

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kilmainhamwood Nursing Home
<b>Centre ID:</b>	OSV-0000144
<b>Centre address:</b>	Kilmainhamwood, Kells, Meath.
<b>Telephone number:</b>	046 905 2070
<b>Email address:</b>	managerkilmainhamwood@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	42
<b>Number of vacancies on the date of inspection:</b>	3

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 21 September 2016 09:00 To: 21 September 2016 14:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

The purpose of this inspection was to follow up on the specific actions required following the last inspection in May 2015. Therefore, outcomes reported on were not examined in full as the inspection was focused on the previous non-compliances.

This inspection was unannounced and took place over one day. As part of the inspection the inspector met with residents, relatives/visitors, and staff members.

The inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care, staff rosters and training record.

Notification of incidents received by the Authority since the last inspection was followed up on at this inspection.

There were 42 residents in the centre which is registered for a maximum capacity of 45.

The person in charge and clinical nurse manager (CNM) were not rostered to be on duty but came to the centre to facilitate the inspection process.

The purpose of the inspection was explained and matters arising from the previous inspection were discussed and followed up.

Since the previous inspection in May 2015 the Statement of Purpose had been reviewed and updated to reflect changes to the layout, purpose and function of multi-occupancy bedrooms.

Overall, significant improvements were made in relation to staffing arrangements, training and practices; enhancing the privacy and autonomy of residents that were accommodated in multi-occupancy bedrooms on a long term basis; storage arrangements; maintenance of records and policies relating to admission of residents, administration of medication and staff training.

Requirements to further improve the assessment and care planning process associated with wound and pressure ulcer management and training of all relevant staff in cardio pulmonary resuscitation (CPR) and or first aid was found. These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the providers' and or person in charges' response.

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

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

A review of the statement of purpose was completed following the previous inspection.

A review of staffing whole time equivalent and the purpose and function of multi-occupancy rooms was undertaken to achieve the aims and objectives of the stated purpose and function of the centre. The occupancy within five multi-occupancy rooms had reduced which enhanced facilities and arrangements for residents in long term accommodation.

The current statement of purpose and function contained the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A copy was made available to the Chief Inspector, as required.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The maximum number of resident that can be accommodated in the centre reduced from 50 to 45 since the previous inspection.

There was a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for the areas of care provision. A change in the clinical nurse manager and person deputising in the absence of the person in charge had occurred since the previous inspection. Improvements had been brought about by her to improve resident care since her appointment to this role with responsibilities.

A review of resources was completed to ensure the effective delivery of care in accordance with the statement of purpose, rights and needs of residents.

The staffing levels and skill mix at night had been reviewed in association with the workload and activity levels. At the time of this inspection an additional care staff member had been rostered up to midnight to support the three night staff previously rostered.

A change in the governance and management personnel roster to consider alternating to some evening into night shifts was being considered to enhance staff supervision.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspector examined a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided, the fees charged and services which incurred an additional charge.

The inspector was informed that each resident had a written contract that was agreed following their admission.

**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):**

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

**Findings:**

Required actions in relation to the scheduled policies and records to be maintained in the centre had been addressed satisfactorily. However, an improvement in relation to the records associated with the assessment and care planning of wounds or pressure ulcers required further improvement and outlined in outcome 11.

Policies that included the admissions policy, administration of medicines to residents, safeguarding and staff training and development were available and had been subject to regular reviews.

The medication management policy specific to the use of and protocol regarding as required (PRN) medicines was to be reviewed following recent changes and developments made in practice to promote resident safety.

The directory of residents maintained included the information specified in paragraph (3) of Schedule 3 to include the address and details of the residents General Practitioner (GP), next of kin and referral source.

A record of referral to allied healthcare services including the palliative care team was maintained and on file in the designated centre.

A record of food and fluid intake provided to residents was recorded to include sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory in relation to nutritional value and content. The portion size and volume was included in the records examined.

Alternative arrangements were put in place to ensure resident files and medication Kardexs were maintained in a safe manner, stored securely and accessible only to appropriately designated staff.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

**Findings:**  
Procedures and equipment, consistent with the standards for the prevention and control of healthcare associated infections were available and implemented by staff.

Adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents was outlined by staff.

Service records were available on fire safety equipment and the fire drills were conducted as part of staff fire safety training. It was noted that staff working in the centre had received fire safety training in the past 12 months and those on duty were knowledgeable of emergency response and evacuation procedures.

**Judgment:**  
Compliant

***Outcome 11: Health and Social Care Needs***  
***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**  
Effective care and support

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

**Findings:**  
Arrangements were in place for the formal review of care plans, at intervals not exceeding four months with consultation from the resident concerned and where

appropriate that resident's family.

Improvement was noted in the area previously highlighted for development that related to linking assessments by allied healthcare professionals with a plan of care. Care plan interventions to alleviate problems and address needs identified or known by staff such as in the management of behaviours that challenged were improved.

In the sample of care plans and records reviewed there was evidence that the interventions recorded were reflected in the care and practices used and described by staff. However, improvement was required in relation to the care planning associated with wound and pressure ulcer management. An assessment of each site identifying the need was recorded. However, parts of the assessment were incomplete and a care plan with interventions and dressing choices specific to each site was not maintained to ensure an appropriate and consistent approach to the management each wound or pressure ulcers was maintained. In the sample reviewed, a care plan outlining the specific interventions such as products recommended in use, depth and size, the frequency of dressing, photograph and site reviews by tissue viability or wound specialists was not maintained or in place to inform an agreed plan of care, a consistent approach and enable an evaluation of interventions used.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

Previously the layout of parts of the physical environment in the centre did not meet the requirements of the Regulations and standards to ensure person-centred care as the overall objective outlined in the stated purpose and function.

Since the previous inspection the arrangements and layout of five of the seven multi-occupancy bedrooms had changed. Bedrooms were reconfigured and admission criteria amended. As a result, a maximum of three residents were accommodated in five rooms and two four bed rooms were dedicated to respite residents only. As a result, residents' privacy was enhanced with regard for those residents accommodated on a long term

basis with variable dependency or requiring assistive equipment.

Residents accommodated in five communal bed rooms had improved space and the layout of screening and furniture had been reconfigured to reflect the reduction in occupancy numbers. Residents had more access and control over their shared environment and had room for personal storage and items such as an armchair, wardrobe, locker and table for personal items. Rooms had personal photographs or memorabilia on display.

The admission process included informing residents of the accommodation available to them at the time of the pre-admission stage such as likelihood of a single, twin or communal bedroom. This enabled residents to exercise choice and control. Criteria for the admission of residents to specific multi-occupancy bedrooms are included in the centre's revised statement of purpose.

Additional signage indicating to knock on entering residents' bedrooms was put in place since the last inspection. This measure was put in place to control and enable residents to retain the right to express permission to those entering their bedroom when other residents occupy the same room. Rooms other than the resident's bedroom were available for residents to meet visitors in private.

An alternative route for staff accessing the staff room was in place. On the previous inspection the inspector observed a resident day (TV) room used by staff as a corridor/path through in order to access the staff rooms located on the other side. An alternative route or arrangement has since been promoted in the interest of residents using this day (TV) room. Staff on duty confirmed that the alternative arrangements were maintained which the inspector observed being used.

A review of mattresses and bed frames had been completed to ensure all mattresses were above the level of the permanent lowered bed rails to alleviate discomfort when seated at the side of the bed. This was reported by residents and experienced by inspectors.

**Judgment:**  
Compliant

***Outcome 15: Food and Nutrition***  
***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**  
Person-centred care and support

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

**Findings:**

Since the previous inspection arrangements were put in place to improve and offer choice to each resident at mealtimes.

The inspector saw that residents' were brought from the TV room to the dining room for meals. They had an opportunity to partake in activities provided for in the TV room between meals and in other parts on the centre.

An arrangement for two meal sittings was put in place to promote mealtimes as a social occasion with opportunity to communicate, engage and interact with other residents, care and catering staff.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

Improvements were put in place to promote each resident to exercise choice in so far as such exercise does not interfere with the rights of other residents.

