



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcoole Lodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilcoole Lodge Nursing Home, Ballydonarea, Kilcoole, Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	12 March 2020
Centre ID:	OSV-0007714
Fieldwork ID:	MON-0028433

## About the designated centre

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

Kilcoole Lodge Nursing Home is situated in the village of Kilcoole and is in walking distance of the sea. It is a purpose-built facility which can accommodate a maximum of 89 residents over two floors in 81 single en-suite rooms and 4 twin en-suite rooms. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is Mowlam Healthcare Services Unlimited. The person in charge of the centre works full time and is supported by a senior management team and a team of healthcare professionals and care and support staff.

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

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 12 March 2020	10:00hrs to 16:45hrs	Liz Foley	Lead

## What residents told us and what inspectors observed

Overall residents and their families were very positive about the care and services that they received. Residents said that they felt safe in the centre and were highly complimentary about staff whom they stated were 'lovely' and 'couldn't be nicer.' Families described a positive and caring attitude from all staff and felt assured that the residents were well cared for.

The centre opened in January 2020 and was slowly accepting admissions in accordance with their planned admission schedule. Currently there were 12 residents living in the centre and restricted visiting was in place in response to COVID 19, therefore only essential visits were allowed to residents. Residents were living on the ground floor in one wing of the centre, with one resident living separately in a quiet corridor to meet their needs. Staffing was currently in excess of the planned future staffing levels when the centre is at full capacity. The inspector spoke with residents and two family members and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

The centre was clean to a high standard and tastefully decorated with age appropriate fittings, for example, fire places, furniture and seating. The centre was warm and bright with communal rooms enjoying lots of natural light. Communal rooms had call bells and each one had a different decorative scheme. Some bedroom doors had individualised names on them to assist way finding for that resident. Assistive hand rails were available throughout to promote independent mobility. Some way finding signs were installed however pictorial signs would further help residents to navigate this large centre. Residents told the inspector the centre met their needs and stated it was 'beautiful', 'comfortable' and 'like a hotel.'

Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents stated that staff were always available to assist them and were very respectful of them. Residents described establishing new routines and how staff guided and helped them to adjust to their new environment. While some residents would prefer to be at home, they were happy with the care and services they received in the centre. Some residents had already established friendships with other residents and chose to sit together at meals and for some activities. Staff were encouraging residents to attend group activities however, residents that did not wish to attend were respected. Some residents with advanced needs were unable to participate in group activities and did not currently have scheduled individual activities to meet their needs. Residents and families felt that the provision of more suitable activities would enhance their daily life however, they also understood that the service was growing and developing and were happy with the experience so far. The centre had dedicated staff on to provide activities and were in the process of recruiting an activity coordinator. There was one staff member on duty during the inspection who was observed playing games, assisting with newspapers and chatting to residents. These interactions were kind, unhurried

and person-centered. Residents were observed mobilizing around the centre; some independently and some with assistance of staff. Residents were relaxing in the communal areas or in their bedrooms as preferred. Lunch in the dining room was pleasant with a choice of home cooked meals offered to all residents; those that required assistance with their meals were attended to in a discreet and kind manner. One resident who refused her meal had it taken away for later and was provided with a snack of her choice. Residents described the food as excellent.

Interactions observed with staff and residents were respectful. Staff were available throughout the inspection and were knowledgeable of residents' individual needs. Staff who did not have direct care responsibilities were also observed interacting in a kind and person centred manner. The person in charge and the centre manager were well known to residents and family. All grades of staff agreed that there was a good team approach to care and their priority was to meet the needs of the residents.

Residents spoke about their day and about how they could decide on what group activity to attend for example, bingo or a board game. Some residents chose to remain in their rooms and occupied themselves with the radio, TV, newspaper, reading and some used technology to pass the time for example, cards and quiz's on their computer. Meals provided an opportunity to be with others and have a chat and were a positive experience for residents. Individual needs were catered for around routine and preferences and some residents described detailed person-centered care interventions. One resident mentioned her TV was too high on the wall for her to view comfortably and this when relayed to the management team was remedied during the inspection. The provider had undertaken to review the position of all TV's to ensure they were comfortable for each resident's viewing.

