



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Kiltormer Nursing Home
Name of provider:	D & G Nursing Home Limited
Address of centre:	Kiltomer, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	04 July 2018
Centre ID:	OSV-0000352
Fieldwork ID:	MON-0022257

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

**The following information outlines some additional data on this centre.**

Current registration end date:	03/08/2020
Number of residents on the date of inspection:	25

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
04 July 2018	09:30hrs to 17:00hrs	Geraldine Jolley	Lead

## Views of people who use the service

The inspector spoke with seven residents and two visitors. Residents said they were comfortable living in the centre and said that their health and enjoyment of life had improved since they were admitted. They said that they had plenty to do during the day and described the exercise groups, discussions, bingo, baking and games that were organised to keep them entertained. Residents were very appreciative of the staff who they said helped them remain mobile and independent. Several residents said they walked outside most days and checked on how the varied animals, hens and ducks were doing.

The inspector was told that there were good connections with the local community and described local school children coming in to sing and being included in local events. At the time of the inspection residents said that staff ensured that they could watch all the sports events including the World Cup matches. Several residents said they went out to shops with staff and also said they were accompanied to appointments if family members were unable to go with them. Other residents said they liked being able to have visitors throughout the day and said that they were always made welcome.

Residents said that the daily routines were flexible, that they could get up and go to bed at times that suited them. Staff were described as kind, enthusiastic and interested in their well-being. Letters and post was delivered promptly the inspector was told. The food choices were varied and residents said they could have alternatives if they did not like the main meals on offer. People on specialist diets said that they were provided with meals that suited their needs.

Relatives the inspector talked to said that the staff were approachable and made good efforts to meet everyone's needs and treat them as individuals. There was plenty for residents to do and they said the garden was a good feature as many residents were from rural backgrounds and liked having the animals and plants to care for and take an in. Staff were regarded as approachable and regular updates on residents' health and well-being were provided so they always knew what was going on.

## Capacity and capability

The management systems in the centre were well established and there were clear lines of accountability with the person in charge and provider representative recognised by staff and residents as responsible for the centre. The inspector found that overall the governance, management and oversight of how the service was delivered was good and there were systems in place to review the quality of the service provided to residents. The majority of actions outlined following the last inspection completed on 3 May 2017 had been completed. Incidents were now

reviewed regularly, residents on specialist diets had choices of meals and nurses had completed training in medicines management. Improvement was required to how some documentation including the training records and the complaints procedure were maintained. Residents and staff said they could raise concerns regarding aspects of the service and said their views were listened to and considered. Residents and relatives told the inspector that when they raised concerns they were resolved in a timely way.

The inspector found that the service delivered to residents was observed to be in keeping with the centre's objectives as described in the statement of purpose. There were adequate resources allocated to the delivery of the service in terms of the facilities and staff deployment. The views of residents are sought, used to plan the way the service is delivered and included in the annual report.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Staff were familiar with residents' needs and had appropriate qualifications and regular training on topics relevant to care practice. The training record was maintained on a computer programme however it was not accessible to the person in charge during the inspection and the inspector could not confirm that all staff had attended mandatory training within the required time frames. Training on nutrition, wound care and the provision of activities had been completed by several staff.

Staff were observed to engage with residents in a person centred and respectful manner. The inspector saw that residents' specialist needs were met with one to one input provided to help residents increase their mobility and levels of communication. The person in charge is appropriately qualified and has several years' experience in this role.

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available. However, many were past their scheduled review date.

#### Regulation 14: Persons in charge

There was a full-time person in charge in the centre, with the relevant skills and experience.

Judgment: Compliant

#### Regulation 15: Staffing

At the time of inspection, there were appropriate staff in adequate numbers and skill-mix to meet the assessed needs of residents and to ensure the safe delivery of

services.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a range of training opportunities and staff interviewed said that they had completed training on fire safety, protection and prevention of abuse, moving and handling, wound care, completing audit activity, nutrition and food hygiene. Care staff interviewed had completed eight modules of Further Education and Training Awards at level 5.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was fully complete and up to date.

Judgment: Compliant

### Regulation 21: Records

All the required records were maintained however the training record was not available on the day of the inspection as it was maintained on a computer programme that was not accessible to the staff on duty.

Judgment: Not compliant

### Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose. The inspector found that closer oversight of the systems in place were needed to ensure compliance with regulations and that scheduled activities were undertaken as planned. for example there were gaps in the record of fire safety checks.

Judgment: Substantially compliant

#### Regulation 24: Contract for the provision of services

All residents were issued with a contract that described the fee to be charged, the room to be occupied and the charges for services not included in the fee..