Arrangements prior to and on admission of residents included informing them of the services and accommodation available prior to agreement. An opportunity for prospective residents or family to view the facility prior to admission was also available.

Four bedded rooms were no longer used for or by residents on a long term basis. Five of the four bedded rooms had reduced to accommodate three residents. Each of these rooms had been reconfigured to include the privacy screening, location of wardrobes, lockers and chairs. The inspector spoke with residents accommodated in shared rooms who were satisfied with their arrangements and peers. Two multi-occupancy rooms were dedicated for residents on a short term basis such as respite which was reflected in the revised statement of purpose.

In follow up to the previous inspection, alternative arrangements were in place and options were described for residents in multi-occupancy rooms that approach the end of their life. A sunroom was identified as an area used since the last inspection for a

resident at end of life at a time when a single bedroom was not available. Staff were satisfied that this arrangement and room could facilitate family and friends to be with a resident in private.

**Judgment:**  
Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**  
Person-centred care and support

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

**Findings:**  
As reported in outcomes 12 and 16, improvements were made to provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

The space afforded to residents accommodated in shared or three bed rooms was improved to enable them to store or keep a personal armchair, personal television/radio, a wardrobe and table and area for personal photographs or memorabilia.

Residents' bedrooms throughout the centre were personalised with photographs or memorabilia and those inspected had good use of interesting items and orientation signage, with plenty of colour and distraction provided the tactile items seen on display.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***  
***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

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

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

**Findings:**

Improvements were made since the last inspection in relation to the staff numbers and skill mix at night. Staffing levels and skill mix had been reviewed and was subject to regular review by the person in charge.

On the day of inspection the staffing levels and skill mix on duty and rostered was appropriate to meet the assessed dependency needs of the 42 residents. Three resident vacancies were reported.

Staff were knowledgeable of residents needs and abilities, and were appropriately supervised. Handover and communication arrangements were in place to inform and update staff between shifts.

Since the previous inspection staff had access to appropriate training that included fire safety, protection and safeguarding residents, manual handling and behaviour challenged

On a review of the training records staff had received training required following the last inspection. Training in adult protection and safeguarding residents, manual handling, dementia, responsive behaviours and behaviour that challenges, wound and tissue viability had been provided. However, not all relevant staff had up-to-date training in cardio pulmonary resuscitation (CPR) and or first aid. The inspector was informed that CPR training was scheduled for 10 October 2016.

**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:***

Sonia McCague  
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>	Kilmainhamwood Nursing Home
<b>Centre ID:</b>	OSV-0000144
<b>Date of inspection:</b>	21/09/2016
<b>Date of response:</b>	19/10/2016

### 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 11: Health and Social Care Needs

#### Theme:

Effective care and support

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

Further improvement was required in relation to the care planning associated with wound care and pressure ulcer management.

Parts of the wound assessment record were incomplete.

A care plan with interventions and dressing choices specific to each site was not

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

maintained to ensure an appropriate and consistent approach to the management each wound or pressure ulcers was maintained.

A care plan outlining the specific interventions, such as products recommended in use, depth and size, the frequency of dressing, photograph and site reviews by tissue viability or wound specialists was not maintained or in place to inform an agreed plan of care, a consistent approach and enable an evaluation of interventions used.

**1. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Resident assessments and care plans will be prepared within 48 hours of admission.

The Tissue Viability Nurse (TVN) will document her findings and treatment recommendations and the residents' care plan will be adjusted to reflect recommended treatment, including specific products.

There will be a complete record of all clinical information relating to type, depth and size of wounds; frequency and type of dressing, photographs and planned TVN review dates in the residents' wound assessment and care plan.

Wound care education for nurses has been scheduled.

**Proposed Timescale:** 17/11/2016

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Not all relevant staff had up-to-date training in cardio pulmonary resuscitation (CPR) and or first aid.

**2. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Cardio-pulmonary resuscitation training updates have been scheduled for both nurses referred to in the report.

**Proposed Timescale:** 04/11/2016