

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilcolgan Nursing Home
Centre ID:	OSV-0000351
Centre address:	Kilcolgan, Galway.
Telephone number:	091 776 446
Email address:	kilcolgannursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	Pat Shanahan
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	7

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 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

From:	To:
04 January 2017 10:00	04 January 2017 18:30
05 January 2017 09:30	05 January 2017 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (HIQA) to renew registration of this centre. The provider has applied to re-register 48 beds. Kilcolgan Nursing Home is one of 26 nursing homes operated by Mowlem Healthcare ULC. There were seven vacancies at the time of the inspection. Previous inspection reports can be accessed at www.hiqa.ie. Kilcolgan nursing home is a purpose built residential care facility that

can accommodate 48 residents. It is situated in the village of Kilcolgan, approximately 18 kilometres from Galway city. The centre consists of 48 single bedrooms, 45 of which have en-suite facilities. There are additional toilets, a bathroom, smoking room, kitchen, dining room, visitor's room and 2 day/rest rooms. An oratory hairdressing room, clinical room, storage area and laundry complete the structural make-up. A secure garden area is also available.

An unannounced thematic inspection had previously been carried out by HIQA in February 2016. Nine actions were detailed post this inspection. On this inspection eight actions were found to be complete. The one which required further input was the accurate completion of food and fluid intake charts. The inspector found that residents were positive in their feedback and expressed satisfaction about the facilities, services and care provided. The use of the lobby area had been reviewed since the last inspection and was a much more pleasant calm area than at the time of the last inspection. Residents and staff were complimentary of the change.

The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. Overall residents' health care needs were being met. General practitioners attended the centre as required and some held a regular weekly session in the centre. Residents were observed to be engaged in meaningful activities. 12 residents and six relatives completed a pre-inspection questionnaire which was reviewed by the inspector. While residents were positive in their feedback, one relative expressed the view that staff were generally busy and further staff would be welcomed. All relatives and residents were very complimentary of the staff.

Areas for review include ensuring deficits identified in audits are enacted and their enactment is sustained, ensuring when PRN medication is administered that its effectiveness is monitored and ensuring food and fluid intake charts are accurately maintained to guide and inform staff and provider a therapeutic tool for review. These are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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 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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose available which described the service provided in the centre. The statement of purpose and function accurately described the range of needs that the designated centre accommodates and the services provided. It was found to require review as it cited the 2009 regulations and the staffing complement was not compatible with the rosters reviewed. For example the statement of purpose outlined that the centre had 23 whole time equivalent care assistants but there were 19 whole time equivalent care assistants on the off duty rosters reviewed.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Systems were in place to ensure that the service provided was safe and effectively

monitored. The inspector discussed the organisational management system and quality management system that was in place to ensure the provider complied with their responsibility according to the Health Act 2007. An auditing system was in use. Statistical information was collected in relation to various areas including falls, complaints and medication management. The audits required review to ensure that any deficits identified were addressed in practice and further audits were completed to ensure sustainable improvement.

A regional manager provides direct support to the person in charge and attends the centre weekly. This position is currently vacant, however the director of care is deputising in her absence. The provider informed the inspector that a new person is being recruited into this post.

Clear lines of accountability and authority were evident in the centre. Staff were aware of the reporting structure and support systems available to them. A monthly meeting was held with the regional manager, person in charge and key personnel in the centre for example the catering manager, housekeeping staff, a representative from the nursing and care team. This meeting discussed the overall running of the centre and looked at clinical, managerial and environmental issues. Minutes were available of these meetings and an action plan was developed to address any issues identified. Systems were in place to ensure the safety of residents was maintained. Fire safety was found to be of a good standard, staff had received training in infection control and the centre was well maintained.

An annual review of the quality and safety of care delivered to residents was available. There was evidence of consultation with residents and their relatives by way of a satisfaction survey in this report.