Judgment: Compliant

#### Regulation 30: Volunteers

The centre had support from a volunteer who came in and talked to residents. A vetting disclosure had been obtained. An outline of the role had not been described.

Judgment: Not compliant

#### Regulation 31: Notification of incidents

The person in charge and the nurse on duty were familiar with the notifications to be supplied and had ensured these were sent to HIQA when required.

Judgment: Compliant

#### Regulation 34: Complaints procedure

The centre had a procedure that advised residents on how to make a complaint. This required review to outline the timescales for acknowledging a complaint, the appeals procedure and the contact details for the ombudsman's office. The reference to HIQA should be removed as it has no role in the investigation of individual complaints.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures



The required policies and procedures were available however some required review as the review date had passed. An example was the communication policy.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the quality and safety of the service provided was satisfactory and safe. There were improvements required to the adult protection procedure as it did not reflect the range of actions required to investigate an adult protection issue and protect residents. Staff and residents knew how to respond if the fire alarm was activated however the fire procedure also required review to ensure the actions described are reflective of and include the safety measures in place. In keeping with their individual profile, each resident's physical and mental health needs were assessed and appropriate interventions put in place to support their care needs, encourage independence and improve well-being. Some care records required review to ensure that where residents had dementia their abilities and capacity was described as well as their problems to ensure staff were aware of how dementia impacted on their daily lives. Residents told the inspector about the interventions that had improved their health and described seeing doctors regularly, good wound care management and physiotherapy sessions that kept them mobile, active and pain free.

All residents' care needs were assessed and described in their individual care plans. These were based on comprehensive assessments that were supplemented by input from the residents or their relatives. A Key to Me document was used to collect information on residents' backgrounds, interests and how they liked to spend their day. The inspector saw that there were details on lifestyle, occupation, hobbies and interests recorded in care records. There was good involvement of specialist services for example mental health and from other specialists such as tissue viability nurses. Residents confirmed that they could attend community facilities and events and go out to do their shopping and attend to personal business. Where needed staff accompanied residents and transport was provided to ensure that there were no obstacles to residents going out. Residents told the inspector that they enjoyed their meals and said that catering staff always gave them a choice and provided meals at times that suited them. The staff team had been provided with information on balanced diets, specialist needs and nutrition to keep them up to date on good practice.

Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. Residents said that staff asked them daily about their health and ensured they were reviewed promptly if they were unwell. There were a range of risk factors assessed including falls risks and where risk was identified, there were care plans that described prevention measures to guide staff actions and prevent incidents. Residents' and family members described the varied social opportunities

that residents had and how their interest was maintained by changing the programme to meet their needs on particular days. For example during the fine weather they were able to sit outside, have a barbeque and enjoy the sunshine. They said that they took part in discussions and exercises that kept them up to date and active. Residents who had dementia had one to one support where required and there were regular sessions of sensory and music activity to help maintain their interests and enjoy life.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff could describe how to detect and report a safeguarding issue. They were knowledgeable in their responses about varied situations that could arise. The person in charge had attended training on the safeguarding procedures introduced by the Health service Executive. Training had been provided for staff however records to confirm all staff had the required training could not be accessed. The policy did not reflect how to report, investigate and organise a safeguarding plan and required review to appropriately guide staff.

The centre was decorated and furnished in a home like and comfortable way. Residents' privacy was respected. Adequate screening was available in shared rooms. Toilets and bathrooms could be locked. The sitting area was bright and the attached conservatory overlooked the garden. There were several fish tanks that provide interest for residents. There was a well-maintained garden area that had seating and interesting features to interest residents. The varied animals, hens, ducks and peacocks also provided interest and several residents walked in and out during the day to check on them and watch their activities.

There was a risk management policy and associated procedures in place. Fire safety equipment was serviced regularly and there was a training programme in place that was undertaken by a staff member who had completed the Train the Trainer qualification. There were regular checks of fire exits and fire safety equipment however these were not all completed as scheduled.

### Regulation 10: Communication difficulties

Residents were supported to communicate and staff were made aware of residents who had communication problems. The inspector saw that staff took time when engaging with residents and gave them plenty of time to respond to queries and when making choices.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors at any time and said that this provided extra opportunities for visits. Visitors were observed to come and go throughout the day.

Judgment: Compliant

### Regulation 12: Personal possessions

Personal items were discreetly labelled to prevent loss. Clothing was well cared for and returned to them promptly. Residents said that there were very few problems with loss or damage.

Judgment: Compliant

### Regulation 13: End of life

Residents were consulted about their end of life wishes and decisions made about resuscitation in the event of a deterioration in health were recorded to guide staff actions. Residents were able to remain in the centre at end of life and specialist advice was sought when needed. Family members were supported to remain with residents and the inspector saw that varied activities were undertaken to support them at this time.

