<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kiltormer Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000352</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kiltomer, Ballinasloe, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 962 7313</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@kiltormernursinghome.com">info@kiltormernursinghome.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>D &amp; G Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Derek Glynn</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</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>25</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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: 31 January 2017 09:10  
To: 31 January 2017 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over one day. The centre was previously inspected on three occasions during 2016. The initial inspection in February 2016 evidenced significant failings to adequately meet the requirements of the regulations.

A further two inspections during 2016 evidenced improvement in the management systems and compliance with the regulations. Increased time was available to the person in charge to oversee the operational management of the centre. There were systems developed to ensure residents have timely referral to healthcare services including specialist services and allied health professionals. There was a evidence of timely access to general practitioners (GP’s) of the residents’ choice.

In line with the HIQA’s procedures to manage risk and ensure safe quality care a further unannounced inspection was undertaken. The purpose of this visit was to monitor progress and assess the action undertaken by the provider since the last
There was a very advanced age profile amongst the residents accommodated. Ten residents were over 90 years and six residents were over 85 years of age. In total 16 of the 24 residents accommodated were over 85 years of age. Fourteen residents had a diagnosis of dementia, cognitive impairment or Alzheimer’s disease.

Residents were comfortable in the company of staff. Staff were attentive to residents’ needs and they responded well to interactions to assist and guide their daily routine.

The centre is registered to accommodate 29 residents in accordance with an updated certificate of registration issued in August 2016.

There are 13 single and eight twin bedrooms. Work to improve the physical environment had been completed since the last inspection. One of the bathrooms has been retiled. New floor covering has been provided in the staff facilitates. There was evidence of investment in fixtures and fittings. Seven new low beds have been obtained.

The building was comfortably warm and well lit. Residents’ bedrooms were generally well personalised.

Twelve outcomes were inspected. Two were judged as compliant with the regulations and a further six as substantially in compliance with the regulations. Three outcomes were moderately non-compliant, namely Health and Social Care Needs, Health Safety and Risk Management and Governance and Management. One outcome, Medication Management was major non-compliant, as practices were not satisfactory to ensure each resident was adequately protected by all procedures for the management of medicines.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National 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 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was evidence of an improvement in practices including improved arrangements developed to ensure residents have timely referral to healthcare services including specialist services, psycho-geriatric services and timely access to GP’s and promotion of a physical restraint free environment (use of bed rails). However, further work is required to ensure the service provided is safe, appropriate, consistent and effectively monitored to deliver safe quality of care.

The procedure to complete audits requires review to inform learning and ensure enhanced outcomes for residents. There was not a developed system to collate and review data to identify trends and inform learning to ensure enhanced outcomes for residents by way of example;

- Some records were not maintained to an accurate standard to support effective decision making
- Weight records were not audited to identify any unintentional weight loss or gain.
- Near miss events were not documented in the accident register therefore action to prevent a near miss event becoming an incident was not identified.
- Falls were not reviewed to identify repeat falls, the location and time to assist in correlating events with staff levels to ensure adequate staffing levels at all times. Data was not collated to allow for trends to be easily identified and ensure learning for all staff from past incidents.
- Further training of nursing staff in care planning and medicine management is required to ensure a high standard of evidence based nursing care.

An annual report on the quality and safety of care was not complied to meet the requirement of regulation 23.
**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:**
All residents accommodated had an agreed written contract this included residents admitted for respite or convalescent care. The contract included details of the services to be provided and the fees payable by the residents.

Expenses not covered by the overall fee and incurred by residents for example, chiropody, escort to appointments or hairdressing were identified. However, the individual cost per item for additional charges was not specified.

In one contract of care viewed the overall fee for a resident admitted for short term care was not clear as the fee detailed on the contract was crossed out. Another contract viewed was not signed by both parties to the contract.

The contracts of care while recently reviewed with residents did not specify whether the bedrooms to be occupied by residents were single or twin occupancy.

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

**Findings:**
The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. The person in charge has more than three years experience of nursing older persons within the last six years as required by the regulations.

He has attended mandatory training required by the regulations. Since the last inspection the person in charge has completed training on medication management, responsive behaviours and cardio pulmonary resuscitation techniques.

