

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Kilrush District Hospital Limited
Centre ID:	OSV-0000446
Centre address:	Cooraclare Road, Kilrush, Clare.
Telephone number:	065 905 1966
Email address:	kilrushdistrictlimited@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Kilrush District Hospital Limited
Provider Nominee:	John Hehir
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	14

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 September 2014 09:00	08 September 2014 17:00
09 September 2014 09:00	09 September 2014 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care

and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was evidence of good practice in all areas. The provider, person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The existing building was comfortable, clean and well maintained but as outlined in previous inspection reports the design and layout of parts of the existing building did not meet the needs of all residents or comply with the requirements of the Regulations, in particular the multi occupancy bedrooms and inadequate dining space.

Building works to a large extension had commenced in order that the physical environment comply fully with the Regulations. These works are due to be completed by September 2015.

The inspector noted that other improvements were required to meet the Regulations in terms of assessing risks relating to the building project.

These areas for improvement are contained in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the updated statement of purpose dated 9 August 2014. It contained all of the required information and accurately reflected the services provided in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was a full time person in charge with the appropriate experience and qualifications for the role. Deputising arrangements were in place in the absence of the person in charge. There was an on call out of hours system in place.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included

the general manager/designated person to act on behalf of the provider and administrator. The designated person to act on behalf of the provider worked full time in the centre. The management team met informally on a daily basis and discussed any issues of concern. Formal monthly management meetings took place.

The person in charge told the inspector that she felt well supported in her role that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

Systems were in place to review the safety and quality of care. Regular audits had been carried out in relation to infection control, care plan documentation, medication management and incidents/accidents. There was evidence that some improvements had been brought about as a result of the audits including improved wound care documentation and improved medication delivery checks.

The person in charge showed the inspector the quality improvement questionnaires that she had recently developed. She stated that following this inspection she intended sending the questionnaires to residents' families with a view to identifying further improvements.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the resident's guide which was available to residents in the centre. The guide contained all information as required by the Regulations.

Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. They included the fees to be charged, the services to be provided and details of additional charges were set out.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse with the required experience in the area of nursing older people. She has been working in the post since June 2014 and she works full time. She was on call at weekends and out of hours.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a FETAC (Further Education Training Awards Council) Level 6 course in gerontology. She had also attended training on medication management, end of life care, continence promotion, vena puncture, evaluating and assessing pain, finance management and advocacy for older people in elderly care.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector.

All policies as required by Schedule 5 of the Regulations were available and up to date. Systems were in place to review and update policies. Staff spoken with were knowledgeable of policies. Policies were centre specific and reflected in practice.

The inspector reviewed the register of residents which was found to be complete and in compliance with the Regulations.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The person in charge and management team were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. The provider had notified the Chief Inspector of the absence of the person in charge in the past.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policies on protection of residents from abuse, responding to allegations of abuse and management of whistle blowing. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received recent training.

The inspector was satisfied that residents finances were managed in a clear and transparent manner. The inspector spoke with the administrator who told the inspector that small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons.

The Inspector reviewed the policies on responding to adults who display behaviour that challenges and management of restraint. The policies outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The person in charge told the inspector that there were no residents at present who presented with behaviours that challenged. The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. There were 11 residents using bedrails at the time of inspection. The inspector noted that risk assessments and care plans were completed for their use, and regular checks were carried out and recorded.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and appeared happy in the company of staff. Residents spoken with told the inspector that they were happy and felt safe living in the centre.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that safe systems were in place to manage risk. Issues identified at the previous inspection had been addressed however, the risk register required updating to include recent building construction works.

There was a health and safety statement available. The inspector reviewed the risk register and found that it had been regularly reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included. Building works had recently commenced on the new extension to the centre. While the inspector did not observe any immediate risks, the associated hazards had not been identified and the risks had not been assessed. The person in charge told the inspector that health and safety issues were discussed with staff each morning at hand over.

There was a comprehensive site-specific emergency plan in place. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in November 2013 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 29 May 2014. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Staff spoken to told the inspector that they had received recent fire safety training. The person in charge had not attended formal fire safety training in the centre but fire safety training was scheduled for 17 September 2014. Training records reviewed indicated that staff had received up-to-date formal fire safety training.

A personal emergency and evacuation plan had been documented for each resident. The procedures to be followed in the event of fire were displayed. Fire drills took place on a six monthly basis, records were maintained of all fire drills, the last drill took place in April 2014.

The inspector reviewed the incident/accident log and found details of all incidents were recorded. The person in charge reviewed all incidents and completed a monthly analysis which included action taken as a result.

