<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kilmhavenwood Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000144</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilmhavenwood, Kells, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>046 905 2070</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:managerkilmhavenwood@mowlamhealthcare.com">managerkilmhavenwood@mowlamhealthcare.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>Mowlam Healthcare Services Unlimited Company</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>33</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>12</td>
</tr>
</tbody>
</table>
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 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: 22 May 2017 09:00
To: 22 May 2017 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection was carried out to monitor ongoing regulatory compliance and to finalize an application made by the provider to vary current conditions of registration.

Overall, the inspector found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Person centred care plans were in place. Residents looked well and cared for, engaged readily with the inspector and provided positive feedback on the staff, care and services provided. The inspector found evidence of good practice in a range of areas.

At the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff were offered a range of training opportunities, including training in cardio pulmonary resuscitation (CPR) and or first aid which was identified as an area for improvement at the last inspection.

Improvements had been made in relation to maximising residents' private and communal space. All plans submitted to the Chief Inspector were completed and the application to remove Condition 8 from the registration will now progress.
Some improvement was required to one aspect of medication management and the completion of safety checks when bedrails are in use. One infection control issue was also identified.

These are discussed further in the report and included in the Action Plan at the end of this report.
Outcome 02: Governance and Management

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis.

There was a clearly defined management structure in place. Staff understood the management structure and effective systems of communication were in place.

A full auditing schedule was in place and the inspector saw that audits were being completed on several areas such as complaints, incidents and care plans. The inspector saw that the person in charge had recently introduced peer review of the care plans to ensure completeness.

The inspector saw that action plans were put in place to address any issues and the results of these audits were shared with all staff at team meetings and used to inform the annual review of the quality and safety of care delivered to residents which was available at inspection.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following an audit of the dining experience it was identified that some residents would benefit from the use of contrasting colours such as darker table cloths and light coloured crockery. The inspector saw that this had been introduced.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an
An agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector read a sample of completed contracts and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the residents' guide which included the information required by the regulations.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge is a registered nurse and works full time in the centre.

There was evidence that the person in charge engaged in a range of professional development training including courses in leadership and management. She continues to attend clinical courses such as nutrition and dementia care.

During the inspection she demonstrated her knowledge of the regulations and the standards and outlined plans in place to further improve the service.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

The clinical nurse manager is identified as the person to act as the person in charge in her absence. The inspector met with this person and observed that she was an experienced nurse who demonstrated a good understanding of her responsibilities when deputising for the person in charge.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused although some improvement was required regarding safety checks when restraint was in use.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Usage was now low and the inspector noted that additional equipment such as low beds and sensor alarms had been purchased to reduce the need.
for bedrails. However there was no documented evidence that safety checks were completed when bedrails were in use. It was noted that all residents were checked at very regular intervals overnight. However there was no documented evidence that this included the use of bedrails. In addition, some residents had bedrails up for periods of time during the day and there was no evidence of these safety checks being completed. The inspector also noted that the care plans in place did not provide sufficient detail to guide practice in this regard.

Staff had received training on identifying and responding to elder abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Detailed care plans were in place. Possible triggers and appropriate interventions were recorded. Staff spoken with were very familiar with appropriate interventions to use. The inspector saw that additional support and advice were available to staff from the psychiatric services if needed.

The inspector reviewed the management of residents' finances and possessions and was satisfied that these were managed in a safe and transparent way, guided by a robust policy.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
The inspector found that, overall, the health and safety of residents, visitors and staff is promoted and protected. Action was required relating to ensure that infection control procedures were sufficiently robust.

The inspector saw that in some shared bathrooms, there was a risk of cross infection as toothbrushes were stored in a single container. The inspector saw that in most cases each toothbrush head had a protective cover. However this was not always in place. In addition the inspector noted that there was a single tube of toothpaste in some of the
containers and it was unclear if this was belonging to an individual resident or was part of a communal supply.

Otherwise the inspector saw that the centre had up to date policies and procedures relating to health and safety. A comprehensive risk management policy was in place and this included all of the items required by the regulations.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises.

Robust procedures for fire detection, prevention and maintenance were in place. Service records indicated that all servicing was up to date. All staff had attended training. Documentation reviewed by the inspector showed that regular fire drills were being carried out. When required action plans were put in place. A colour coded system was in use to alert staff to the requirements of residents should evacuation be necessary.