The post of the person in charge is full time and he rostered over five week days. He works in the delivery of clinical care for part of his rostered hours in addition to overseeing the operational management of the service.

**Judgment:**
Compliant

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**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:**
Medical records and other records, relating to residents and staff, were maintained in a secure manner and easily retrievable.

The directory of residents' contained all information required by schedule three of the regulations. The directory of residents' was maintained up to date. The detail of the two most recently admitted residents were fully recorded. The details of the most recent transfer to hospital were updated in the directory.

Written operational policies, which were centre-specific, were in place.

Records required by Schedule 4 of the regulations were maintained to include staff records, fire safety documents, food records and staff training records. However, the accuracy and maintenance of some records require review. Some nutrition records did not provide adequate detail to confirm that diet and fluid intake was satisfactory. Fluid
records did not record the volume per 100ml to allow an overall calculation of daily fluid intake to ensure hydration was adequate. Food records were maintained for eight residents at the time of inspection. However, the records did not specify the individual quantity consumed at each meal for example all, half or quarter as appropriate. The records as maintained were not satisfactory to determine whether the diet intake is adequate in relation to nutrition and hydration.

Staff training records did not accurately reflect the staff roster. Training records were not maintained up to date for all staff. There was two members of staff identified on the roster for which all matters required by schedule 2 of the regulations were not available. A record of the current registration details of staff subject to registration was not available in each file reviewed confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann. Two of the files examined did not contain valid photographic identification in the form of a drivers licence or passport.

The daily nursing notes were documented twice in 24 hours. As required by Schedule 3 (4) (C) they provided a clear account of the resident’s health, condition and treatment.

Appropriate insurance cover was in place with regard to accidents and incidents, outsourced providers and residents’ personal property.

**Judgment:**
Substantially 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 financial controls in place to ensure the safeguarding of residents’ finances were examined by the inspector. A petty cash system was in place to manage small amounts of personal money for residents. All petty cash was secured in the safe. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The provider was not a nominated agent to manage pensions on behalf of any residents.

Staff members spoken to had received refresher training in safeguarding vulnerable adults during 2016. Staff identified a senior manager as the person to whom they would
report a suspected concern. Staff in conversation with the inspector conveyed they understood how to recognise instances of abusive situations. Staff spoke confidently of being able to relay any issues and confirmed they are listened to and their concerns are acted on.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

Risks to individuals were managed to ensure that people had their freedom supported and respected. In line with national policy, progress on promoting a restraint free environment was evident on this inspection. The number of residents using bedrails has continued to decline. At the time of this inspection there was only one resident with bedrails raised. The raised bedrail was used as an enabler and was at the resident’s request. Documented consent was available to support this request. However, a risk assessment and a plan of care was not developed. There was good usage of wedges, crash mats and investment in new low beds to assist achieving a restraint free environment.

Staff had received training in responsive behaviours during 2016. This included components of caring for older people with cognitive impairment and communicating with residents with dementia. At the time of this inspection there were 14 residents with a diagnosis of either dementia, cognitive impairment or Alzheimer’s as either their primary or secondary diagnosis.

Residents were very comfortable in the company of staff. Observations noted they responded well to interactions to assist and guide their daily routine. There is a very low turnover of staff. Care staff were very familiar with each residents’ likes, dislikes and preferred daily routine. Staff could describe well to the inspector individual residents’ food preferences, those who liked to return to their bedrooms to lie down during the day and those who preferred to spend the majority of the time in their bedrooms and their various hobbies and interests.

There was evidence in medical files of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. The community mental health nurse visited the centre. However, further work in developing care plans for responsive behaviours is required and the use of behaviour logs to ensure evidenced based care.

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

**Findings:**

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards. Fire exits were identifiable by illuminated signage. Corridors were clear of obstruction. Each resident’s evacuation needs were risk assessed and documented.

Training records evidenced staff had received up-to-date mandatory refresher fire safety training. Records indicated fire drill practices were completed routinely. However, there was an insufficient number of fire drills completed to ensure all staff had the opportunity to participate in mock fire drills. Some staff only worked nights and there was no evidence they had completed fire drills to reflect a night time situation when staff levels are reduced.

