

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilminchy Lodge Nursing Home
Centre ID:	OSV-0000052
Centre address:	Kilminchy, Portlaoise, Portlaoise, Laois.
Telephone number:	057 866 3600
Email address:	kilminchylodgenh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Kilminchy Lodge Nursing Home Limited
Provider Nominee:	Patricia McCarthy
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	2

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:
02 November 2015 10:00	02 November 2015 18:00
03 November 2015 09:00	03 November 2015 18:00

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

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

Summary of findings from this inspection

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, incident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate.

Questionnaires reviewed were very positive in their comments about the service provided and the staff. They described the staff as caring and respectful. Many referred to being part of the family there. All residents were complimentary about the premises and the food provided. One relative commented that an additional chair for visitors in each bedroom would be helpful. Although not noted by the inspector, one relative felt that the toilets should have more regular cleaning.

As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment practices.

The dining experience was very pleasant, and residents were treated with respect and dignity by staff. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

Improvements required related to the directory of residents and the required documentation for volunteers. Some medication practices also required improvement. In addition there was no evidence available that an annual review of the quality and safety of care delivered to the residents was carried out as required by the Regulations.

These are discussed further in the report and included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

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 effective management systems were in place to support and promote the delivery of safe, quality care services. However improvement was required to ensure that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis and the requirements of the Regulations were met.

There was no evidence available that an annual review of the quality and safety of care delivered to the residents was carried out as required by the Regulations. Audits were being completed on several issues areas such as medication management and accidents and incidents to monitor trends and identify areas for improvement. Audits were also completed on the management of clinical issues such as diabetic care and the management of behaviours that challenge.

The inspector saw that the results of these audits were used to improve practice. For example, following the audit on the management of behaviours that challenged, it was identified that additional training for staff was required. The inspector saw that this had been arranged. It was also identified that environmental risk assessments were required and plans were in place to carry these out this month.

Data was also collected each week on the number of key quality indicators such as the use of restraint and the number of infections.

The inspector saw that a resident feedback survey was completed and the results showed that residents were satisfied with the care provided.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Judgment:

Non Compliant - Moderate

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 read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations.

Judgment:

Compliant

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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 and has the required experience in nursing older people.

She continues to attend clinical courses such as medication management and dementia care.

During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection and it was obvious that she was well known to all.

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:
Some improvement was required to ensure that the records listed in Schedule three of

the Regulations were complete.

The inspector reviewed the Directory of Residents and saw that it did not meet the requirements of the Regulations. For example it did not include the sex or marital status of each resident nor the cause of death where a resident died in the centre.

Action required from Outcome 9 relating to medication management is also included under this Outcome.

Otherwise, the inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

All information requested by the inspector was readily available.

Judgment:

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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):

No actions were required from the previous inspection.

Findings:

The provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary.

The assistant director of nursing deputises for the person in charge in her absence. The inspector interviewed this person and found that she was aware of her responsibilities and had up to date knowledge of the Regulations and Standards.

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.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Improvements were noted around the use of bedrails and usage was now low. The inspector noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. The inspector saw that there was a robust policy in place to guide practice.

Because of their conditions, some residents had episodes of behaviour that challenged. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatry of later life services.

Residents' monies continued to be managed in a safe way, guided by a policy. The provider discussed plans already afoot to make this system more robust and transparent.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on all areas of the centre. The inspector read the risk management policy and noted that it met the requirements of the Regulations.

The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the fire alarm system was serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Weekly fire door checks were completed. There was evidence of frequent fire drills taking place.

Monthly fire safety inspections were also carried out. The inspector read where this included checking all fire doors, escape routes keys, exits signs and equipment such as fire extinguishers.

There was evidence that most staff had attended training. A small number had not attended in the last year despite the training being available. The person in charge confirmed that these staff were not being rostered for duty until training was complete. A review of the rosters confirmed this. This training was already scheduled for the coming weeks.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

Judgment:

Compliant

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:

Although there was evidence of good medication management practices improvement was required regarding the prescribing of medication to be administered as and when required (PRN) and medication to be crushed prior to administration.

Some residents required medication on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents also required their medication to be crushed. The inspector reviewed a sample of their prescription and administration records and saw that some improvements were required. In some cases the medication was not individually prescribed as requiring crushing in line with professional guidelines.

