



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

Issued by the Chief Inspector

Name of designated centre:	Kilminchy Lodge Nursing Home
Name of provider:	Kilminchy Lodge Nursing Home Limited
Address of centre:	Kilminchy, Portlaoise, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	19 October 2020
Centre ID:	OSV-0000052
Fieldwork ID:	MON-0030579

About the designated centre

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

This is a single-storey purpose built centre. Kilminchy Lodge Nursing Home is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a wide range of care needs. This centre can accommodate up to 52 residents. It has 44 single rooms, some of which has en suite facilities. Some single bedrooms have a shared shower , toilet and wash basin facilities. Three of the four twin bedrooms have en-suite toilet and wash-hand basin facilities. Adequate screening is available in the shared bedrooms. Call bells are provided in all bedrooms and communal areas. Additional toilets and shower rooms are wheelchair accessible. There is a large living room where many of the daily activities take place. The purpose-built kitchen is adjacent to the large dining area with ample natural lighting which leads to a secure outdoor area. An additional sitting room is also available. The centre is situated in a busy town and is serviced by nearby restaurants/pubs/libraries/ pharmacies/ GP surgeries etc.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 19 October 2020	11:00hrs to 18:15hrs	Catherine Rose Connolly Gargan	Lead
Monday 19 October 2020	11:00hrs to 18:15hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

The overall feedback from residents was that Kilminchy Lodge nursing home was a nice place to live in and apart from the recommended restrictions during the COVID-19 pandemic and current outbreak in the centre, residents had choice in their daily lives. Staff promoted a person-centred approach to care and were observed by inspectors to be kind and caring towards residents. The inspectors met a number of residents during the inspection and spoke with six residents in more detail.

The inspectors arrived to the centre unannounced and saw that because of the the current outbreak of COVID-19, residents were all cocooning or socially isolating in their bedrooms. The centre was divided into three units with one area for residents who tested positive for COVID-19, another area for residents who were recovered from COVID-19 and a third area in the centre for residents who were tested and COVID-19 was not found. The inspectors were told the three areas were separately staffed with a nurse responsible for each area. The corridors were a hive of activity with staff in and out of residents' bedrooms. There were trolleys with PPE at various locations and bins available for disposal of PPE on the corridors. Hand sanitisers were available at numerous locations throughout the centre, including on trolleys with PPE. The inspectors observed staff donning and doffing(putting on and taking off) PPE and found that a number of improvements were required which are discussed further in the report.

The inspectors saw that a number of bedrooms were personalised with residents' family photographs, ornaments and other personal memorabilia. There was adequate storage space in residents' bedrooms for their clothing and belongings and items of personal assistive equipment such as walking frames. However, a number of bedrooms had shared bathrooms and the inspectors observed that there were no locks on the doors to provide residents with privacy during personal care activities. One of the residents when asked about it said she was conscious of it but would go in and out when she knew the other resident wouldn't be in there. The inspectors observed on their walk around the centre that parts of the centre were not in a good state of decor or repair. Paint was missing off the walls and some woodwork was torn and exposed. Flooring in parts of the centre required replacement and overall the centre required refurbishment and repainting. This is discussed further in the report.

Residents were very complimentary about the food and inspectors saw that residents were offered choice. Inspectors saw menus displayed and staff also informed residents regarding the choices on offer. The menu was seen to be varied and the residents said if they didn't like what was on the menu they were given other food choices. Modified diets were well presented and appetising. Due to the COVID-19 outbreak in the centre, the main dining room was closed, so meals were served in residents' bedrooms. The person in charge said they would look to open up the dining room again once this was approved by public

health. The capacity would be reduced to ensure social distancing of residents.

Residents who spoke with inspectors were very complimentary about staff, saying that staff were friendly, kind and understanding. One resident described how she felt very involved in the running of the centre and the person in charge had involved her in the interview process when hiring for some new staff. She felt her views were valued, as she had a say on behalf of all residents on who was employed in the centre. She said she was generally a good judge of character and knew when staff would be kind and caring. Despite the wearing of PPE, staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection.