The inspector noted that infection control practices were robust. There were comprehensive infection control policies in place relating to infection prevention and

control as well as the management of various infections, waste management and laundry management. The inspector spoke with cleaning and laundry staff who were knowledgeable regarding infection control procedures. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. All staff had received training in infection control and hand washing techniques. Further infection control training was scheduled.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector noted that the policies and procedures for medication management were robust.

The inspector reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" (PRN) medications, medications requiring strict controls and medication errors.

An inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

The inspector reviewed a sample of medication prescribing and administration sheets. All medications were regularly reviewed by the general practitioners (GP). The inspector noted that medications requiring crushing were individually prescribed as such and the maximum dosage of PRN medications was prescribed.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for recording of medication errors and the return of medications to the pharmacy, nursing staff were familiar with them.

Regular medication management audits were carried out in house, no major issues had recently been identified.

The person in charge spoke of having strong links with the local pharmacist who provided training and advice on medication management issues. She stated that the pharmacist planned on carrying out regular medication management audits.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. . To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had

opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to GP services. There was an out-of-hours general practitioner (GP) service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with wounds, restraint measures in place, at high risk of falls and nutritionally at risk. See outcome 7 in relation to restraint management.

Comprehensive up to date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, choking assessment and manual handling.

The inspector noted that care plans were in place for all identified issues. Care plans were person centred, guided care and were regularly reviewed. Evidence of consultation with resident/relative was documented. Relatives spoken with confirmed that they were regularly consulted and involved in the review of their family members care plans.

The inspector was satisfied that wounds were being well managed. There were adequate up to date wound assessments and wound care plans in place. Wounds had been assessed by the tissue viability nurse (TVN) and recommendations were reflected in the care plans.

The inspector was satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician or speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements and thickening agents were administered as prescribed.

The inspector reviewed the files of a number of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated following each fall. The person in charge formally audited falls on a monthly basis. Evidence of learning and improvement to practice was evident. Low-low beds and crash mats were in use for some residents. The day rooms were supervised at all times.

Six monthly audits were carried out on nursing documentation. the last audit was carried out in March 2014, all issues identified had been addressed. Training in clinical documentation was scheduled for nursing staff.

Staff continued to provide meaningful and interesting activities for residents. There was a full time activities coordinator employed. The weekly activities schedule was displayed. The inspector observed residents enjoying a variety of activities during the inspection including sing a longs and music. Many of the residents actively partook while others stated that they enjoyed listening and looking on. Residents spoken to told the inspector that they enjoyed the variety of activities taking place particularly bingo and card games. Photographs of the residents enjoying recent activities were displayed in the main day room. The activities coordinator had completed Sonas training (therapeutic programme specifically for residents with Alzheimer disease) and a Sonas programme took place twice weekly.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As stated in previous inspection reports the inspector noted that the design and layout of parts of the existing building did not meet with the needs of residents or comply with the requirements of Regulations, in particular the multi occupancy bedrooms and inadequate dining space. The existing centre was built as the original district hospital and has been extended and reconfigured over the years. Building works to a large extension had commenced, the provider told the inspector that on completion of the building works and following some alterations to the existing building that he intended that there would be full compliance with the requirements of the Regulations. He stated that the works were expected to be completed by September 2015.

The provider explained that the emphasis was on increasing the comfort and quality of life for residents and not on increasing the occupancy of the centre. The new development will provide accommodation for fifteen residents in en suite bedrooms, with additional communal space, sanitary facilities, treatment room, visitor's room and office accommodation. On completion of the new extension it is planned to renovate the existing building, increase the size of the dining room and reduce bed numbers in the larger rooms. It was anticipated by the provider that the final occupancy would remain

at 45.

The existing building was comfortable, clean and well maintained. A range of internal maintenance and safety checks were carried out, such as checks on commodes, wheelchairs, call bells and beds and chairs including their brakes. There was also a programme of servicing and maintenance by external contractors, such as servicing of assistive equipment, pressure relieving mattresses, the lift, the heating system, electrical installations and the laundry equipment.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good complaints management. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place; it included details of the complaints officer and appeals process. The complaints procedure was clearly displayed.

The inspector reviewed the complaints log. Details of complaints, action taken, outcomes and details of whether the complainant was satisfied or not with the outcome were documented. Eight verbal complaints had been received to date in 2014, all had been investigated and the complainants responded to. There were no open complaints at the time of inspection.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was an end of life policy in place, the person in charge was in the process of updating the policy to reflect person centered practices taking place in the centre. The sacrament of the sick was available to any resident who wished to receive it. Staff confirmed that support and advice was available from the local hospice care team as required. Families were accommodated to stay overnight and a visitor's room was also available. Families were provided with food, snacks and drinks as required.

