<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kerlogue Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000240</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kerlogue, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053 917 0400</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@kerloguenursinghome.com">info@kerloguenursinghome.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Candela Healthcare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Edele Lee Morris</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Mairead O’Sullivan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>87</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>11 June 2014 10:30</td>
<td>11 June 2014 18:00</td>
</tr>
<tr>
<td>12 June 2014 08:30</td>
<td>12 June 2014 15:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Contract for the Provision of Services</th>
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<td>Outcome 03: Suitable Person in Charge</td>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 05: Absence of the person in charge</td>
<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. A number of questionnaires from residents and relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with residents and relatives stating they are welcomed at any time. Residents’ comments are found throughout the report.

The Authority was in receipt of unsolicited information which was explored during the
inspection. Inspectors reviewed documentation in relation to the unsolicited information such as care plans, medical records, policies and procedures and were satisfied that the issues raised had been dealt with appropriately by the person in charge.

Improvements were required in a number of areas including:
- fire precautions
- medication management
- adequate communal seating
- use of closed circuit television (CCTV).
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:
Leadership, Governance and Management

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

Findings:
The statement of purpose described the service and facilities provided. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The statement reflected the diverse needs of residents, some of whom had an intellectual disability or an acquired brain injury. Inspectors found the care provided was accurately described in the statement of purpose.

The statement of purpose outlined that there were two three bedded rooms with en suite and two four bedded rooms with en suite. It specifically outlined that these bedrooms were for residents with high dependency needs and consequently were in compliance with the provisions of the National Quality Standards for Residential Care Settings for Older People in Ireland.

Judgement:
Compliant

Outcome 02: Contract for the Provision of Services
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:
Leadership, Governance and Management

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

Findings:
A number of contracts of care were viewed by the inspectors. The contracts of care
were found to be comprehensive and were agreed and signed within a month of admission. The contracts also stipulated other services to be provided and all fees were included in the contract.

**Judgement:**
Compliant

**Outcome 03: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge was a registered general nurse and had been director of nursing since 2002. She had engaged in continuing professional development. The inspectors were satisfied that the person in charge was an experienced nurse engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

The governance structure also included the provider nominee who worked full time and was responsible for the non-clinical services including human resources, finance, maintenance and household services. The owner of the centre was on site on a daily basis and he, the person in charge or the provider nominee was on call at all times in the event of an emergency.

**Judgement:**
Compliant

**Outcome 04: Records and documentation to be kept at a designated centre**
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found that all policies, procedures and guidelines such as prevention of abuse, end of life care and risk management were available as required by the regulations. The directory of residents was viewed by inspectors and found to contain comprehensive details in relation to each resident including name, contact details for relatives and contact details for general practitioner (GP). Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Inspectors found that the medical and nursing records were comprehensive. The centre had a computerised nursing care programme and staff were competent at inputting the data. The care plans and the record of care provided to residents were accurately documented.

Judgement:
Compliant

Outcome 05: 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:
Leadership, Governance and Management

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

Findings:
The person in charge had not been absent for 28 days or more since the last inspection and there had not been any change to the person in charge. The person in charge and the provider nominee were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the assistant director of nursing deputising as required. The assistant director of nursing was a nurse with over twenty years experience and it was clear she was aware of the obligations to notify the Authority of the periods when the person in charge was absent and the arrangements in place for this absence. The assistant director of nursing was also aware of the obligations to maintain a record of all incidents occurring in the centre and, where required, notified to the Authority.

A clinical nurse manager/duty manager was the most senior nurse on duty in the absence of the person in charge and the assistant director of nursing. She also provided
the clinical nurse management from Thursday to Sunday, thus ensuring that a senior nurse was available seven days per week.

**Judgement:**
Compliant

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### Outcome 06: 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.*

**Theme:**
Safe Care and Support

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

**Findings:**
Inspectors reviewed the policy on elder abuse which was up to date. All staff had received in-house training on the protection of vulnerable adults. All staff spoken with were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

Two specific incidents relating to adult protection had been reported to the Authority since the last inspection. Documentation reviewed by inspectors demonstrated that the incidents had been followed up by the provider, there was appropriate recording of the incidents and referral to relevant statutory agencies had been undertaken.