The procedure to record fire drills requires further development. While the names of staff were detailed, the records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were procedures to undertake and record internal fire safety checks. Regular checks of the fire extinguishers were undertaken to ensure they were in place and intact and the fire panel was operational. However, automatic door closers and final exit doors were not checked routinely to ensure all magnetic locks were functioning. Records were maintained evidencing the fire escape routes were checked. Directional signage to indicate the location of fire exits was in place.

Some operational practices and storage procedures posed a hazard of cross infection. Further precautions are required in this area;

- The sharps box and the general clinical waste container was stored in the nurse’s office.
- Clean continence wear, towels and other materials were stored on open shelving in the bathroom areas posing a risk of air borne cross infection.
- Laundry bags were left in each bedroom hanging on hooks to collect clothing requiring washing. The laundry bags were visible and the system is not respectful to residents privacy and dignity.

The structure of the building was visibly clean. There was a sufficient number of cleaning hours allocated on the roster to staff for cleaning duties. There was a cleaner allocated seven days per week.

There were three statutory notifications of serious injury reported since the last inspection to HIQA. The details of these were recorded on the accident report form available on the electronic care records. The accidents reports were well completed for
the incidents. The records referenced the falls risk assessment, medication administered and other possible contributory risk factors and detailed measures to minimise the likelihood of a repeat accident.

There was no incident reports completed to document events of an minor nature for example skin tears or unexplained bruising. Near miss events were not documented in the accident register. The accident register did not record any event between July 2016 and early December 2016. Therefore an investigation as to the possible cause or action to minimise the risk of a repeat occurrence or action to prevent a near miss event becoming an incident was not identifiable. Data was not collated to allow for trends to be easily identified and ensure learning for all staff from past incidents. This was identified as an area for improvement in the previous inspection.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

The temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to and from the building and work service areas was secure in the interest of safety to residents and visitors.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs.

Judgment:
Non Compliant - Moderate

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### Outcome 09: Medication Management

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

**Theme:**
Safe care and support

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

**Findings:**
Practices were not satisfactory to ensure each resident was adequately protected by all procedures for the management of medicines.
The following areas were found to require attention;

The system to check that medicine delivered by pharmacy reconciled with the prescribed medication orders was not clear. A copy of the original prescription was available. However, the legibility of the print was not clear in some cases. In the sample of
medicines administration recording sheets (MARS) viewed by the inspector, there were discrepancies identified between the number of medicines on the prescription and the number on the MARS sheet. The medicines for one resident recently discharged from hospital were being administered from a faxed copy of the prescription which not clearly legible.

The nursing staff relied on the MARS to administer medicines, not the signed prescription orders of the medical prescriber. In one case, a change was made to the dose of a medicine to be administered. This change was recorded on the top of the MARS sheet only. While signed by the medical prescriber the entry was not recorded correctly to minimise the risk of medication error. The previous dose was not crossed off, signed and date by the medical prescriber as discontinued.

The MARS sheets included photographs of each medicine for identification purposes. The medicine dose, route and time of administration were outlined. However, in one MARS sheet viewed, the recording of the administration of each medicine administered was not documented in accordance with best practice guidelines. Nursing staff did not record the administration of medicines to one resident legibly for four consecutive dates. The signature of the nurse administering the medicine was not recorded for each individual medicine administered. Nursing staff did not maintain adequate records to demonstrate a resident had received all of the medicines prescribed throughout each period of day for four days.

The procedures for the storage of medicines while awaiting return to pharmacy and disposal of medicines require review. Medicines that were discontinued and a small quantity past the expiry date were stored with stocks of unopened medicines. Records were not maintained of stock returned to the pharmacist.

Medicines that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medicines and found them to be correct and balances accurately recorded.

Judgment:
Non Compliant - Major

**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):**
Findings:
There were 24 residents in the centre during the inspection and one in hospital. The majority of residents were accommodated for long term care and a small number for a period of respite or convalescent care.

There were seven residents with maximum care needs. Three residents were assessed as highly dependent and nine had medium dependency care needs. Four residents were considered as low dependency and two independent. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

There was a very advanced age profile amongst the residents accommodated presently. Ten residents were over 90 years and six residents were over 85 years of age. A further six over 80 years of age. In total 16 of the 24 residents accommodated were over 85 years of age. Fourteen residents had a diagnosis of dementia, cognitive impairment or Alzheimer’s disease.

In accordance with regulation 6 (1) and (2), timely medical assessment and regular clinical reviews were ensured. Residents had a choice of GP and medical files evidenced on-going medical assessment, treatment and care provided by a person’s medical practitioner.

Access to allied health professionals including physiotherapy and occupational therapy was provided. The physiotherapist had recently reviewed the majority of residents. The person in charge explained new arrangements were in place for the physiotherapist to visit the centre every two weeks to undertake individual reviews for rehabilitation and group exercise sessions to promote wellbeing.

There was regular access to the occupational therapist. Comprehensive reviews were well documented by the occupational therapist to provide guidance to staff on suitable seating, pressure relief and safe moving and handling. Three new pressure relieving cushions and a sling hoist recommended for one resident by the occupational therapist had been obtained. There was access to health professionals for residents who were identified as being at risk of poor nutrition or with a swallowing difficulty.

There were two residents with wounds. Only one wound required a dressing as per advice from a clinical nurse specialist in wound management. Care assessment records were completed each time dressings were changed. There was evidenced based reporting as to the progress of the adequacy of the care interventions and dressings applied. The wound care records documented any pain relief given prior to dressings being renewed and the impact the medication had.

A good range of pressure relieving equipment was available. Residents with poor skin integrity were provided with air mattresses. The daily nursing notes documented any variance in a resident’s skin condition for example any redness observed and treatment applied.
The community liaison nurse from the psychiatry team visits the centre regularly and if required the psychiatry doctor attends. Psychotropic medicines were reviewed to ensure optimum therapeutic values.

The care planning documentation had changed from a paper based system to a computerised form. Further improvement in care planning is required. There was variable standard in the practice of undertaking risk assessments, developing care plans and completing reviews. One resident who had returned from hospital with a significant change in health had care plans reviewed to reflect the change in health status. There were examples of good person centred interventions in relation to the resident’s level of independence, what they could do for themselves and communication including ability to understand instruction while diagnosed with cognitive impairment outlined. However, this standard was not consistent across all care plans examined.

Nursing risk assessments were reviewed at the required four monthly intervals. However, plans of care were not in place for all problems being managed. The linkage between the risk assessment completed, care plans developed and reviews did not always inform staff of suitable interventions to ensure a high standard of evidence based nursing care.

One resident had lost weight for three consecutive months since admission. While a nutritional risk assessment was completed periodically the unintentional weight loss was not identified. Two residents recently admitted for short term care, one with complex medical conditions had a suite of clinical risk assessments completed. However, a care plans based on the assessments was not developed within the required timeframe after the residents’ admission to the centre.

The recommendation of all allied health professionals were not outlined in care plans. While care plans to manage nutritional issues reflected the recommendations of the dietician, further work is required to reflect the input of the physiotherapist. Some residents mobilised very little throughout the day. When assessed by the physiotherapist, interventions to guide staff to promote mobility and ensure passive exercise regimes for more frail residents or those at risk of contracture were not available.

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:
The centre is registered to accommodate 29 residents in accordance with an updated certificate of registration issued in August 2016. As outlined in the statement of purpose there are 13 single and eight twin bedrooms.

Work to improve the physical environment had been completed since the last inspection. Curtain rails around beds have been realigned to reflect the revised twin layout in bedrooms which previously accommodated three residents. One of the bathrooms has been retiled. New floor covering has been provided in the staff facilities. There was evidence of investment in fixtures and fittings. Seven new low beds have been obtained.

The building was comfortably warm and well lit. Handrails were provided along both sides of the corridor.

There were a sufficient number of toilets and showers provided for use by residents to include toilets located adjacent to the day rooms. Residents’ bedrooms were generally well personalised. There were clocks provided in residents’ bedrooms to assist in orientation as regards time.