Action required relating to these two issues will be included under Outcome 5.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. Daily checks were carried out and the inspector noted that recently on some occasions the temperature recorded was outside of the acceptable limits and the provider confirmed that this was being addressed.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. The pharmacy staff carried out a monthly medication audit. The inspector read the results of the most frequent audit which was carried out the month previous to the inspection and saw that the centre was in compliance as regards documentation and administration practices. Support and advice was also provided as necessary.

The inspector saw that all nursing staff had attended medication management training.

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 inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

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.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge and provider had developed a monitoring system and all incidents were analysed for the purposes of learning.

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 was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector reviewed the management of clinical issues such as diabetes care and found they were well managed. The inspector also saw that advice and support was available from specialist nurses when required.

Development work continued on falls prevention and management including post fall assessments. This included medication reviews and reassessment by a physiotherapist.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available and provided very valuable services to residents referred to this service. The

inspector saw the benefit of this service to some residents.

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

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. A programme of events was displayed and included religious ceremonies, bingo and music. Several residents and relatives commented positively on the activities available in the questionnaires returned to the Authority.

Residents also told the inspector about the various activities that were underway at the moment. Work had already begun on Christmas decorations and candles. One resident told the inspector how much she enjoyed painting and how she 'lost herself in the work' while she was doing it. Photographs were on display around the centre of the various outings and activities and the completed craft work was on display.

Siel Bleu which is an activity aimed at improving the quality of life of older adults, through fun and interactive, tailored exercise programmes, was very popular with the residents. Residents showed the inspector the type of exercises they did and how much they enjoyed the sessions. The inspector saw that detailed records were kept and a recent audit showed how many of the residents' tolerance and capacity for the exercises had improved over a period of time

Residents who were confused or who had dementia related conditions were encouraged to participate in the group activities. When this was not possible, specific one to one sessions were carried out including hand massage and relaxation.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that 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 inspector found the centre, a single storey building, to be comfortable and welcoming. Kilminchy Lodge consists of 44 single rooms, 36 of which have en suite facilities. Some of the en suite facilities are shared between two rooms. In addition there are 4 twin rooms, three of which have en suite toilet and wash hand basin facilities. Adequate screening was available in the shared rooms. Call bells were provided in all bedrooms and communal areas.

The bedrooms were comfortable and had bright, fresh curtains and bed linen. Many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments.

There was a large comfortably furnished day room to the front of the building. In addition there was a separate lounge area midway down one wing.

The dining room was large and had another seating area at one side and the inspector saw that this was popular with residents and relatives. There was an enclosed garden area off this room. Other areas included the front reception area, staff office and a smoking room. There was a sufficient number of toilets and bathrooms appropriately placed.

There were two sluice rooms one on each wing. The provider discussed plans underway to improve these areas with a timescale for completion by December. This included putting in a more suitable and infection control compatible sluicing facility.

The corridors were wide, had grab rails, were clutter free and allowed residents plenty of space to walk around inside.

All areas were very well maintained. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses.

The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and the safe use and storage of cleaning chemicals and disinfectant agents.

Adequate arrangements were in place for the disposal of general and clinical waste. Ample parking was available at the front of the building.

Judgment:

Compliant

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 practice.

The complaints policy was reviewed and was found to be comprehensive and met the requirements of the Regulations. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. The complaints policy was displayed in a prominent place and was summarised in the Residents' Guide and the statement of purpose.

The inspector read the complaints' log and saw that it contained details of the complaints received, actions taken and the outcome. The inspector saw how these had been acted upon and documented in accordance with the policy. The provider and person in charge discussed plans to introduce new documentation to ensure that adequate space was available to record all relevant facts.

Residents and relatives told the inspector they felt comfortable raising any concerns with the provider/person in charge or any member of staff should the need arise. Many residents and relatives said they never felt the need to complain.

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):

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

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. This centre had undertaken extensive improvements as part of the thematic inspection process the previous year and in response to the training provided by the Authority.

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. This was identified as an area for improvement at the last inspection. In addition the inspector noted that the centre had developed an information leaflet for relatives which gave practical information on such issues as how to get a death certificate or arranging the funeral.

The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The person in charge stated that the centre received support from the local palliative care team if required.

Additional equipment had been purchased to improve the level of respect shown to the deceased including a bedside locker with the necessary religious artefacts. There was a procedure in place for the return of possessions and specific handover bags were in use.

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):

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

Findings:

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The centre continued with the work undertaken last year as regards improvements in meals and mealtimes. Action required from the previous inspection relating to choice of breakfast times had been addressed and the residents told the inspector they were

happy with the current arrangements.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required.