Residents said staff made a special effort to facilitate them to talk to their families during this time, when visiting was restricted. Staff said they were making an effort to sit and chat more with residents whenever they could, to ensure residents were not too lonely in the absence of their visitors and not being able to go out with families or to day rooms as they would normally do. Some residents told inspectors they did not mind being in their bedroom and enjoyed reading and watching TV. Others missed the company of the other residents and looked forward to getting back to the dining and day rooms.

Residents told inspectors that they were kept well informed by staff and were aware that there was a COVID-19 outbreak in the centre. Inspectors spoke to two residents who had recovered from COVID-19 infection. They confirmed that they were very well cared for by staff and their GP. One of these residents said that they feared that the infection would cause their death but staff were always close by and reassured them.

Some residents described the new person in charge as kind and approachable and the person they would talk to if they were worried or dissatisfied about any areas of the service provided.

Capacity and capability

Kilminchy Lodge nursing home is managed by Kilminchy Lodge Nursing Home Limited. A new person in charge with responsibility for the care and welfare of residents and the oversight and supervision of clinical care was appointed by the provider in April 2020. The person in charge is supported by four Persons Participating in Management including the chief operations manager. One of the persons participating in management was not available as they were working as interim person in charge in another centre in the group. The person in charge and the persons participating in management reported to the chief executive officer. Prior to this inspection, the centre had a mixed compliance history and although the provider had given assurances regarding their commitment to achieving compliance with the regulations in previous inspection compliance plans, necessary actions were not satisfactorily completed.

This inspection was carried out following notification to the Chief Inspector of an

outbreak of COVID-19 in the centre affecting a number of residents and staff. The infection outbreak was still active at the time of this inspection. At the peak of the outbreak 25 residents and 16 staff had Covid-19 infection. Further transmission of infection within the nursing home occurred on two occasions resulting in one other resident and four more staff testing positive for COVID-19 infection. There had been five COVID-19 related resident deaths up to the time of this inspection. Prior to the inspection, inspectors reviewed solicited and unsolicited information received by the Chief Inspector. Unsolicited information related to poor access to medical care, poor standards of care, and difficulties with contacting the nursing home, all of which were followed up by inspectors during the inspection. Inspectors found that the provider had responded appropriately to these issues and the information received was not substantiated on this inspection.

The provider's COVID-19 preparedness plan for the centre ensured necessary replacement and increased staffing resources were provided during the COVID-19 outbreak in the centre. Creation of excellent multidisciplinary links and working arrangements between staff in the centre, primary care and specialist medical input from the HSE acute services positively impacted on outcomes for residents who contracted COVID-19 infection in the centre.

Inspectors reviewed the staffing rosters and found that additional staff resources were provided by increasing the contracted hours of part-time staff, recruiting care staff from an external staffing agency, outsourcing the laundry and contracting an external cleaning company during the COVID-19 outbreak in the centre. Although increased staffing levels were consistently maintained to clean the centre and to meet the care needs of residents, these staff were not adequately supervised. The assistant director of nursing was redeployed to work as a nurse providing direct care to residents and was not available to support the person in charge with supervising staff. Responsibility for supervising contracted cleaning staff was not assigned to a designated person. Therefore, effective oversight by the provider of the staffing resources provided was not evident and supervision and training of staff was found to require comprehensive review to ensure residents were safeguarded from risk of COVID-19 cross infection.

The person in charge was supported with submitting statutory notifications to the Chief Inspector by a person participating in management and the provider representative. Weekly outbreak management meetings were convened remotely by the provider representative, the senior management team and the person in charge. However, the systems in place to monitor the quality and safety of care and the service were not comprehensive and therefore not effective in identifying areas of the service needing attention and improvement. Inspectors found that environmental infection prevention and controls audits did not adequately inform quality improvement. These audit tools did not pick up on the areas needing urgent improvement that were identified by inspectors on this inspection.

The person in charge ensured that records kept in the centre were maintained and complete including tracking records of resident and staff symptoms, test results and isolation period requirements. This information was made available to inspectors for

review.