The organisation of communal space while improved continues to require review. More frail residents were moved to the conservatory sitting room providing stimulation from a change in environment. Some residents who had their meals at the dining table in the sitting room did not move to any other location in the intervening period between their meals and the activity led by the care assistant. There was limited encouragement to promote movement around the centre between mealtimes and during activities throughout the day. As described in Outcome 11, further work is required to reflect the input of the physiotherapist to promote mobility.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
There was an end-of-life care policy detailing procedures to guide staff. There were 11
residents with a do not attempt resuscitation (DNR) status in place. There are procedures to ensure evidence based end-of-life nursing care is of a good standard. Each resident with a DNR status in place has the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Resident’s end-of-life care preferences are identified and documented in their care plans. Each resident had a plan of care for end-of-life needs. The care plans contained details of personal or spiritual wishes.

The person in charge confirmed they had good access to the palliative care team who provided advice to monitor physical symptoms and ensure appropriate comfort measures. There were no residents under the care of the palliative team at the time of this inspection.

**Judgment:**
Compliant

### Outcome 15: Food and Nutrition

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

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

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

**Findings:**
There was a choice of a variety of well presented food. Portion were individually plated and generous in size. All residents were offered the option of more at each sitting. There was a sufficient number of staff available to assist those requiring help.

Monthly weight records were maintained. However, weight records were not audited to identify any unintentional weight loss or gain. As discussed in Outcome 11, Health and Social Care Needs, there was evidence of failing to identify unplanned weight loss at the earliest stage. As described in outcome five nutrition records did not provide adequate detail to confirm that diet and fluid intake was satisfactory. However, staff were responsive when a nutritional issue was identified. Timely access to the GP and allied health professionals was ensured and there was evidence of reviews to maximise nutritional well being.

Nutritional care plans were developed to detail residents’ individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. A record of residents who were on a modified consistency diet, special diets such as diabetic and fortified diets or required their fluids to be thickened was available for reference by all staff and kept under review.
Judgment:
Substantially 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):**

**Findings:**
The roster indicated there was a registered nurse on duty at all times and two nurses each week day of which one includes the person in charge day for the majority of work shifts. There is one nurse rostered each weekend.

The inspector formed the opinion the care assistant staffing levels in the afternoon and evening time require continuous review to take account of the demands placed on staff to provide suitable activities for meaningful engagement and meet residents’ physical care needs in a person centred way. There were three care assistants rostered from 10.00am until 2.00pm and two care assistants for the remainder of the afternoon and evening to meet the needs of 24 residents. Approximately seven residents require full or partial assistance with all their meals and ten residents require the assistance of two staff at all times to meet their moving and handling needs safely.

There was evidence that staff had participated in training relevant to their role and responsibility. Training record evidenced staff had undertaken mandatory training required by the regulation in safeguarding, fire safety, moving and handling techniques and responsive behaviours.

Professional development training in medication management and cardio pulmonary resuscitation techniques was completed by staff. However, all nursing staff had not undertaken training in medication management. Considering the non-compliances identified in Outcome 9, Medication Management, this was discussed with the person in charge and identified as a priority for the remainder of nursing staff.

Judgment:
Substantially 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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kiltormer Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000352</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>31/01/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/02/2017</td>
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</tbody>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with 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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedure to complete audits requires review to inform learning and ensure enhanced outcomes for residents. There was not a developed system to collate and review data to identify trends and inform learning to ensure enhanced outcomes for residents.

1. Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
- I am currently receiving assistance re the development of comprehensive audits to comply with regulation 23 (c)
- This will incorporate weights, near miss events and falls,
- Training is arranged for the remainder of nursing staff for medication management for 20th March 2017

**Proposed Timescale:** 30/04/2017

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An annual report on the quality and safety of care was compiled was not complied to meet the requirement of regulation 23.

2. **Action Required:**
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
- The Annual report on the quality and safety of care delivered to residents is completed.

**Proposed Timescale:** 01/03/2017

**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 contracts of care did not detail the individual cost per item for additional charges.

In one contract of care, the overall fee for a resident admitted for short term care was not clear as the fee detailed on the contract was crossed out.