Adequate resources were available to meet the needs of residents. Sufficient assistive equipment was available to meet the needs of residents, the centre was well maintained and adequate staffing was available to meet resident's needs on the days of inspection.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:

A residents' guide was available. It was found to contain all of the information required by the regulations but required review as under the complaints section it cited the details of a previous person in charge as the person to contact if you wished to make a complaint. Copies of the residents guide were freely available throughout the centre.

Residents' contracts had been agreed on admission. They set out the fees being charged and the services provided. Additional fees applicable to residents were documented.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The person in charge had recently been appointed. She was interviewed during the inspection and was found to be knowledgeable with regard to her responsibilities under the regulations and fulfilled the criteria required by the regulations in terms of qualifications and experience.

She is a registered nurse and holds a full-time post. She qualified as a registered general nurse in 2005 in India and was registered with An Bord Altranais in 2007. She had worked as a clinical nurse manager in the centre since June 2016. Previous to this she had worked as a clinical nurse manager for 18 months in another centre. From 2013 to 2014 she had worked as a staff nurse in this centre. She holds a diploma in management studies.

The previous person in charge continued to work in the centre as a clinical nurse manager and planned to do so until a new clinical nurse manager was appointed. Plans were in place to recruit a clinical nurse manager. Throughout 2015/16 she completed courses in safeguarding, medication management, manual handling, infection control, dementia and responsive behaviour and use of a syringe driver.

The inspector reviewed the duty rosters and found that two nurses were on duty in addition to the person in charge each day. The person in charge informed the inspector that she had adequate time for governance supervision and management duties. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She confirmed that there was a supportive structure in place to assist her in her role. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), was up to date.

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):

No actions were required from the previous inspection.

Findings:

Systems were in place to maintain complete and accurate records. Records were stored securely and easily retrievable. Written operational policies were available to guide practice. The directory of residents contained all the information required by schedule three of the regulations. The registered provider had a contact of insurance in place against injury to residents. The registered provider had also insured against loss or damage to a residents' property.

Care records and other records such as complaints and accident and incident records were maintained electronically and were generally found to be well completed.

All staff files reviewed contained the required documentation as required by Schedule 2 of the Regulations.

Judgment:

Compliant

Outcome 06: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. The previous person in charge was working as a clinical nurse manager. She works full-time and deputised in the absence of the person in charge. She is a registered general nurse having qualified in 1996 and has completed a level 6 management course in 2016. She has worked continuously in elderly care since 9 September 2013 in the centre.

Judgment:

Compliant

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):

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Staff had been attended training on safeguarding vulnerable adults at risk of abuse. Refresher training was held every two years. Staff spoken with, were clear on their role and responsibilities in relation to reporting abuse. There was a visitors' record located on entry to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe in the centre in the residents' questionnaires and when talking with the inspector. The person in charge confirmed in writing to the inspector that all staff employed had Garda Siochana vetting in place.

Staff confirmed that they had attended training in behaviour management. The centre was using the Cohen-Mansfield Agitation Inventory (CMAI). This scale is to assess the frequency of manifestations of agitated behaviours in elderly persons. It is used to capture a group of closely related behaviours, with an objective to rate the frequency at which the behaviour occurs.

Some residents presented with responsive behaviour as a result of their dementia. Risk assessments and care plans were in place regarding the management of these behaviours. The care plans had details of the possible triggers for the behaviour and the action staff should take to manage the behaviour. The inspector spoke with staff that were knowledgeable about the actions they would take to alleviate the behaviours when

necessary. Staff described the appropriate interventions such as distraction and activities which engaged residents. The inspector saw no evidence of responsive behaviour on the days of inspection but noted that staff spoke calmly and listened respectfully when residents conversed with them or needed reassurance. Assessments and care plans were appropriately used for a consistent approach to the management of these residents. Staff told the inspector that an increase in the amount of meaningful activities for residents had decreased their responsive behaviour.