Inspectors reviewed the system in place to safeguard resident’s finances and there was evidence that the system was transparent with complete financial records being maintained.

**Judgement:**
Compliant

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### Outcome 07: 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:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a signed and dated health and safety policy and an up to date safety
statement which outlined roles and responsibilities for safety including the provision of first aid and emergency procedures.

At the last inspection it was found that infection control procedures required review, in particular some floor cleaning practices. On this inspection cleaning staff were knowledgeable about the correct cleaning techniques to prevent the spread of infection and were observed using a colour coded system for cleaning in accordance with evidence based practice. Inspectors were satisfied with infection control practices for the laundry. The assistant director of nursing had updated the infection control policy and she provided basic training on infection control to all staff. There was evidence of ongoing audits of hand hygiene practice.

The risk management policy outlined the identification and management of risks and the measures in place to control specified issues like residents being absent without leave and accidental injury. The emergency plan adequately addressed the centre’s response to fire and other emergencies like loss of power, loss of heating or water supply. The plan detailed arrangements to accommodate residents in another location in the event of it being necessary to transfer residents.

There was a valid fire certificate for the centre dated 4 April 2014. There was an up to date fire policy and inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- fully addressable alarm panel
- servicing of fire alarm and emergency lighting systems May 2014
- fire equipment maintenance records March 2014.

Records showed that all staff had received basic fire training. Eight staff had additionally been trained as fire wardens and were competent in fire evacuation procedures. However, on the day of inspection the fire exit door from the main dining room was blocked by a blanket on the floor being used as a draught excluder. The blanket was removed immediately during the inspection.

Regular evacuation drills were undertaken with the latest in May 2014 and resident evacuation details were available in their room and in their care plan. Since the last inspection smoking risk assessments and care plans had been put in place for all residents. There was a smoking room which led to an internal garden. However while there was fire fighting equipment available the door to the smoking room was wedged open with an armchair and a door stop on the day of inspection. The armchair and door stop were removed during inspection.

Each resident’s manual handling plan was available in their bedroom and all staff had up to date training on manual handling.

**Judgement:**
Non Compliant - Minor
**Outcome 08: Medication Management**  
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There was an up to date policy on medication management which included ordering, prescribing, storage, administration and disposal of unused medication.

Medications were dispensed and administered by means of a monitored dosage system which was delivered from pharmacy each week. Nursing staff reviewed the delivered dispensed medication to ensure it was correct. An audit of medication errors was undertaken in February 2014 by the pharmacist and, as an action from this audit, further training was provided on medication safety.

In relation to prescriptions inspectors saw evidence that residents’ medication were reviewed every three months by the GP and the pharmacist. A drug kardex audit was undertaken by the assistant director of nursing every three months, the most recent being in April 2014, to ensure that prescriptions were up to date.

Nursing staff transcribed the prescription sheet from the original prescription of the doctor. While this transcribed sheet was re-signed by the doctor, the nurse did not sign the prescription sheet as being transcribed. Neither did a second nurse check the accuracy of the transcription as required in the centre’s medication policy.

Inspectors observed a medication administration round and while some medications were prescribed as four times daily, the time was not recorded accurately for the administration of these medications. During the medication round a loose tablet fell from the monitored dosage system and it wasn’t clear if this medication had been omitted from the morning round or from the previous night’s medication.

Inspectors found there were appropriate procedures for the management of controlled drugs. There was a locked pharmacy box for the secure return of any unused or discontinued medications. Since the last inspection the maximum doses of pro re nata (PRN or as required) medication was included on the prescription sheet and discontinued medications were signed by the GP.

**Judgement:**  
Non Compliant - Moderate
**Outcome 09: 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:**
No actions were required from the previous inspection.

**Findings:**
It is a requirement of the regulations that all serious adverse incidents are reported to the Authority and since the last inspection the centre had been compliant with this provision. The centre provided the Authority with a summary of all recorded incidents every three months as set out in the regulations.

Inspectors reviewed the incident reporting system and found that 23 incidents had been reported in the first quarter of 2014. Inspectors saw evidence that following an incident a record of any immediate nursing or medical treatment was maintained in the individual resident’s medical records. The nursing care plan was updated as required and any follow up treatment was recorded in the resident’s medical notes.