Judgment: Compliant

### Regulation 17: Premises

The premises including residents' bedrooms was furnished in a home like way. There were personal items displayed and residents had a lockable area to store items securely. There was meaningful signage on bedroom doors to help residents find their rooms.

Some toilets had raised seats that were not fixed to the floor and could present a risk to residents who were unsteady or had poor mobility.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents said that food was of good quality and varied. There was emphasis on home cooked meals and residents had opportunity to contribute to the food provided as vegetables they helped to cultivate in the garden were used in the preparation of meals.

A nutritionist had provided information on healthy and specialist diets in response to the action plan in the last report. Residents who had fluctuating weights were monitored and records of weight changes were discussed by nurses and where needed changes were made to menus or supplements were added to stabilise and improve the outcomes for residents.

Judgment: Compliant

### Regulation 20: Information for residents

Residents confirmed that they were supplied with information on the service that included how to complain and the visiting arrangements. Three residents said they knew they had a contract and the fee to be charged for their stay.

Judgment: Compliant

### Regulation 27: Infection control

Staff conveyed good awareness of infection control procedures. They told the inspector that precautions were taken in relation to when rooms were cleaned and how laundry was managed if a resident had an infection. The areas viewed including the laundry were visibly clean.

Judgment: Compliant

### Regulation 28: Fire precautions

Staff could describe the actions to take in a fire situation. They described moving residents through sets of fire doors and knew where the assembly point was outside. The fire procedure required review as this outlines that staff are to evacuate residents immediately the fire alarm is activated and does not mention going through fire zones or fire doors. The fire safety equipment was regularly serviced and there were regular fire drills and training exercises that included residents. Checks of fire exits and fire equipment were scheduled however gaps in

the record indicated that these were not completed consistently as scheduled.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The medicines in use were stored safely and securely. A blister pack system was in use. Nurses had been trained in venepuncture so that residents could have blood tests on site. There was appropriate monitoring in place where residents required regular blood tests.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

All residents had a care plan that outlined their care needs and the staff interventions required to keep them in good health. Dementia care needs were described however in some instances these required improvement as they did not indicate how dementia impacted on daily life or the abilities or capacity that residents retained.

Judgment: Substantially compliant

### Regulation 6: Health care

Appropriate medical and healthcare was being provided to residents, in line with their identified health and social care needs.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Arrangements were in place to ensure that where any restrictions were used in the centre they were individually assessed as being appropriate and the least restrictive option.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse, including effective recruitment practices and access to advocacy services. While staff confirmed that they had received mandatory training in relation to detecting, preventing and responding to allegations of abuse, the training record could not be viewed to confirm this.

The person in charge had attended training on the safeguarding procedures that had been introduced by the Health Service Executive and planned to update staff on the varied processes. The protection procedure in the centre required review to describe how an incident would be investigated and a safeguarding plan devised in line with current practice.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had the right to exercise choice and had their needs and preferences taken into account in planning how the service was delivered.

Staff were aware of how to promote privacy and dignity and the inspector saw that staff knocked on resident's doors before entering, ensured privacy when personal care was being undertaken and treated personal information in a way that ensured confidentiality.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kiltormer Nursing Home OSV-0000352

Inspection ID: MON-0022257

Date of inspection: 04/07/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All the required records that were not available on the day have been updated &amp; submitted by email on the 18<sup>th</sup> July 2018.  </p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The gaps in the record of fire safety checks are up to date and are monitored on a daily basis  </p>	
Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>Our volunteers role has been included and updated in our policies. Also the contact procedure for SAGE has been included.  </p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The current timescales for acknowledging a complaint, the appeals procedure and the contact details for the ombudsman's office have been included in the complaints procedure, the reference to HIOA has been removed as it has no role in the investigation of individual complaints  </p>	

Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  All policies are currently been reviewed and updated	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premise  We are in the process of purchasing raised toilets seats that are fixed to the floors to ensure there is no risk to resident's safety.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The gaps in the record of fire safety checks are up to date and are monitored on a daily basis	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Care plans are currently been updated incorporating dementia care needs and the impact on daily life that residents retain.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	01/09/2018
Regulation 21(1)	The registered provider shall 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.	Not Compliant	Yellow	18/07/2018
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Yellow	18/07/2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Yellow	08/08/2018
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of	Not Compliant	Orange	18/07/2018

	escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Yellow	08/08/2018
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Not Compliant	Yellow	01/08/2018
Regulation 34(1)(e)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall assist a complainant to understand the complaints procedure.	Not Compliant	Yellow	01/08/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	15/09/2018
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/09/2018