Another contract was not signed by both parties to the contract.
### 3. Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

**Please state the actions you have taken or are planning to take:**
- The contract of care has been updated to include additional charges and specific fees in relation to respite or long term care in the centre

**Proposed Timescale:** 01/03/2017

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The contracts of care while recently reviewed with residents did not specify whether the bedrooms to be occupied by residents were single or twin occupancy.

### 4. Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

**Please state the actions you have taken or are planning to take:**
- The updated contract of care specifies whether the residents room is shared or private.

**Proposed Timescale:** 01/03/2017

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

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was two members of staff identified on the roster for which all matters required by schedule 2 of the regulations were not available.

A record of the current registration details of staff subject to registration was not available in each file reviewed confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

Staff training records did not accurately reflect the staff roster as training records were not maintained up to date for all staff.
Some nutrition records did not provide adequate detail to confirm that diet and fluid intake was satisfactory.

Food records were not satisfactory to determine whether the diet intake is adequate in relation to nutrition and hydration.

5. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
- All staff files have been reviewed to obtain up to date active registration with An Bord Altranais agus Cnímhseachais na hÉireann.
- The staff training matrix has been updated.
- We have developed a more detailed diet & fluid intake chart to record residents intake in more detail and this is currently in operation in the centre.

**Proposed Timescale:** 01/03/2017

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### 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:
A risk assessment and a plan of care was not developed for a resident where the raised bedrail was used as an enabler.

6. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a 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:**
- A risk assessment is being developed for the resident who requires bed rails as an enabler

**Proposed Timescale:** 30/03/2017

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**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further work in developing care plans for responsive behaviours is required and the use
of behaviour logs to ensure evidenced based care.

7. **Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
- I am working on developing care plan for responsive behaviour and will incorporate behaviour logs to ensure evidence based care.

**Proposed Timescale:** 30/03/2017

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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:**
There was no incident reports completed to document events of an minor nature for example skin tears or unexplained bruising. Near miss events were not documented in the accident register.
Data was not collated to allow for trends to be easily identified and ensure learning for all staff from past incidents.

8. **Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
- I am in the process of developing an accident register for minor incidents and near miss events in conjunction with action 1 as previously mentioned, data will be collected to allow for trends to be identified and ensure learning for all staff from past incidents.

**Proposed Timescale:** 30/04/2017

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**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some operational practices and storage procedures posed a hazard of cross infection.

The sharps box and the general clinical waste container was stored in the nurse’s office.
Clean continence wear, towels and other materials were stored on open shelving in the bathroom areas posing a risk of air borne cross infection.

Laundry bags were left in each bedroom hanging on hooks to collect clothing requiring washing. The laundry bags were visible and the system is not respectful to residents privacy and dignity.

9. **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:**
- I have arranged for a storage area for the sharps box to be constructed by a carpenter that will isolate the sharps box to alleviate the risk of cross infection.
- I have also arranged for a sealed unit with doors to replace the current system for storing incontinence wear in the bathrooms.
- We also have a new system in place so as laundry bags are not visible in the residents rooms thus respecting the residents privacy & dignity

**Proposed Timescale:** 30/03/2017

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an insufficient number of fire drills completed to ensure all staff had the opportunity to participate in mock fire drills. Some staff only worked nights and there was no evidence they had completed fire drills to reflect a night time situation when staff levels are reduced.

10. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
- We have completed fire drills with both night and day staff since the last inspection and will continue alternating drills to keep all staff aware in the event of a fire or evacuation and actions that need to be taken

**Proposed Timescale:** 01/03/2017

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedure to record fire drills did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario.

There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

Automatic door closers and final exit doors were not checked routinely to ensure all magnetic locks were functioning.

11. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
• We have added in different scenarios into our fire drills to try and cover all situations in the event of a fire or evacuation.
• Automatic door closers and fire exit doors are checked on a monthly basis.

Proposed Timescale: 01/03/2017

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:
The recording of the administration of each medicine administered was not documented in accordance with best practice guidelines.