There was an effective complaints process in the centre and oversight by the provider representative of complaints management in the centre was assured.

Regulation 14: Persons in charge

A new person in charge commenced in the centre on 08 April 2020. The new person in charge is a registered nurse and works full-time in the centre. The new person in charge has worked in the role of person in charge in other designated residential centres for older people and has the experience and management qualifications as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, inspectors found that was sufficient staff to meet residents' needs including the increased needs of residents due to the COVID-19 outbreak in the centre. Staff were observed to be responsive and attentive without any delays with attending to residents' individual needs. The staffing rosters accurately reflected the staff on duty on the day of inspection. The staffing roster for the days and the week following the inspection confirmed that the level of staffing on the day of inspection was planned for the duration of this period.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training matrix record was maintained by the person in charge to assist with monitoring and tracking mandatory and other training done by staff and was made available to inspectors. While the information confirmed staff attendance at training, the matrix did not include the date training was completed. This did not give sufficient evidence that mandatory training and refresher training was up-to-date. Additionally the records did not provide assurance that infection control and prevention training was updated to take account of additional practices and procedures necessary during COVID-19. This record and inspectors' observations of staff practices did not give sufficient assurances that staff were adequately informed regarding the infection prevention and control standards and the health protection and surveillance centre (HPSC) guidance.

Inspectors were told that staff had attended comprehensive training in infection prevention and control, including timely identification and care of residents with confirmed and suspected COVID-19 infection. Staff also completed online hand hygiene training and instruction on the correct use of personal protective equipment (PPE). Inspectors found that nursing, healthcare assistants, cleaning and catering staff were not supervised appropriately and their infection control practices as observed by inspectors directly impacted on residents' safety from COVID-19 infection. This finding is discussed in detail under regulation 27: Infection control.

Staff were recruited, selected and vetted in accordance with best practice and legislative requirements. A staff recruitment policy was available and an induction procedure was completed by all new staff. A sample of four staff files were examined by inspectors and found to meet the requirements of the Regulations. An Garda Síochána (police) vetting disclosures were available in the staff files examined. The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. The staff files of nursing staff examined by inspectors contained documentation confirming their up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

Judgment: Not compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre. With the exception of required detail regarding the cause of death for some residents who died, all other information as specified in paragraph 3 of Schedule 3 in the regulations was recorded in the directory of residents.

Judgment: Substantially compliant

Regulation 21: Records

Four staff files were examined by inspectors and contained the required documentation as set out in the regulations. An Garda Síochána (police) vetting disclosures were available in the four staff files reviewed. The person in charge gave assurances to the inspectors that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. Records made available to inspectors confirmed that all nursing staff had up-to-date professional registration with the Nursing and Midwifery Board of Ireland.

A record of simulated emergency evacuation drills was maintained. Since the last inspection in August 2018, the management team had developed a new template to record emergency evacuation drills and the information recorded gave assurances that residents' timely evacuation needs would be met during the day and at night when numbers of staff were reduced.

Daily records of each resident's condition and any treatments given were maintained by nursing staff.

A register of all restrictive procedures used in the centre was maintained and included records of alternatives tried.

Judgment: Compliant

Regulation 23: Governance and management

The centre had sufficient resources, including staffing resources at the time of this inspection to ensure the effective delivery of care during the COVID-19 outbreak in the centre. Staffing resources were appropriately increased by the provider and informed by the layout arrangements of the centre and residents' diverse needs during the COVID-19 outbreak. Staffing levels were increased in response to the COVID-19 outbreak but the baseline staffing prior to the outbreak in the centre required review. The provider representative agreed to review the baseline staffing numbers and skills provided at a meeting with representatives from the health information and quality authority (HIQA) following this inspection on 21 October 2020.

There was a clear organisational and management structure in the centre but oversight by the provider of the quality and safety of the service provided to residents needed improvement. Staff roles and responsibilities were not clearly defined and all grades of staff were not appropriately supervised in their roles. The assistant director of nursing was providing direct care to residents and was therefore not available to support the person in charge in her role. The provider had contracted external companies for laundry and cleaning of the centre without appropriate supervisory arrangements in place.