A restraint free environment was promoted, three residents had bedrails in place. On reviewing the rationale for the use of these, a psychological enabling function of decreasing anxiety was documented. All three residents had requested their use. An assessment of the risks associated with the use of bedrails had been completed to ensure they were safe to use prior to their enactment.

The provider acted as an agent for five residents regarding their pension. The provider informed the inspector that these pensions were paid directly into a client's account held by the centre on their behalf. The inspector reviewed the system in place with the administrator and found that it was transparent. Individual transparent accounts were available showing monies paid in and monies paid out. Any excess of funds was clearly documented and returned to the resident or their next of kin when they departed the centre.

Petty cash was kept in safe keeping for residents as was available to residents as requested. Records were clearly maintained and signed and witnessed, however there was only one staff signatory even when a resident was cognitively impaired. The administrator stated she would immediately enact a policy of two staff signatories immediately going forward. A sample of funds held, when checked by the inspector corresponded with the records. Residents could access their funds as they wished. There were systems in place to safeguard residents' property and valuables and the inspector saw that there were receipts available for all monies spent.

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):
No actions were required from the previous inspection.

Findings:
There were procedures in place to ensure fire safety was monitored. Daily fire exit checks and weekly fire alarm testing was undertaken, the fire panel and automatic door

closers were also checked to ensure they were operational. An ongoing programme of refresher training in fire safety and evacuation was in place. All staff attended annual fire safety training. Service records reviewed confirmed that the emergency lighting and fire alarm system were serviced regularly. The fire extinguisher equipment had been serviced on 12 July 2016. On walking around the centre the inspector noted that fire exits, were unobstructed. Ski evacuation sheets were in place for all residents who were immobile.

Regular fire drills were being completed and staff could tell the inspector what occurred at these drills. However, records of these drills were not comprehensively completed and did not record the scenario undertaken, the time taken to respond to the alarm, to discover the location of the fire and what time it took to evacuate and whether there were any impediments to safe swift evacuation. Where reviews of fire drills had occurred and an action plan was completed post the drills there were poor evidence of improvement from one drill to the next and some issues with regard to using the 'walkie talkies' to aid communication were repeated. The person in charge stated that a fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty but there was no record kept of this scenario.

An up-to-date safety statement was in place. The risk management policy complied with the current regulations and a risk register was maintained. Records of all incidents and accidents were maintained. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. An analysis was done of contributing factors and risk prevention strategies for example the use of sensory alarms or extra supervision by staff was put in place. Neurological observations were completed post falls to monitor neurological function. There was safe floor covering and handrails throughout the centre. Specific equipment for residents' use such as specialised chairs and safe hoists were available.

Contracts were in place in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling and in the use of the hoists. A physiotherapist was available in the centre 3 hours per week.

There was a policy in place for the prevention and control of infection. Staff were knowledgeable in infection control procedures and training had been provided in hand hygiene. There was access to supplies of gloves and staff were observed using the alcohol hand gels which were available throughout the centre. There was a policy in place for the prevention and control of infection.

Missing persons profiles were in place for all residents and missing person drills were completed. The inspector reviewed records from completion of these drills and found that deficits for example 'staff did not remember to take mobile phones from emergency press' or 'high vis jackets were not worn' were documented. An action plan was available post these drills to address these deficits, however there was no evidence that these actions had been completed. The action plan failed to identify a person to ensure their completion or a timescale for completion. The inspector noted that these deficits

had reoccurred at subsequent missing persons drills.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
Nursing staff had completed medication management training. The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Audits of medication practice were being completed. Any deficits identified were reviewed and communicated to the appropriate staff for example nurses not signing the medication administration sheet (MARS) when the medication was administered. This had been addressed.

Medication was reviewed by the residents' general practitioner regularly. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum doses of PRN (a medication only taken as the need arises) were recorded. Medications that required strict control measures (MDAs) were managed in line with professional guidelines. The stock balance was checked and signed at the change of each shift, and signed by two nurses.