**Judgement:**
Compliant

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**Outcome 10: Reviewing and improving the quality and safety of care**
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

**Theme:**
Effective Care and Support

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

**Findings:**
The quality committee, which met monthly, coordinated the monitoring of the quality and safety of care for residents. This committee reviewed departmental reports from each supervisor, planned training for the upcoming month and undertook an analysis of complaints and incidents. In the June 2014 a meeting took place to discuss a particular quality initiative related to the provision of a bus stop outside the centre.

There was evidence of a systematic analysis of reported adverse events. An audit of reported resident falls had reviewed the patterns of the 17 resident falls from January to March 2014. A number of initiatives had been introduced including more education for residents on falls, a prioritisation of residents with a history of falls and the
reinforcement of the protocol for staff to follow in the event of a resident falling. An audit of other incidents found that there were six resident incidents and six staff incidents. All incidents were reviewed and further education for staff on health and safety was identified as an action.

The person in charge undertook a six monthly review of care plans which examined whether the care plans were up-to-date and was there evidence of resident/family involvement. Following the latest audit training for nurses on care planning was scheduled for June 2014.

An audit on the use of restraint found that some assessments did not include specific bed rail assessment. The quality improvement plan included that all staff would be trained in 2014 on the use of restraint, that more low beds would be purchased and that intervals of checking on the use of restraint would be increased.

Inspectors reviewed documentation outlining further audits on:
- dental service
- residents register
- security tags
- infection control.

There was evidence that the provider had sought regular feedback from residents by means of an annual satisfaction survey, the latest of which was in March 2014. The outcome of the survey found overall a good satisfaction rating. The activities programme had the lowest satisfaction rating with 74% and following the audit music therapy had been introduced for each unit with standard music sessions also increased to four days per week.

**Judgement:**
Compliant

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**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident 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:**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The centre provided care for a diverse range of residents, some of whom had an intellectual disability, an acquired brain injury or required rehabilitation following a road traffic accident. Inspectors saw evidence that residents’ health care needs were met through timely access to GP services. Residents had the option of care from their own GP and a list of each resident and their GP was at each nurses station. There was evidence of a medical review of each resident at least once every three months. There was evidence of referral of residents to consultant specialists for further investigation as required. There was good communication between these specialist services, the resident and the person in charge to ensure continuity of care. There was evidence of good access to specialist care in old age psychiatry, both with residents attending as outpatients in the acute general hospital and via the community psychiatric liaison nurse who reviewed residents on site.

Residents had access to allied health care services. There was a physiotherapist employed at the centre two days per week. Mobility assessments and falls risk assessments had been undertaken in all care plans seen by inspectors. All physiotherapy reviews were recorded on computer and in the physiotherapy log book. There was appropriate referral of residents to other allied health services like speech therapy and dietetics and this is discussed more fully in Outcome 15 dealing with food and nutrition. In the medical files seen residents had received timely reviews from other professionals including dentist, chiropodist and optician. As required some residents had been reviewed by an occupational therapist in relation to seating and the provision of appropriate wheelchairs.

There was a policy on the management of restraint and the consent of the resident sought when restraint was indicated. There was a register of residents requiring restraint, restraint checks were recorded as appropriate and the use of restraint was audited weekly. The person in charge and the assistant director of nursing were designated trainers on the use of restraint. In an audit of restraint undertaken in March 2014 it was found that not all nurses were using the specific assessment on the use of bed rails. One goal of the centre’s internal quality improvement plan for 2014 was to have all staff trained on appropriate use of restraint. A number of residents who had been assessed as being at risk of absconding had a security tag in place. This tag alarmed when the resident came in close proximity to main exit door on the ground floor. In the sample care plans seen the use of the security tag management system was comprehensive and person-centred.

There was good evidence based practice in relation to management of wounds with care plans for each resident outlining skin condition and assessment of potential for pressure sores.

In relation to the planning of care there was a system of a named nurse being allocated to a resident on admission. This nurse had responsibility to ensure each resident had a personalised care plan. There was a care planning review at least very three months with evidence that the resident and their families were involved in the development of care plans.

The centre employed two activities coordinators and there was a schedule of activities...
including singing, reminiscence therapy, bingo and quiz time. There was a policy on
music therapy and as part of the quality improvement plan specific music sessions were
provided in each of the four units. There was a pet therapy programme and two staff
members were trained pet therapists with their two golden retrievers.

Judgement:
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. There is
appropriate equipment for use by residents or staff which is maintained in good working
order.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily
implemented.

**Findings:**
The centre was a purpose built nursing home and residents’ accommodation was laid
out over two floors. Coolballyow and Roxborough were on the ground floor and Ronan
Avenue and Johnstown Avenue were on the first floor. Accommodation included

- 59 single bedrooms
- 8 double rooms
- 2 three-bedded rooms
- 2 four-bedded rooms.

All bedrooms were en-suite with shower and toilet facilities. The three and four bedded
rooms catered for residents with high dependency needs and were fitted with ceiling
track hoists to aid residents with positioning and transferring.

On the ground floor there were two communal dining rooms, an oratory, a day room
and a library or “snug”. There was access to three enclosed gardens. There were a
number of lounge areas on both floors which were well furnished and comfortable. The
development of additional seating in the Ronan Avenue Unit had not commenced.
However, the person in charge informed inspectors that this was to commence shortly
with the re-development of the laundry area.

Facilities and procedures were in place to prevent and control the risk of infection. Hand
washing facilities were located in the main entrance lobby, and wall mounted alcohol
hand gel was available throughout the centre.

In general inspectors found the premises to be well maintained with suitable lighting,
ventilation and heating. There was a full time maintenance officer and the maintenance
log showed regular maintenance conducted and suitable repairs recorded. The lift between the first and second floors had been serviced most recently in April 2014.

Judgement:
Non Compliant - Minor

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

Findings:
There was a complaints policy which had been updated in November 2013. It was displayed prominently at the reception desk.

Inspectors reviewed the complaints log and the results of an internal complaints audit undertaken for 2013. The complaints from residents and relatives were mainly around food and laundry. These issues were being addressed via the quality committee, with changes to mealtimes being positively received by residents. There were plans for the building of a new laundry facility on site. The complaint records included whether each complainant was informed of the outcome and whether they were satisfied with the outcome.

Since the last inspection the Authority had been in receipt of unsolicited information which was explored during the inspection. Inspectors reviewed documentation in relation to the unsolicited information such as care plans, medical records, policies and procedures and were satisfied that the issues raised had been dealt with appropriately by the person in charge.

Judgement:
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:
No actions were required from the previous inspection.

Findings:
The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific themes of end of life care and nutrition. The centre had assessed itself as compliant with the regulations and standards in relation to end of life care and inspectors found evidence to support this assessment.

The end of life care policy had been updated in March 2014 and provided guidance on assessment, care planning, advanced care directives and care after dying. In the sample of care plans reviewed by inspectors each resident had appropriate plans in place around end of life. Issues discussed included residents wishes regarding family involvement, funeral arrangements and advanced care directives regarding medical interventions.

There was a bright and spacious oratory. If the resident wished, the centre facilitated a prayer and removal service from the chapel for deceased residents. The meeting room on the first floor was used specifically by families of residents at end of life. This was a comfortable area with couches and a pull-out bed was made available.

In relation to training eight nurses had received training on end of life and 10 nurses had received specific training on palliative care. 15 health care assistants had completed training on end of life as part of the healthcare support certificate.

A recently introduced initiative was a death review reflection for staff following the death of a resident. Staff were encouraged to speak about their memories of the resident, the care provided and their own feelings regarding the resident’s death. Staff outlined to inspectors that they found this process to be both helpful for themselves and also respectful of the resident.

Judgement:
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:
No actions were required from the previous inspection.

Findings:
In relation to food and nutrition the centre had assessed itself as compliant during the
national self assessment on food and nutrition undertaken by the Authority. During the inspection there was evidence to support this assessment.

There was a menu which was changed on a three weekly cycle and offered good choice at all meals. There was a recently appointed chef who had sought feedback from residents on the quality of meals. A number of recommendations had been introduced including the availability of home baked scones, colcannon and to have sauces provided separately. The chef had introduced tasting menus and had personally established individual residents food likes and dislikes. She was aware of any specified dietary needs of residents and had liaised with a dietician to review the portion sizes. The chef and catering staff had received up to date training on food safety. The centre had recently signed a service level agreement for specific dietetic support and training for health care and kitchen staff in relation to dysphagia (swallowing difficulties), nutrition and menu planning.

There was a protected mealtime policy to respect the privacy and dignity of residents. There were two dining areas, the larger of which accommodated the majority of residents. The second dining area was called “the Parlour” and was for residents in Coolballow. There was sufficient staff available to offer assistance at mealtimes. There was access to fluids and snacks throughout the day and tea trolleys were seen in circulation.

On admission each resident had an initial malnutrition universal screening tool (MUST) assessment. There was monthly recording of residents’ weight, body mass index, weight loss and risk assessment of nutritional status. Of the sample care plans seen, the inspectors noted evidence of appropriate nutritional care planning. Residents who were identified as having a change in nutritional status were referred to the dietician.

There was a policy on referral of residents to a speech and language therapist and number of residents had been assessed as having swallowing difficulties by the speech and language therapist. Each resident’s assessed swallow care plan were communicated to the chef and were available in the kitchen and dining areas.

The most recent Environmental Health Office (EHO) report was available which found the centre to be complaint with the relevant regulations.

Judgement:
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.

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors saw evidence that residents were consulted about how the centre was planned and run. Inspectors reviewed minutes of the dignity and respect committee which met monthly. There were seven people elected as dignity and respect “champions”. Issues reviewed by the committee included visitors taking a private call on a mobile phone compromising residents’ privacy and signs not being displayed on bedroom doors to indicate that personal care was being undertaken.

There was a separate residents’ committee which discussed issues like activities and dining experience. In response to feedback from this committee the timing of the meals had been changed recently and the response was that mealtimes had become more relaxed. There was an internal advocate who along with pastoral care workers spent time with residents getting informal feedback on a range of issues including food, laundry, activities and spiritual issues. Arrangements had been put in place to facilitate residents to vote in the recent local and European elections.

Relatives were encouraged to provide feedback on the service and there was a separate relatives committee. At the relatives meeting in May 2014 there had been a discussion regarding charges for services and the provider nominee had explained these in detail.

Inspectors saw evidence that staff were aware of the different communication needs of residents. There was a policy on communication which included communication strategies for younger residents with an acquired brain injury. There was a policy on activities of daily living which included communication care planning for each resident.

There was a policy on social contacts which outlined arrangements for access to television/radio, personal telephone and computer. Each resident had access to telephone facilities in their own bedroom. There was internet connectivity in certain areas and a computer available in a library area, called the Snug, on the ground floor. The minutes of the most recent quality control committee outlined plans to make internet connectivity more widely available throughout the premises. Inspectors spoke with a number of families of residents who confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private.

Closed circuit television (CCTV) was in use in all external areas, in corridors on both floors and in a number of dayrooms. There was signage advising that CCTV was in operation and there was a policy on the use of CCTV available in the employee handbook but not as part of the centre’s overall policies procedures and guidelines. Inspectors had concerns about the use of CCTV in corridors and particularly in dayrooms as these were areas, similar to a bedroom, where residents’ had a reasonable expectation of privacy. The provider nominee outlined that she would contact the Data Protection Commissioner regarding the use of CCTV in the dayroom.
### 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:**
No actions were required from the previous inspection.

**Findings:**
The inspectors reviewed a policy on residents’ personal property and possessions which satisfactorily outlined the arrangements in place for residents to retain control over their own possessions and clothing. Since the last inspection an up-to-date record of each resident’s personal property was available and signed by the resident.

Inspectors saw personalised living arrangements in resident’s rooms with photographs, personal effects and furniture. Prior to the inspection the Authority had requested feedback comments from residents and families. One resident commented specifically that he was “delighted” to be able to bring in his own furniture. Each bedroom had suitable storage available for clothes and books. Residents also had suitable storage for their individual toiletries which had been an item for improvement since the last inspection.

Inspectors visited the laundry where staff were aware of infection control principles and in particular the need for separate storage of dirty clothes, washed clothes and clean clothes. There was a labelling system to ensure that residents’ own clothes were returned to them from the laundry.

**Judgement:**
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.

**Theme:**
Workforce
Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Based on the review of the staff rota inspectors were satisfied that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

All staff had received training on prevention of abuse of residents, fire safety and manual handling as required by the regulations. A number of staff had undertaken “train the trainer” courses and there was a monthly programme of education including fire training, falls prevention and care of residents with a percutaneous endoscopic gastrostomy (PEG). Staff confirmed that they were supported to undertake additional courses.

The governance structure which consisted of separate reporting arrangements for clinical staff and clinical support staff ensured adequate supervision for staff at all levels in the organisation. Each department head provided a report for the quality committee each month.

Newly recruited staff and volunteers outlined to inspectors that the induction process was robust and included all mandatory training, orientation to the building and codes of conduct. Newly recruited staff outlined to inspectors that they initially worked as supernumerary to the existing staff complement and that support was available if required. All staff had engaged in a staff performance review which gave an opportunity to discuss their role and also to discuss personal objectives and personal developments plans including further education. A copy of the performance review was given to each staff member.

There was a human resources (HR) manager who ensured there were effective recruitment procedures in place with a policy on staff recruitment, selection and appointment available. Current registration with an Bord Altranais was available for all nursing staff. Inspectors reviewed a sample of staff files which were found to include appropriate reference checking, evidence of vetting by an Garda Síochána, full employment history and a medical certificate providing evidence that the person was physically and mentally fit for work. The HR manager had engaged in auditing of staff files to ensure that all required documentation was in each file.

There were a number of volunteers undertaking work experience as part of a Further Education and Training Awards Council (FETAC) level five qualification in healthcare support. There was a written agreement in place for each volunteer and appropriate vetting had been undertaken.

Judgement:
Compliant
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

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

**Report Compiled by:**

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kerlogue Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000240</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11/06/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>03/07/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire exit door from the main dining room was blocked by a blanket on the floor being used as a draught excluder.

Action Required:
Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

Please state the actions you have taken or are planning to take:
Immediate action was taken on the day of inspection. Blanket was replaced by a brush strip to the exit door. The door had been changed due to the new laundry being built.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Proposed Timescale: 11/06/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The door to the smoking room was wedged open with an armchair and a door stop.</td>
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<tr>
<td><strong>Action Required:</strong> Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Magnetic release lock fitted on 13/06/2014 by electrician. Complete</td>
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<th>Proposed Timescale: 13/06/2014</th>
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<tbody>
<tr>
<td><strong>Outcome 08: Medication Management</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The transcribed prescription sheet was re-signed by the doctor, but the nurse did not sign the prescription sheet as being transcribed. Neither did a second nurse check the accuracy of the transcription as required in the centre’s medication policy.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Nurses educated on adhering to policy. Practices now in place.</td>
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<th>Proposed Timescale: 30/08/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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</table>
The time of administration was not recorded for each medication.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**
All nurses have been re-educated in medications management and documentation complete

**Proposed Timescale:** 13/06/2014

**Theme:**
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A loose tablet fell from the monitored dosage system and it wasn’t clear if this medication had been omitted from the morning round or from the previous night’s medication.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**
Nurses will be more vigilant on medication rounds. Alerted to risks of administering medications.

**Proposed Timescale:** 13/06/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not sufficient communal seating/living space provided in Ronan Avenue.

**Action Required:**
Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.
Please state the actions you have taken or are planning to take:
Our new laundry has commenced being moved to the grounds outside the building. When this is complete we will refurbish the old laundry site into a sitting room to comply. We hope to have this project completed by the 1st week in September.

Proposed Timescale: 30/09/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
CCTV in use in corridors and in dayrooms which were areas, similar to a bedroom, where residents’ had a reasonable expectation of privacy.

Action Required:
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Please state the actions you have taken or are planning to take:
I have written to the data commissioner 26/06/2014 on and await feedback

Proposed Timescale: 30/09/2014