Management systems in place did not ensure that all areas of the service provided was safe, appropriate, consistent and effectively monitored as required by Regulation 23(c) during the COVID-19 outbreak in the centre. Inspectors found that key areas of the service were audited but audit tools were not comprehensive and did not inform necessary continuous quality improvements. For example the infection prevention and control audit tools used were not comprehensive, in that they did not pick up on a number of poor staff practices or that the environment and equipment was not clean. Some of the audit reports examined did not include an action plan to address areas identified as needing improvement. Inspectors were not assured that audit findings were discussed at management meetings.

An annual review report on the quality and safety of the service was completed for 2019. There was evidence that residents were consulted with and their feedback in satisfaction surveys was valued.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed in April 2020 with the appointment of a new person in charge. This document needed further revision to ensure the service provided was accurately described and that it contained all information as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Required statutory notifications of incidents involving residents were submitted to the Chief Inspector within the timescales specified by the regulations including timely NF03 notification of incidents where a resident fell and sustained an injury needing treatment in hospital, NF02 notifications of the COVID-19 outbreak in the centre and five NF01 (unexpected death of any resident) notifications due to COVID-19 infection.

Quarterly notification reports of events as specified by the regulations were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy was available to inform the procedures in place for receiving and managing complaints regarding the service provided from residents and others. Complaints were reviewed at the centre's governance and management meetings.

The complaints procedure was displayed in the centre and provided instruction on how to make a complaint and the response process thereafter. The person in charge was the centre's designated complaints officer. A review of the centre's complaints log by inspectors provided assurances that complaints were recorded, investigated

promptly, the outcome was discussed with complainants and measures were taken to resolve any issues needing improvement. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was available. Day-to-day dissatisfaction's expressed by residents were also recorded and were appropriately addressed without delay

Residents told the inspectors that they were aware of the complaints procedure and said they would express any dissatisfaction or concerns they had to the person in charge. They confirmed that the new person in charge listened to them and was proactive in resolving any issues they had to their satisfaction.

An independent advocacy service was available to residents to assist them with raising a concern. Contact information for this support was available.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written operational policies to inform practice and were available to staff. These policies were reviewed at least every three years and many of the policies were due for review in December 2020. Policies such as the infection prevention and control policy, end-of-life care policy and the visitors' policy were not updated to reflect the current guidance and practice in respect of COVID-19. The current HPSC infection prevention and control guidance was not satisfactorily implemented by staff in the centre.

Judgment: Not compliant

Quality and safety

Infection control practices and protocols observed on the day of inspection were not in line with the Health Protection and Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units V6.0 28/07/2020 and National Standards for Infection Prevention and Control in Community Settings. Residents were not protected from risk of COVID-19 cross infection.

Inspectors found that the quality and safety of resident care during the COVID-19 outbreak, up to and including on the day of the inspection, was significantly compromised by inadequate management and oversight of infection prevention and control in the centre during a COVID-19 outbreak in the centre. Although, the centre was subdivided into three areas with assigned separate staffing in each area for the

purposes of containing the COVID-19 infection in one area, this arrangement was not effective and did not ensure that infection was not transmitted to other residents. The provider was urgently required to address these findings.

Several parts of the centre required refurbishment to provide suitable staff changing rooms and storage facilities for equipment. Cleaning staff required a suitable room for them to operate in and to store cleaning trolleys. Inadequate ventilation in sluice rooms and in a shower room caused an unpleasant odour in the centre. These were also findings from previous inspections in March and August 2018. The provider representative advised inspectors that a new 20 bed extension and refurbishment of the current facilities were due to commence but were delayed due to the COVID-19 pandemic.

Overall, despite the COVID-19 restrictions and COVID-19 outbreak residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents. Residents' needs were being met through good access to healthcare services and some opportunities for social engagement. Improvements were required to safeguard residents from the risk of infection and to maintaining residents' privacy and dignity.

The inspectors found that an ethos of respect for residents was evident. Inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding many aspects of their care in the centre. The design of the premises un normal times would enable residents to spend time in private and communal areas of the centre while maintaining social distancing. However, at the time of the inspection on the advice of public health, residents were generally cocooning or socially isolating in their bedrooms. There was access to the garden from the dining room and there were walkways and seating in the garden to be enjoyed by residents as they wished. Staff made efforts to ensure that wearing full PPE was not a barrier to communicating with residents. Staff were seen to be supportive and respectful in their interactions with residents.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice and independence were promoted. Resident surveys had been undertaken. One of the management team had adopted the role of family liaison during the outbreak and prior to the outbreak there was evidence of consultation with residents and relatives through regular residents' committee meetings. Residents were facilitated to exercise their civil, political and religious rights.

The centre normally operates an open visiting policy. However, due to the COVID-19 pandemic and the current outbreak, since 01 October 2020, the centre had closed to visitors except in exceptional circumstances. Compassionate visits were facilitated for residents receiving end of life care. Scheduled window visits were facilitated when possible.

The assessment process involved the use of a variety of validated tools and residents' care plans were found to be person centred to clearly direct care. Staff

supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The dietician was in regular contact with the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. A number of these consultations took place over the phone or via video link in the current COVID-19 pandemic.

During the current COVID-19 outbreak links with a Geriatrician and Palliative care specialist services were enhanced. A multidisciplinary review of the each resident's wellbeing, progress and treatments was taking place virtually on a daily basis and was led by medical and palliative care specialists from the acute services joined by bed management from the regional hospital, residents' GP and the person in charge. This excellent service directed and supported care to numerous residents resulting in positive outcomes for several residents by ensured their healthcare needs were assessed and addressed without delay. This service also provided significant and welcome support for the person in charge with caring for residents with COVID-19 infection.

Regulation 11: Visits

The centre normally operates an open visiting policy but due to the COVID-19 pandemic and outbreak the centre had generally closed to visitors except in exceptional and compassionate circumstances for end of life and some window visits had been facilitated. The person in charge told the inspectors that any visitors to the centre followed public health guidelines, which including the taking of temperatures monitoring for symptoms of COVID-19 and the wearing of PPE. Residents said staff made a special effort to facilitate residents to talk to their families during the time when visiting was restricted. Residents maintained contact with their families through video conferencing telephone and other social media technology.

Judgment: Compliant

Regulation 13: End of life

The inspectors saw that care practices at end of life met residents needs in a dignified and person centered manner. End of life care plans were in place which detailed residents wishes at end stage of life. These were kept under review taking into account the COVID-19 outbreak. End of life care was guided by the palliative care consultant and team who reviewed residents both remotely and in house as

required, end of life medications were prescribed, administered and monitored appropriately.

Residents religious needs were met and the person in charge told the inspectors that the priest came to the window to people at end stage of life to perform last rights and to support families. He also supported and visited residents who were grieving relatives or friends that had passed away.

Judgment: Compliant

Regulation 17: Premises

While efforts were made to make the premises homely and comfortable for residents, required improvements identified on previous inspections in March and August 2018 were not completed to ensure the centre met residents' needs and was in compliance with the regulations.

There was insufficient storage facilities for residents' equipment. Residents' assistive equipment was inappropriately stored in a staff rest/dining room, a staff changing room and showers/toilets in use by residents. Areas of the floors, walls and wooden skirting along corridors and door frames and doors to residents' bedrooms were in need of repair and painting.

The ventilation was inadequate in a residents' shower/toilet and the sluice rooms and there was a stale odour emanating from these rooms throughout the day. A boiler room was not fit for purpose as a storage area for residents' equipment and a cleaning trolley was also stored there.

There was insufficient grab rails available in some showers to ensure residents' independence and safety needs were provided for.

Judgment: Not compliant

Regulation 27: Infection control

Infection control practices and protocols observed on the day of inspection were not in line with the Health Protection and Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units V6.0 28/07/2020 and National Standards for Infection Prevention and Control in Community Settings.

- An area of the centre was designated as a COVID-19 positive zone. This arrangement was not effective in preventing risk of cross infection in the

absence of appropriate signage and a clean zone or physical demarcation of this area. Staff working in the the COVID-19 positive area involved themselves in caring for other residents and traveled through other residents' accommodation to access dining and changing facilities.

- The changing facilities used by staff working in the COVID positive area was located on a corridor which accommodated residents recovered from COVID-19 infection. The room was also used for storing residents' assistive equipment.
- Staff did not use personal protective equipment (PPE) appropriately. There was inappropriate use of PPE and staff frequently failed to remove PPE between residents when they provided care.
- Waste bins for used PPE were placed along corridors but were not available in residents' bedrooms, therefore staff did not remove PPE before exiting residents' bedrooms.
- Red alginate bags containing linen used by residents with COVID-19 were stored on the floor in a toilet/bathroom used by residents who had recovered from COVID-19 infection.
- There was inappropriate storage of equipment in two communal showers/toilets used by residents. For example, items included; two portable storage units containing clean towels and bed linen, three boxes of gloves, a box of several rolls of white waste bags and used linen skips.
- The centre did not have a designated cleaner's room and a cleaning trolley was stored in an external dirty boiler room when not in use.
- Worn furniture and fittings that could not be adequately cleaned, needed to be replaced. Assistive equipment with damaged or chipped paintwork could not be cleaned properly. Some commodes were rusted and therefore impossible to clean between use and posed an immediate risk of cross contamination to residents.
- Part of the surface on one wall along a corridor where residents who had recovered from COVID-19 infection resided was broken with exposed masonry. The surfaces of some parts of wooden skirting along corridors, door frames and wooden panels on residents' bedroom doors were damaged and some floor surfaces were damaged and unclean.
- There was no process in place to ensure assistive equipment was cleaned after each use and residents' assistive equipment was observed to be visibly soiled.
- Furniture in a staff rest/dining room was not of a material that could be wiped clean and there was no other appropriate cleaning procedure in place.
- White coats worn by catering staff outside of the kitchen area were visibly unclean and there was no procedure in place to ensure they were effectively cleaned.
- Environmental cleaning in several areas was not effective and hand hygiene sinks and surfaces in a number of areas were unclean.
- Sluice rooms which contained potentially hazardous materials and waste were not secured. Therefore access by vulnerable residents was not effectively controlled.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspectors were comprehensive and person-centred. They were regularly reviewed and updated following assessments and recommendations by allied health professionals. This was particularly relevant in relation to nutritional care plans where residents had lost weight and changes were recommended by the dietician. Care plans were sufficiently detailed to guide staff in the provision of person-centred care. The inspectors viewed care plans in place in relation to COVID-19 for residents affected by the virus and COVID-19 care plans for residents isolating in their bedrooms. End of life care plans were detailed to support decisions at end stage of life and took into account the changing needs of residents. A number of wound care charts and care plans were examined during the inspection. The assessment sheets used at dressing changes were sufficiently detailed and gave scientific measurement or staging of wounds. Wound care plans were detailed and directed care.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were well met through timely access to treatment and therapies. Residents had suitable access to GP's, and allied health care professionals. One GP took over the care of all of the residents during the COVID-19 outbreak and visited the centre on a regular and consistent basis. The inspectors were satisfied that residents who contracted COVID-19 received appropriate nursing care, including access to medical care and palliative care medications and advice as required. The centre had established links with the consultant geriatrician and consultant palliative care teams in Portlaoise hospital and daily reviews of all residents who tested positive were undertaken via videoconferencing the GP also attended these reviews. There was evidence that the palliative care consultant also came to the centre to review residents and decisions were made by the team in consultation with the families on whether transfer to hospital was advisable or not. The person in charge explained how with guidance from the specialist team they provided care and specialised techniques to COVID-19 positive residents such as prone positioning and the administration of subcutaneous fluids and oxygen therapy as prescribed with positive effects. Therapeutic medication regimes were also prescribed with positive effects. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner. Examples of this was when residents had lost weight and different nutritional needs were identified, dieticians and speech and language therapy reviews were requested and provided. A number of residents were seen to have increased fortification of their diet with high calorific foods and extra nutrition supplements were prescribed and

administered to the resident.

There was evidence that physiotherapy services had been provided remotely. The physiotherapist following a video conferencing review of a resident, provided an exercise video for the specific resident. This was implemented by the care staff with the resident and one resident told the inspectors that this had worked very well for them. There was evidence of consultations with psychiatry of older age as residents needs' for this service arose. Timely access to chiropody, dental, optical services were available to residents as necessary. Tissue viability specialist advice was evidenced in residents files and the monitoring and management of wound care was seen to be evidenced based.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

The centre was promoting a restraint free environment and if restraint was used there was evidence of a full assessment to ensure it was used for the minimal time and as a least restrictive method.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke with inspectors reported that they felt safe and at home in the centre and that staff were very kind. Inspectors observed that staff interactions with residents were positive and person-centred throughout the inspection. Records of staff training indicated that all staff had received training in the prevention, detection and response to abuse. Staff who spoke with inspectors were knowledgeable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management. Allegations of abuse had been clearly documented, investigated and appropriate action was seen to have been taken. These were reported to the Chief Inspector as required by the regulations.

The management team confirmed that they acted as pension agent for a small number of residents which was managed by head office. Inspectors were informed that there was a separate client account that pensions were paid into and residents

balances were maintained. The person in charge said if anything was needed for a resident they could request the money from head office and receipts were maintained. However there was no statement of residents finances given to residents or kept on their files available on residents records and the person in charge said they would request same. Day to day monies handed in for safekeeping were well managed and most residents maintained their own monies in safe boxes in their bedrooms.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices generally being upheld and respected in the centre. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A programme of appropriate activities for the residents was provided pre the COVID-19 outbreak which had to be suspended during the outbreak where residents were cocooning or isolating in their bedrooms. Social care plans were seen and included staff interventions to prevent residents feeling isolated in their bedrooms.

In the absence of the activity coordinator, the person in charge had allocated a member of staff to support the social needs of the residents that were isolating/cocooning in their bedrooms. The staff member did some one-to-one activities and assisted residents to remain in contact with their families via phone calls and the use of other technologies. At the time of the inspection this staff member was only working in the mornings but the plan was to extend this to afternoons when staff became available.

Pre the COVID-19 pandemic religious preferences were facilitated through regular visits from the local clergy to the centre and the celebration of mass regularly. Although these visits are suspended during COVID-19 restrictions, residents were facilitated to partake in Mass via the television and daily rosary was also facilitated with the activity staff for residents who wished to partake. As discussed above the local priest did visit for end of life and compassionate grounds.

Inspectors noted that the privacy and dignity needs of residents were generally well met by staff who treated residents with respect. They were seen knocking on bedroom doors before entering. However, the inspectors identified that a number of bedrooms had a shared bathroom in between two bedrooms. There was no signage on the door alerting residents or relatives to the fact that this bathroom could be accessed from another bedroom. Also the inspectors saw that the bathroom doors did not have locks, therefore the privacy of the resident could not be guaranteed when using a shared bathroom. A toilet door on the main corridor also did not have a lock.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilminchy Lodge Nursing Home OSV-0000052