The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

A two-week day menu cycle was in place and the inspector saw that snacks and drinks were readily available throughout the inspection. The inspector observed and residents confirmed that the chef continued to produce a wide range of home-baking including a variety of scones, cakes and home-made desserts.

The inspector also saw that when necessary the chef attended the residents' committee meetings. The inspector noted that suggestions made by residents regarding the menu had been taken on board. For example residents had requested that liver was included and this was now on the menu. The inspector also saw that residents had said they would prefer things like lamb burgers for their tea instead of dinner and this was now in place.

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 was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

The inspector saw staff knocking on bedroom and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name. As a result of information received, the person in charge had introduced additional supervision to monitor practice and ensure that all staff treated residents with respect.

Residents' civil and religious rights were respected. Staff and residents spoken with confirmed that in-house polling was provided. Mass took place on a weekly basis. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

There was a residents' group in place. Residents were encouraged and facilitated to be involved in the running of the centre. The inspector read the minutes and saw where recommendations had been made and were implemented. Residents confirmed that they had recently been involved in the renovations and redesign of the day room including picking out the colours for the walls.

There was an extensive range of activities available within the centre as already described under Outcome 11.

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:

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was well equipped and organised.

The inspector spoke to the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry.

The inspector was aware that some issues with the laundry had already been identified by the provider and person in charge. Plans were already underway to address these. This included a review of the marking system and reorganising the work to ensure that the residents' clothes in particular light coloured underclothes were separated and washed appropriately.

Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' 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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. However, improvement was required to ensure that all required documentation was in place for volunteers.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that as yet their roles and responsibilities were not set out in writing as required by the Regulations.

The inspector examined a sample of staff files and found that all were complete. The provider discussed work underway to ensure that all required information was in place

for all staff, including a satisfactory history of any gaps in employment. The recruitment policy met the requirements of the Regulations. The inspector noted that staff turnover was very low.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in challenging behaviour, dementia care and infection control.

Staff appraisals were underway and the person in charge told the inspector she intends using the results to plan additional training for staff.

Judgment:
Substantially 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:

Sheila Doyle
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:	Kilminchy Lodge Nursing Home
Centre ID:	OSV-0000052
Date of inspection:	02/11/2015 and 03/11/2015
Date of response:	16/11/2015

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The annual review of the quality and safety of care delivered to the residents was not carried out.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

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

of the Act and approved by the Minister under section 10 of the Act.

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

The annual review of quality and safety of care delivered to residents as required under Regulation 23 is being reviewed to ensure that such care is in accordance with relevant standards set out by the Authority.

This review will be prepared in consultation with residents and their Families

By gathering data from Questionnaire's which will be distributed on week of Nov 30th and return date for December 15 of December 2015. Meeting will be held with residents as they may not all complete a questionnaire and would express themselves better at a meeting. The P.I.C. will also continue to meet Residents regularly on a weekly basis and results of same will be reported.

The Audits will be reviewed for year ending December 2015 to ensure an outcome of remedial actions were taken where necessary to ensure continued safety and effective delivery of care.

Training completed for the year will be inserted in the annual report.

Quality improvement Initiatives Planned for 2016 will be included

Proposed Timescale: 28/02/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

For medications to be administered as and when required (PRN) the maximum that could safely be administered in a 24 hour period was not consistently recorded.

In some cases medication that required crushing was not individually prescribed as such.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

All P.R.N medications are currently being reviewed to ensure maximum dose in 24 hr period is recorded on the individual resident's Medication File. All medication that requires crushing is individually prescribed by the medical practitioner and Pharmacist. The checking of the MDA'S will be recorded at back of Drug Register and Remaining Balance for change of each shift recorded by 2 staff Nurse's.

Proposed Timescale: 27/11/2015

Theme:

Governance, Leadership and Management

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

The Directory of Residents did not meet the requirements of the Regulations.

3. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

The directory of residents is currently being updated, to include the information specified in paragraph 3 of schedule 3

Proposed Timescale: 15/11/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The roles and responsibilities of the volunteers were not set out in writing as required by the Regulations.

4. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

Roles and responsibilities of volunteers are being drafted in writing as per regulation 30(a) and Copy given to each Voluntary worker and copy kept on file. Garda Clearance has been sought for the Legion of Mary who visit each Tuesday.

Proposed Timescale: 20/11/2015

