centre six days a week. The GP had access to an electronic record system that could be accessed from the centre and was also accessible to the nursing team to allow for a review of resident notes and trending of blood results.

There was evidence seen that where allied health care services were engaged such as dieticians, occupational therapists and physiotherapists that their guidance and treatment plans were updated in care plans.

Community services were accessible to residents via referral process and records showed that referrals were made.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to participate and encouraged to have their say in the running of the centre. Residents' committee meetings took place and a recent meeting referencing obtaining resident feedback through a survey.

The activities and recreational programme was adapted in light of the reduced ability to provide group activities due to COVID-19. A health care assistant (HCA) staff member was assigned to each household unit to ensure that smaller groups or 1:1s were facilitated. The occupational therapist and the physiotherapists are also working in collaboration with these members of staff to provide stimulation therapy and daily exercise programmes for residents who require them.

The variety of activities available to residents changed on a daily basis and were

described in an activity schedule displayed on a notice board within each unit. Residents' rights to dignity and privacy was respected. Residents exercised choice in relation to where and how they spent their day.

Inspectors witnessed a variety of meaningful activities taking place throughout the day of inspection. Televised activities took place in the oratory and were broadcast onto televisions throughout the communal areas and bedrooms, including a radio station which broadcast requests from residents' family members. Group activities were held socially distancing such as bingo, music and dance. There were also 1:1 activities taking place such as sensory activity and reading newspapers where a resident preferred to not attend a group. Residents who met the inspectors confirmed the activities on offer were enjoyable.

Outside of the scheduled activities, inspectors also witnessed video calling on the centres tablet computers for residents to keep in touch with family members. Window visits were also taking place on the day of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant