

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kilminchy Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000052
<b>Centre address:</b>	Kilminchy, Portlaoise, Portlaoise, Laois.
<b>Telephone number:</b>	057 866 3600
<b>Email address:</b>	kilminchylodgenh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Kilminchy Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Florence McCarthy
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	47
<b>Number of vacancies on the date of inspection:</b>	5

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
03 March 2016 15:30	03 March 2016 19:00
04 March 2016 09:30	04 March 2016 15:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

The purpose of the inspection was twofold:

- To follow up on unsolicited information received by the Health Information and Quality Authority (the Authority). This alleged poor practice in relation to staff behaviour to residents, staff supervision, mealtimes and premises issues.
- To follow up on actions required from the previous inspection.

From a review of documentation, communication with staff and residents and observation of practices the inspector found some evidence that a minority of staff did not communicate in an appropriate way with residents. No evidence was found to substantiate some of the allegations highlighted in the unsolicited information.

The inspector did note however that improvement was required to ensure that the dining experience was appropriate and that sufficient staff were on duty to provide adequate assistance. In addition, action previously required in relation to some aspects of medication management had only been partially addressed.

Actions required from the previous inspection relating to the directory of residents and the annual review of the quality and safety of care had been completed. Volunteer roles and responsibilities were also set out in writing as required by the Regulations.

These are discussed further in the report and actions required are included at the end.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspector was satisfied effective management systems were in place to support the delivery of safe, quality care services.

Action required from the previous inspection relating to the annual review of the quality and safety of care delivered to the residents was completed. The inspector read the completed annual review and noted it contained details of admissions, discharges and deaths. Also included was a review of falls and complaints and results of other surveys such as resident satisfaction surveys. Planned quality improvement initiatives for the coming year were also outlined including ongoing development work on end of life care and dementia specific initiatives.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspector found that the action required from the previous inspection was partially completed.

The inspector reviewed the Directory of Residents which was identified as an area for improvement and saw that it now met the requirements of the Regulations.

However the action required from the previous inspection relating to medication management was only partially completed. This is discussed in more detail under Outcome 9.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

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

**Findings:**

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

Some residents required medication on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. This was identified as an area for improvement at the last inspection. Action required relating to this issue will be included under Outcome 5.

The inspector saw that the other action relating to medications to be crushed prior to administration had been addressed within the timescale. The inspector reviewed a sample of their prescription and administration records and saw that, when required, the medication was individually prescribed as requiring crushing in line with professional

guidelines.

Other aspects of medication administration were not reviewed at this inspection.

**Judgment:**

Compliant

**Outcome 12: Safe and Suitable Premises**

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

As on previous inspections the inspector found that the location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. Only some aspects of the premises were reviewed as no actions were required from the previous inspection.

Information received by the Authority indicated that the premises were cold on one wing and too hot on the other. The inspector did not find this to be the case. All areas of the centre were warm and comfortable at the time of inspection.

Information was also received regarding infection control practices in particular between resident's rooms. The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and adequate personal protective equipment was available.

The Authority received information that there was no hot water for 5 days over the Christmas period. The inspector reviewed the maintenance records and spoke to staff including the provider and person in charge. An issue had arisen over the New Year period which required the replacement of a printed circuit board in one of two boilers. It had taken some time to source the correct replacement at that time of the year. Heating was not affected and hot water was available although not in sufficient quantities. The inspector saw that the maintenance contractors had kept in contact with the centre and had made sufficient efforts to carry out the repairs in a timely manner.

Maintenance and servicing contracts were in place for assistive equipment such as hoists. There were two sluice rooms, one on each wing. The provider had previously discussed plans to improve these areas. This included putting in a more suitable and infection control compatible sluicing facility. The inspector saw that this was completed in one sluice room and the final piece of equipment was due in the following week to complete the second one.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Following the receipt of information the inspector reviewed some aspects of food and nutrition.

The Authority received information that the evening tea was being served at 4pm. The inspector arrived unannounced before this time and saw that this was not the case. The staff told the inspector that it usually starts around 4:30pm.

However the inspector was in the dining room during this meal and saw that there was insufficient staff available to serve and assist residents. There were two staff members in the dining room. One was giving out the teas and drinks while the other served the meal. The inspector saw that this was taking some time and the hot food was in standard containers on top of a trolley. When the inspector checked, the food was not sufficiently hot. The staff addressed this immediately.

In addition the inspector noted that a significant number of residents required assistance with their meal and there was only two staff available to them.

The inspector also visited the dining room at lunchtime the following day. Although there appeared to be sufficient staff on duty, the inspector was concerned that previous improvements regarding the dining experience were no longer happening.

New dining tables had been purchased. However the inspector saw that residents did not have access to salt, pepper or sauces. One table had a bud vase with a flower but there was nothing on the other tables. There were no tablecloths in use although there

had been previously. The menu was not on display. The inspector discussed this with staff who were unsure why this had changed.

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

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

**Findings:**

The Authority had received some information that some staff spoke in an inappropriate way and were cross with residents. The inspector found some evidence to support this.

The inspector met with some residents who said that occasionally staff are cross with them. One resident told the inspector that she wouldn't ask a particular staff member for help while another said that she didn't like the way a staff member sometimes spoke to her.

The inspector did hear a staff member speaking abruptly with a resident. The inspector did see however that this was the exception with many staff speaking in a caring and appropriate manner. This was discussed at length with the provider and person in charge. The person in charge was already aware that this was the case and had spoken to some staff members in this regard. The inspector requested that this be addressed and that all staff are appropriately supervised. The provider discussed providing additional training to staff on communicating with residents.

The inspector was not satisfied that there was sufficient staff on duty during the afternoon and evening to meet the needs of residents. This is also discussed under outcome 15. Staff spoken with confirmed that this could be a very busy time. In addition the inspector noted that a number of residents returned to bed in the afternoon. The inspector was unable to confirm if this was residents choice or because of staffing levels. The person in charge confirmed that sick leave had been an issue in recent months and the provider was actively addressing this.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. They had provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable persons) Act 2012. The inspector saw that since the previous inspection their roles and responsibilities were set out in writing as required by the Regulations.

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

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

## Acknowledgements

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

## *Report Compiled by:*

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Kilminchy Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000052
<b>Date of inspection:</b>	03/03/2016
<b>Date of response:</b>	21/03/2016

### Requirements

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

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

### Outcome 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

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

#### 1. Action Required:

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

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

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

All Medications prescribed on PRN basis have Max dose that can safely be administered within 24hrs documented.

**Proposed Timescale:** 21/03/2016

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

There was insufficient staff available to serve evening tea and provide assistance to residents who required it.

**2. Action Required:**

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

- (1) The Chef is coming out to Dining room at meal times to work with a care assistant in the delivery of Meals.
- (2) We have also started a 2nd trolley for serving of meals..
- (3) Staff have been made more alert to the Team effort required in order to make the Dining Room Experience a happy one.
- (4) Staff Nurse will always be present at meal times and PIC will regularly visit Dining room at meal times and interact with residents to ensure satisfaction.

All of above has been implemented

**Proposed Timescale:** 21/03/2016

**Theme:**

Person-centred care and support

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

The evening meal was not sufficiently hot.

**3. Action Required:**

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

There are now (2) trolleys being used to deliver meals to the tables in a timely manner so as to decrease risk of meals being served that are not adequately hot enough for our residents.

The Chef checks every table to ensure that there are no problems being encountered.

**Proposed Timescale:** 14/03/2016

**Theme:**

Person-centred care and support

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

There was no salt, pepper or sauces available on the tables.

**4. Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

All tables now have Salt Pepper and Sauces available on Table.

**Proposed Timescale:** 14/03/2016

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

There was insufficient staff on duty during the afternoon and evening to meet the needs of residents.

**5. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

An extra Carer is now on duty from 5p/m to 8p/m. in Day Room. Four Carers will be on the floor in Evenings to assist with Residents. The staff nurse from each Wing will be responsible for Supervision and implementation of above.

**Proposed Timescale:** 21/03/2016

**Theme:**  
Workforce

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

There was limited evidence in place to ensure that all staff were appropriately supervised.

**6. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

The 2 Staff Nurses on duty to play an Active role in the Supervision of care staff. All nurses have been spoken to individually with regard to their Role and Responsibility for Supervision of Care Staff. Staff Nurse Meeting planned for Wednesday March 30th for Re discussion of above with the team and signing off on same.

Has been implemented and will be reviewed on an ongoing Basis.

**Proposed Timescale:** 21/03/2016