Nursing staff did not record the administration of medicines to one resident legibly for four consecutive dates. The signature of the nurse administering the medicine was not recorded for each individual medicine administered.

The system to check that medicine delivered by pharmacy reconciled with the prescribed medication orders was not clear.

A copy of the original prescription was available but the legibility of the print was not clear in some cases.

There were discrepancies identified between the number of medicines on the prescription and the number on the MARS sheet.
The nursing staff relied on the MARS to administer medicines, not the signed prescription orders of the GP

12. **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:
- I have developed a new system to ensure nurses are using the GPs prescriptions for safe drug administration. I have spoken with the GP’s and will be collecting the monthly scripts from them and keeping clear signed copies myself in the residents drug kardex so as to avoid poor quality copies which we were previously using. This should rule out any discrepancies between the scripts and the MARS sheets. Any medications that are prescribed between monthly scripts will be collected by myself and a copy will be kept in the residents drug kardex with a matching MARS.

**Proposed Timescale:** 01/03/2017

**Theme:** Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The procedures for the storage of medicines while awaiting return to pharmacy and disposal of medicines require review. Medicines that were discontinued and a small quantity past the expiry date were stored with stocks of unopened medicines. Records were not maintained of stock returned to the pharmacist.

13. **Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
- All discontinued Medications or out of date medications have been returned to the pharmacy for disposal. This practice will be ongoing in a more timely basis to ensure no medications will be kept in the centre that are not in use.

**Proposed Timescale:** 01/03/2017

**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:
Plans of care were not in place for all problems being managed. The linkage between the risk assessment completed, care plans developed and reviews did not always inform staff of suitable interventions to ensure a high standard of evidence based nursing care.

14. 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:
- With the development of a new auditing system as explained in action 1 any weight loss or gain will be flagged. Since the last inspection I have arrange for the dietician to review any of my concerns re residents weight loss/gain.
- The physiotherapist has commenced group and individual activities fortnightly and recommendations are recorded in the electronic care records system to guide staff to promote mobility and ensure passive exercise regimes for all residents to partake.

Proposed Timescale: 30/04/2017

Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The recommendation of all allied health professionals were not outlined in care plans.

15. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
- The recommendations from the physiotherapist is now reflected in the residents care plans and fortnightly input from the physiotherapist is recorded in the team notes
- Monthly visits from the OT are recorded in the team notes and are incorporated in the residents plan of care.

Proposed Timescale: 01/03/2017

Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
When assessed by the physiotherapist, interventions to guide staff to promote mobility and ensure passive exercise regimes for more frail residents or those at risk of contracture were not available.

16. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
• As the physiotherapist is currently assessing all residents, interventions were not all documented at the time of the inspection.
• Interventions to guide staff to promote mobility and ensure passive exercise regimes for more frails residents or those at risk of contractures are now being updated in their care plans as assessed by the physiotherapist.

Proposed Timescale: 30/04/2017

Outcome 12: Safe and Suitable Premises
Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The organisation of communal space continues to require review.

17. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
• The physiotherapist has almost all residents assessed, all residents who wish to participate in activities in the centre are encouraged to do so, residents are encouraged to mobilise daily and are assisted where necessary.
• Our Activities co-ordinator is currently upskilling herself in the sonas program and she is working in conjunction with the physiotherapist to ensure all residents are involved in some activity in the centre to promote movement.

Proposed Timescale: 30/04/2017

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:
Weight records were not audited to identify any unintentional weight loss or gain.

18. 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:
• Weight records will be audited as I am in the process of developing an audit system in which weights will be incorporated to flag any weight loss/gain

Proposed Timescale: 30/04/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The care assistant staffing levels in the afternoon and evening time require continuous review to take account of the demands placed on staff to provide suitable activities for meaningful engagement and meet residents’ physical care needs in a person-centred way.

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

Please state the actions you have taken or are planning to take:
• Staffing levels are always on review depending on occupancy and dependency levels. Staffing levels are altered accordingly.

Proposed Timescale: 01/03/2017

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All nursing staff had not undertaken training in medication management.
20. **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:**
• Medication management training is scheduled for 20th March 2017 for remaining nurses to complete.

**Proposed Timescale:** 20/03/2017