The person in charge and some staff nurses had recently attended training on end of life care. The person in charge had completed training on the use of syringe drivers. Care plans reflecting end of life care wishes were documented for all residents.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were offered a varied and nutritious diet. Some residents required special diets or modified consistency diets and these needs were met. The quality and presentation of meals was of a high standard. Residents and relatives commended the quality of the food. Staff and residents confirmed that snacks and drinks were available throughout the day and night from the kitchen. The inspector observed a variety of drinks available to residents and staff were observed to encourage residents to take drinks. There was a fresh water dispenser available for residents in all communal day areas. The inspector spoke with the chef on duty who was knowledgeable regarding residents special diets, likes and dislikes.

The daily menu was displayed; choices were available at every meal. Residents confirmed that they were given a daily choice. A selection of home baking and homemade soups were offered daily. Fresh fruit smoothies were also offered daily.

Catering staff in consultation with the residents, person in charge and dietician were in the process of updating the menus to provide more variety. They showed the inspector the proposed six week rolling menu.

On the first day of inspection, meals were served to residents in both the ground floor dining room and in an unoccupied first floor ward style bedroom. The inspector observed the dining experience in the ground floor dining room to be a pleasant one but the dining experience in the first floor room was not. This was discussed with staff on the first day of the inspection. On the second day of inspection the person in charge told the inspector that following discussion with staff they had decided to have two meal sittings in the ground floor dining room. The inspector observed all residents having their meals in the ground floor dining room on the second day.

The ground floor dining room was bright, homely and comfortable. The table settings were attractive with tablecloths, condiment sets, sauces and serviettes provided. A choice of drinks was offered including water, milk and fruit juices. The atmosphere during dinner was relaxed and unhurried. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector noted that the privacy and dignity of residents was respected by staff. Bedroom, bathroom doors and screening curtains were closed when personal care was being delivered.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect. Relatives spoken with told the inspector that staff were very caring and treated residents with respect.

Residents' religious and political rights were facilitated. The local priests visited and said Mass weekly. Residents could listen to daily mass from the local church via a radio link. Many residents said that they enjoyed listening to and attending weekly Mass. The person in charge told inspectors of arrangements in place for residents of different religious beliefs. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during past elections.

Daily national and weekly local newspapers were available to residents. Some of the residents were observed reading. Residents had access to a telephone for use in private.

Staff outlined to the inspector how links were maintained with the local community. Local musicians visited weekly and local school children visited during the year. All residents were encouraged to attend family occasions and many went on family outings. Some residents visited their homes regularly. Residents were facilitated to go on shopping trips and on occasional day trips. Residents had recently visited the local museum.

Regular meetings were held with residents. Notice of upcoming meetings were displayed and relatives were invited to attend. The inspector noted that the next meeting was due to take place on 30 September 2014. The local pharmacist was attending to discuss prescription charges and any other queries residents may have. Minutes of meetings were maintained, the inspector reviewed that minutes of the last meeting and noted that the provider and chairman of the board attended and spoke with residents regarding the new extension and building work progress.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a laundry room with ample space for washing/drying and sorting of residents clothing. The inspector noted that good care was taken of resident's personal laundry. Residents and relatives were satisfied with the laundry arrangements.

Adequate personal storage space including a wardrobe and chest of drawers was

provided in residents' bedrooms as well as a secure lockable storage space provided for personal possessions.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, there was an adequate ratio of staff to residents on duty throughout the day. On the day of inspection there were three nurses and six care assistants on duty during the daytime, Three nurses and five care assistants on duty in the evening time and two nurses and one care assistant on duty at night time. The person in charge was normally also on duty during the day time.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of training certificates and appraisals were noted on staff files.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training in challenging behaviour, infection control, end of life care, food hygiene, incontinence promotion, medication management, dysphasia, restraint management, vena puncture and wound management. Further training was scheduled on infection control and clinical documentation.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Kilrush District Hospital Limited
Centre ID:	OSV-0000446
Date of inspection:	08/09/2014
Date of response:	17/09/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Building works had recently commenced on the new extension to the centre. The associated hazards had not been identified and the risks had not been assessed.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

The registered provider together with the contractors safety officers and design engineers have completed a comprehensive assessment of associated hazards and risk

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

assessment associated with the new building.

Proposed Timescale: 16/09/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The design and layout of parts of the building did not meet with the needs of residents or comply with the requirements of Regulations, in particular the size and layout of multi occupancy bedrooms and inadequate dining space.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The registered provider will provide single and double share bed rooms that conform to the regulations when the new building is completed in 2015.

Proposed Timescale: 01/09/2015