Residents would normally be encouraged and supported to welcome visitors in to the centre and to go out on trips and social excursions. However the centre had been observing visiting restrictions recently in response to infection risks in the community. In order to help residents keep in touch with families the centre were implementing video calls and were continuing to facilitate residents to make telephone calls to family and friends. Efforts to provide activities within the centre would continue as normal. Essential visits from some family members continued and these families describe a warm welcome and good communication from the care team.

## Capacity and capability

Good systems were in place to ensure the services provided were safe, effective and meeting the needs of residents. The systems in place had so far proved to be effective and were based on tested organisational templates.

This was a short notice announced inspection to monitor the compliance of this new centre. The centre opened its doors on 6 January 2020 and on the day of inspection had 12 residents. The centre had adhered to its admission schedule and would continue to safely admit residents in this manner going forward. A new person in charge was recruited in early February and they worked full time in the centre. This person was suitably qualified and had experience of managing a designated centre. There were organisational supports and structures in place to support the effective management of the centre.

Robust audit schedules were in place and audits viewed were effective in identifying quality and safety issues. Appropriate actions plans were in place to address audit findings, these were time bound and allocated to specific staff. The centre had identified the need for an activities coordinator and were in the process of recruiting one. The centre had a risk management plan in place and as the service develops and grows the risk register would continue to identify risks and put in place measures to protect residents and staff.

The staffing allocation was currently in excess of planned future staffing levels and as the centre admits new residents staffing levels will be reviewed and amended to meet their needs. Induction training was provided to all staff and mandatory training was organised based on the needs of the centre. There were gaps in mandatory training however, specific training was scheduled in the coming weeks to ensure compliance for all staff.

Adverse incidents were well managed and responded to in the centre. For example, incidents of responsive behaviours were recorded and investigated and person-centered strategies put in place to prevent recurrence. There was an up to date complaints policy and procedure to inform staff when managing complaints and concerns. This procedure was on display in the reception area of the centre and residents who spoke with inspectors had been informed about the complaints policy and knew how to make a complaint.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and was compliant with regulation 14. She was aware of her responsibilities under the Act and displayed good oversight of the service and good knowledge of the residents.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff were found to be appropriate to the assessed needs of the residents and the design and layout of the centre. There was a minimum of one registered nurse on duty 24hrs per day. Current staff ratios were in excess of future planned ratios as the centre was in the process of admitting residents on a planned and phased basis until it reached full capacity. Staffing ratios will be assessed and will change over time in response to the need of the service.

Judgment: Compliant

### Regulation 16: Training and staff development

Gaps were identified in the training matrix for newer staff. Relevant training had been scheduled to ensure all staff had mandatory and additional training to perform their respective roles.

Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This directory contained all of the information specified in paragraph (3) of schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

The provider ensured that the records required in Schedules 2, 3 and 4 of the regulations were well maintained, stored securely and made available to the inspector.

Judgment: Compliant

### Regulation 23: Governance and management

Organisational structures were in place. The centre had sufficient resources to



continue to develop the services in line with the statement of purpose. Systems were in place to monitor the safety, quality and effectiveness of the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on a number of incidents that were notified and found these were appropriately managed with areas of learning identified.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an up to date complaints policy and procedure to inform staff when managing complaints and concerns. This procedure was on display in the reception area of the centre and residents who spoke with inspectors had been informed about the complaints policy and knew how to make a complaint.

Judgment: Compliant

## Quality and safety

Residents were well looked after by a staff team who knew them well. Residents were offered choices in their daily routines and in the care and services that they were offered. Staff and resident interactions were marked by respect and empathy and staff were seen to uphold each resident's right to dignity and respect in care. However, improvements were required in activity provision, care planning, managing responsive behaviours and fire drills.