Inspection ID: MON-0030579

Date of inspection: 19/10/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>S: While all mandatory and refresher training was up-to-date on the day of inspection, the training records in place did not evidence this. The training records have subsequently been updated to also include the date that the training was delivered. All staff have undertaken revised infection prevention and control training that takes account of additional practices and procedures necessary during COVID-19 as per the relevant HPSC guidance.</p> <p>M: Through audit and observation of staff to determine they are able to apply theory to practice</p> <p>A: By the PIC and management team.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: Complete. 18th November 2020</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>S: The directory of residents maintained in the centre has been updated to reflect the cause of death in all relevant records.</p> <p>M: Through weekly audit</p> <p>A: By the PIC and in-house management team.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: Complete. 18th November 2020</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S1: An additional registered nurse has been recruited which will enable the Assistant Director of Nursing to become supernumerary providing enhanced support to the PIC and increased supervision of all staff within the centre.</p> <p>S2: Through a comprehensive review, the nursing home will be segregated into different zones with dedicated staff teams.</p> <p>S3: A dedicated supervisor is in the process of being appointed to oversee and enhance all aspects of housekeeping and laundry. This person will support the PIC in quality assuring the standard of housekeeping and laundry provision within the center.</p> <p>S4: A comprehensive suite of audit tools are under review and will be rolled out to enhance auditing procedures by the PIC and further reviewed by the senior management team to ensure relevant quality improvement goals are reached.</p> <p>M: Compliance visits, observational visits and additional supports to the PIC where required.</p> <p>A: Through the PIC and internal team.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: S1: 01 December 2020 S2: 18th November 2020 S3: 31st January 2020 S4: 07 December 2020</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>S: The statement of purpose has been revised to accurately describe the service provided and to contain all the information required by the regulations.</p> <p>M: Through continuous review</p> <p>A: By the in-house management team.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: 20th November 2020</p>	

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>S: A comprehensive suite of policies and procedures are currently under review and are being rolled out within the center. These fully reflect current guidance and best practice in respect of COVID-19 including infection prevention and control, end of life care and visitations.</p> <p>As discussed above under regulation 16, all staff have received refresher training on the most current HPSC Infection Prevention and Control guidance. This training will be reinforced further through implementation of the new policies and procedures.</p> <p>M: Compliance visits, observational visits and additional supports to PIC where required.</p> <p>A: Through the PIC and the management team onsite.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: 07th December 2020.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S: A comprehensive review of the premises has been undertaken by the person in charge in conjunction with the maintenance manager. A programme of works has commenced to address the issues identified at inspection, including realignment of storage provision, repainting, repair, installation of additional grab rails and improved ventilation.</p> <p>M: Through continuous review and audit.</p> <p>A: By the PIC supported by the maintenance manager.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: 28th November 2020</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>S: On the day of inspection the centre was demarcated into three zones (for residents with COVID-19, those who had recovered from COVID-19 and those not detected for COVID-19), and staff were dedicated to work within one zone only to minimize the risk of cross contamination. The zone for residents with COVID-19 was located through closed doors and additional dedicated signage was erected to clearly demarcate the different zones.</p>	

A dedicated staff dining and separate changing room was made available in each zone and all assistive equipment was removed where required to an appropriate storage area.

Updated training was immediately provided to all staff and a supervisor was drafted to the centre to ensure full compliance through observation of staff with HPSC and WHO guidance on all aspects of PPE including donning & doffing and waste/laundry management.

Alternate arrangements were put in place for the storage of equipment and a dedicated room identified for use as a cleaning store.

Sluice rooms were immediately secured on the day of inspection.

A comprehensive review of all equipment and furnishings was carried out and those in need of refurbishment/replacement were addressed.

A dedicated supervisor is in the process of being employed to oversee all aspects of cleaning including undertaking audits and monitoring compliance with cleaning schedules. All equipment and furniture is now on a cleaning schedule which also includes the cleaning of white coats.

All areas requiring repair / re-painting are included in the maintenance programme.

M: Issues requiring action will be rectified through enhanced monitoring.

A: Through the PIC and inhouse management team with audit, reflection and learnings.

R: Overview by the regional team in conjunction with the COO.

T: 28th November 2020

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

S: On the day of inspection, the magnetic locking system that ensures privacy in shared bathrooms had failed. While the magnetic locking system has been repaired, as an additional measure, locks will be installed in all shared bathrooms.

M: Through audit and review.

A: Achievable by the PIC.

R: Overview by the regional team in conjunction with the COO.

T: 28 November 2020

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	18/11/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	18/11/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	28/11/2020
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	18/11/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined	Not Compliant	Orange	31/01/2021

	management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/11/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20/11/2020
Regulation 04(3)	The registered provider shall	Not Compliant	Orange	07/12/2020

	review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	28/11/2020