Medication was stored securely in a locked room. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was monitored and recorded daily.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre submitted the required notifications regarding these incidents and most other notifications as required. Incidents had been notified to the Authority as required. Quarterly notifications had been submitted to the Authority. No NF40 -Nil return of any other notification had been submitted.</p>
<p>Judgment: Substantially Compliant</p>

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.

<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was a policy in place for the prevention and management of falls. Comprehensive assessments were completed on falls risk and reviewed after each fall. The inspector reviewed care plans for a sample of residents who had fallen and found that a fall prevention care plan was in place for any residents who had been assessed as at risk of falling. Other strategies adapted to prevent falling included review by the physiotherapist and the use of assistive devices such as bed alarms to reduce the risk of further falls. Care plans identified a need for increased supervision for residents at risk or those who experienced falls. The inspector noted that residents were supervised at all times.</p> <p>An admission policy was available and the person in charge informed the inspector that a pre admission assessment was always completed prior to a resident being offered admission to the centre. A comprehensive nursing assessment and additional risk</p>

assessments were carried out on admission or shortly thereafter. A skin care assessment, a moving and handling assessment, a dependency assessment and a falls risk assessment to risk rate propensity to falling were completed on admission.

The clinical risk assessments were linked to the care plans. Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. A narrative record was recorded for residents each day. These records were clinical in nature and did not give a good overall picture of how the psychological and emotional needs of residents were met to ensure residents overall well-being. Care plans were reviewed at least four monthly basis. Residents and relatives were involved in the development and review of the care plans. All residents confirmed in the resident questionnaires that there was good communication between the centre staff and the relatives. A pain assessment tool was in use in the centre and staff were monitoring the effectiveness of the analgesia administered.

The majority of residents used the services of a local General Practitioner (GP) who called to the centre on a weekly basis. The person in charge stated that residents could also retain their own GP if they wished. Medical notes indicated that residents were reviewed regularly by their GP and this was confirmed by staff and relatives in their questionnaires. A physiotherapist worked in the centre for three hours each week and he also provided services to individual residents at an additional cost. An occupational therapist attended the centre for three hours each month. Other allied health professionals such as chiropodist, dentist, and dietician were available as required.

The inspector found that measures were in place to identify the risk of pressure ulcers and pressure relieving mattresses and turning charts were in place for those residents at risk of developing pressure ulcers. There was documentary evidence that one resident was attending the acute hospital for specialist care with regard to her pressure ulcers. Documentation shown to the inspector supported that her wounds were improving. This was also confirmed by the inspector from speaking with the resident. Residents had access to tissue viability services. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

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

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Kilcolgan nursing home is a purpose built residential care facility that can accommodate 48 residents. It is situated in the village of Kilcolgan, approximately 18 kilometres from Galway city. The centre consists of 48 single bedrooms, 45 of which have en-suite facilities. There are additional toilets, a bathroom, smoking room, kitchen, dining room, visitor's room and 2 day/rest rooms. An oratory hairdressing room, clinical room, storage area and laundry complete the structural make-up. A secure garden area is also available. Car parking is available to the front of the building. The centre is suitable for its stated purpose. The action with regard to enhancing the environment for residents who were cognitively impaired and aid orientation had been addressed.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 13: Complaints procedures</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was on display in a prominent position in the main reception area. A nominated person to deal with complaints was available and all complaints documented were investigated. There was evidence of communication with the complaints initiator and their satisfaction with the outcome of the complaint was documented. A second person was nominated to hold a monitoring role to ensure that all complaints are appropriately responded to, and records are kept. An appeal process was available and this was documented in the in the process displayed.</p>
<p>Judgment: Compliant</p>

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(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected the values and preferences of the individual. Care plans were in place detailing the views and wishes of residents regarding their preferences for end-of-life care.

At the time of the inspection no residents were receiving end of life care. Staff told the inspector that palliative care services were available for those who needed them, and they offered a prompt effective service when used in the past. Staff confirmed that relatives were welcome to stay with their relative and they had access to drinks and snacks.

Residents' cultural and religious needs were supported. There was an oratory in the centre, and Mass is celebrated monthly. Staff had undertaken training in end of life care.

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):

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

Findings:

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Nutritional care plans were in place, Residents were weighed according to their clinical need. Nutritional care plans had been updated to reflect current requirements and interventions, such as, modified consistency diets, updated

recommendations of the speech and language therapist and whether the resident was on a fortified diet or what type of supplements had been prescribed.

Food and fluid intake charts were being completed for residents assessed as being at risk of nutritional deficit. Some of these were not sufficiently detailed to contain adequate information to provide a reliable therapeutic record for staff. The inspector noted that a similar finding was found at the time of the last inspection. It was clear that this had improved initially post the last inspection but this improvement was not sustained.

The inspector observed some residents having their breakfast in the dining room. Staff were available to assist and monitor intake at meal times and residents confirmed to the inspector that they were happy with the food served. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering and dining room staff. The inspector met with the chef on duty who displayed a very good knowledge of the specific nutritional needs of the residents. He had a matrix in place detailing all residents' special needs, their likes, dislikes and preferences as to where they wanted their food to be served.

The chef displayed a good understanding of the need for specialist diets and stated he met with the speech and language therapist when she attended the centre. Residents were offered a variety of drinks and snacks throughout the day and fresh water were available in each resident's bedroom. Care plans were in place regarding nutritional care. Where residents were on a modified diet, evidence was seen that professional advice was contained in the care plans and followed by nursing, care and catering staff.

Judgment:
Substantially 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:
Some residents had a formal diagnosis of dementia and others had an element of cognitive impairment while others had physical medical conditions associated with

ageing. Inspectors observed good interactions between staff and residents. Residents were consulted with and participated in the organization of the centre. A review of the record of resident's meetings showed that three residents meetings took place in the centre last year. Where residents raised any issue there was evidence this was addressed. A satisfaction survey formed part of the annual review of the quality and safety of care delivered. This was complimentary of the service provided. An independent advocate service was available for residents.

Activities included bingo, card playing and reading the local or national newspaper. There were some residents who could not participate in group activities. Staff informed the inspector that individual activities were available to these residents and the inspector saw evidence that these residents did engage in individual activities. Staff were observed to spend time with residents and sat and chatted with residents to meet a social need. There was good availability of small sitting rooms. These were utilised for dementia specific activities. Staff had undertaken dementia specific training including training in behaviour and psychological symptoms and signs of dementia (BPSD).

A new part-time (25 hours per week) activities coordinator had been recruited. Additionally two social care workers had been recruited since the last inspection. One of the social care staff had attended training in Sonas (a therapeutic activity for residents who are cognitively impaired) training. Regular sessions of Sonas were being undertaken. Staff reported that residents who attended sonas had less responsive behaviour that previously.

The inspector observed that staff read the newspaper to residents and chatted with them regarding what was going on locally. Some residents chose to spend time in their own rooms and enjoyed reading and watching TV, private praying or relaxing. There was evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom, however some en-suites did not have door locks. The centre operated a flexible visiting policy and facilities were available for residents to meet visitors in private.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:

There was a policy in place for the management of resident's possessions. Sufficient storage space was available in residents' bedrooms which included a wardrobe and a bedside locker, and a set of drawers with a lockable drawer. Residents had personalised their rooms with pictures and ornaments. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. No complaints were documented regarding missing clothes.

Property lists were recorded on admission and regulatory updated to safeguard residents' property and valuables. A record of property sent to the acute hospital if a resident was transferred was also maintained.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the days of inspection. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff was available to assist residents and residents were supervised at all times.