Judgment:
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each resident is protected by the designated centre’s policies and procedures for medication management.</td>
</tr>
</tbody>
</table>

| Theme: |
| Safe care and support |

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

Findings:
The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around one element of medication management.

Some residents required their medication to be crushed. Nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription.

The inspector was otherwise satisfied that medication management practices were safe. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

The inspector saw that the pharmacy provides additional training and guidance for staff.
Judgment: Non Compliant - Moderate

**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):***

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

**Findings:**

The inspector was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Action required from the previous inspection had been addressed.

The inspector saw that the arrangements to meet each resident’s assessed needs were set out in individual computerised care plans. There was evidence of resident or relative involvement at development and review. A new system was being introduced to aid this.

The inspector reviewed the management of clinical issues such as diabetes management and wound care and found they were well managed and guided by robust policies.

Action required from the previous inspection relating to the care planning associated with wound and pressure ulcer management had been addressed. The inspector saw that detailed care plans were now in place.

Documentation in respect of residents’ health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

**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:
This inspection was carried out as the provider had applied to remove condition 8 from their registration conditions. Condition 8 referred to an agreed reconfiguration of the premises as outlined in plans submitted to the Chief Inspector.

The inspector saw that this was completed. Bedrooms were reconfigured and admission criteria amended. As a result, a maximum of three residents were accommodated in five rooms each of which previously had four beds. Two four-bedded rooms remained and were used for respite residents only.

Other bedroom accommodation included eight twin rooms and six single rooms. Communal space included two day rooms with additional seating in a central foyer. There was a dining room, a smoking room, an oratory and a hairdressing salon. Storage space remained minimal. The laundry was located in a separate building.

The inspector found that appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Corridors were wide which enabled residents including wheelchair users’ unimpeded access.

All areas of the premises were clean and well maintained. Arrangements were in place for the removal of clinical and general waste.

The centre had three small secure courtyard areas which residents could access from their bedrooms. There was ample garden furniture for residents’ use. There was parking for visitors and staff at the front and side of the building.

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:**
The inspector found that on the day of inspection, there was an appropriate number and skill mix of staff to meet the assessed needs of the residents. Residents and staff spoken with felt there was adequate levels of staff on duty.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

There was a registered nurse on duty at all times and a record was maintained of current registration details of nursing staff.

A sample of staff files was reviewed and they contained all of the required elements.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. All staff had attended mandatory fire, manual handling and elder abuse training. An action required from the previous inspection relating to staff training in cardio pulmonary resuscitation (CPR) and or first aid had been completed and training records confirmed that all relevant staff had attended this training.

There was a robust induction procedure in place for new staff. Staff were supervised appropriate to their role and a formal system of annual appraisal was in place. This included self assessment by the staff member and the identification of any additional support and development needs or training requirements.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. Up to date vetting was in place and their roles and responsibilities were set out in writing as required by the regulations.

The person in charge gave an assurance to the inspector that all staff and volunteers had garda vetting in place.

**Judgment:**
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kilmainhamwood Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000144</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22/05/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/06/2017</td>
</tr>
</tbody>
</table>

**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 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no documented evidence that safety checks were completed when bedrails were in use.

Care plans in place did not provide sufficient detail to guide practice.

**1. Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

There are now written guidelines documented in the resident’s care plan indicating the frequency of bedrail safety checks. Staff will record each time the bedrail safety checks are undertaken.

A review of care plans will be undertaken to ensure that the individual care needs are clearly outlined for each resident who requires bedrails, which will provide appropriate detail to guide practice.

**Proposed Timescale:** 30/06/2017

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**Outcome 08: 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:**
In some shared rooms, toothbrushes were stored together in a single glass in the en-suite.

**2. Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
Each resident occupying a shared room now has their own individual toothbrush and glass, which are stored separately from each other. Procedures are in place to enable residents and staff to safely store and use each resident’s own toiletries, in accordance with the Authority’s standards for the prevention and control of healthcare associated infections

**Proposed Timescale:** 31/05/2017

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**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription.
3. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure that if a medication is to be administered in crushed form, it will be specifically indicated on the prescription, in accordance with the directions of the prescriber and the advice of the pharmacist.

**Proposed Timescale:** 31/05/2017