A copy of the staffing roster was reviewed by the inspector. The normal allocation of staff on duty was two nurses and five care assistants during the day from 08.00 until 10:00, two nurses and six carers from 10:00 until 14:00 and two nurses and five carers from 14:00hrs until 20:00hrs. From 20:00 hrs until 22:00 hrs there are two nurses and three carers and from 22:00hrs until 08:00 hrs there are two nurses and two carers. The person in charge works full-time in addition to these staff. The activity co-ordinator works 10-16:00hrs five days per week. Additional catering, housekeeping, maintenance and administration staff are available.

A staff training programme was on-going. All staff had up to date training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, hand hygiene, communication and nutritional care. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were available for all registered nursing staff employed.

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:

Mary McCann
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 report¹

Centre name:	Kilcolgan Nursing Home
Centre ID:	OSV-0000351
Date of inspection:	04/01/2017
Date of response:	03/03/2017

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose was found to require review as it cited the 2009 regulations and the staffing complement was not compatible with the rosters reviewed.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose has been updated and now contains 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.

Proposed Timescale: 02/03/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Audits required review to ensure that any deficits identified were addressed in practice and that further audits were completed to ensure sustainable improvement.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

There is an audit schedule in place. All audits will be carried out as per the schedule and areas of non-compliance will be addressed in an action plan.

The PIC completes a weekly report on quality and safety. The weekly key performance indicators are reviewed on a monthly basis as part of the monthly management team meeting, including a review of audits and associated action plans.

Proposed Timescale: 31/03/2017

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The residents' guide required review as under the complaints section it cited the details of a previous person in charge as the person to contact if you wished to make a complaint.

3. Action Required:

Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.

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

Residents guide has been reviewed and has been updated throughout to include the current Person in Charge.

Proposed Timescale: 02/03/2017

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:

Records from completion of missing person drills identified deficits including that 'staff did not remember to take mobile phones from emergency press' or 'high vis jackets were not worn'. An action plan was available post these drills to address these deficits but there was no evidence that these actions had been completed. The action plan failed to identify a person to ensure their completion or a timescale for completion.

4. Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

The Person in Charge will coordinate Missing Persons' Drills on a regular basis. The Person in Charge will ensure that the action plan will be completed following the drill, within an appropriate timescale.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

Fire drill records were not comprehensively completed and did not record the scenario undertaken, the time taken to respond to the alarm, to discover the location of the fire and what time it took to evacuate and whether there were any impediments to safe swift evacuation.

Reviews of fire drills had occurred and an action plan was completed post the drills but there were poor evidence of improvement from one drill to the next and some issues with regard to using the 'walkie talkies' to aid communication were repeated.

5. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

The fire drill records will include the time taken to respond to the alarm, to discover the location of the fire and what time it took to evacuate and whether there were any impediments to safe, swift evacuation.

The action plans from fire drill will be reviewed by PIC who will ensure that improvements required will be carried out within an appropriate timescale. A review of fire drill procedures and learning outcomes will be discussed at monthly management team meetings as part of health and safety.

Proposed Timescale: 31/03/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

No NF40 -Nil return of any other notification had been submitted.

6. Action Required:

Under Regulation 31(4) you are required to: Where no report is required under regulation 31(1) or 31(3), report this to the Chief Inspector at the end of each 6 month period.

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

The NF40 will be submitted at the end of each 6 month period to the Chief Inspector of the Authority where no report is required under regulation 31(1) or 31(3)

Proposed Timescale: 30/06/2017

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:

Some food and fluid intake charts were not sufficiently detailed to contain adequate information to provide a reliable therapeutic record for staff.

7. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate

quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

All food and fluid charts have now been updated to include information about the provision of sufficient food and fluids to meet the dietary needs of residents, as assessed by health care and/or dietetic staff, based on an assessment of nutritional needs and in accordance with the resident's individual care plan. They will be sufficiently detailed to include information about diet fortification, supplementation or restrictions and special instructions.

Proposed Timescale: 31/03/2017

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:

Some en-suite bathrooms did not have door locks.

8. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

All en-suite bathrooms will have door locks to ensure that each resident may undertake personal activities in private.

Proposed Timescale: 31/03/2017