There were good standards of evidence based health care provided in this centre. There was good access to local GP services. Residents were supported to access national screening programmes and other allied health care services as required, for example, dietician, occupational therapy, physiotherapy and chiropody services. Specialist services like psychiatry of old age and palliative care supported residents to remain in the service and receive evidence based quality care on a referral basis as required.

Overall the standard of care planning was very good and described individualised and evidence based interventions to meet the assessed needs of residents. Validated assessment were used to inform the care plan. Some care plans however, lacked sufficient and clear detail to guide staff to provide person centred care and required review.

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Overall there was a very person-centred approach to managing responsive behaviours, however, improvements were required in the documentation of behavioural triggers in care plans. Behavioural assessments were not always completed for episodes of responsive behaviour. Opportunities were therefore not always identified or documented which would support staff to work therapeutically with residents, to manage the behaviours effectively and improve the residents' quality of life.

There was person centred ethos of care in this centre and residents' rights were respected. Activity provision was developing in the centre since it opened in January. The centre was actively recruiting a suitable activities coordinator to manage activity provision. Interim arrangements were in place to provide group activities and limited one-to one activities. Development of suitable activities would enhance the management of responsive behaviours and provide meaning and distraction to vulnerable residents. Validated assessment tools were used to assess each residents need for activities. In addition managers were developing the systems to support meaningful activities such as; assessment tools, care plans and participation and enjoyment records.

Restrictive practices were assessed and monitored in the centre in line with national policy. The front door was restricted by a key code which could be provided to residents where appropriate. There was access to an enclosed outside space however residents were not anxious to use this space in bad weather. Privacy and dignity were respected and residents were supported to exercise their civil, political and religious rights.

Systems were in place and effective for monitoring the safety and effectiveness of the fire detection and alarm system and emergency lighting. Fire training was completed by all staff during induction training to the centre and will be provided annually thereafter. Fire drills had been practiced but not in the centres largest compartment with night time staffing levels. This was particularly important to provide assurances that all residents and staff could be safely evacuated at night when staffing levels were lowest.

Good systems were in place to safeguard residents from abuse and training for new staff was ongoing. All staff had a valid Garda vetting disclosure in place prior to their commencement.

## Regulation 28: Fire precautions

Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. Simulated fire drills had not been practiced in the centre's largest fire compartment based on minimum staffing levels.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care plans were not sufficiently detailed to guide staff in the provision of person-centred care. For example, care plans for activities lacked person-centred detail and residents with pain who were receiving pain relieving medications did not have a care plan to guide this practice.

Judgment: Substantially compliant

## Regulation 6: Health care

There was a high standard of evidence based nursing care and access to medical treatment and services as recommended by the GP, nurse and allied health professionals.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Improvements were required in the identification and documentation of behavioural triggers in care plans; this would provide clearer steps for staff in managing residents with responsive behaviours.

Judgment: Substantially compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and

an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Provision of activities required development to ensure all residents were afforded opportunities to participate in activities in accordance with their interest and capacities.

Judgment: Substantially compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Kilcoole Lodge Nursing Home OSV-0007714

Inspection ID: MON-0028433

Date of inspection: 12/03/2020

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Simulated fire drills are being completed weekly on a rotational basis to include the largest compartment. These drills will be simulated for both day and nighttime scenarios and will include all staff. These will include the largest fire compartment based on the minimum staffing levels.	
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: A full review of residents' care plans has been completed. PIC will ensure all residents have comprehensive individual person centered care plans in place to guide practice. Care plan audits will be carried out to ensure compliance and identify any areas for improvement.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:	

Each resident displaying responsive behaviour will have comprehensive individualised person centred care plan. Staff will complete behaviour assessments for all episodes of responsive behaviour to identify and document the triggers that may cause an escalation of responsive behaviour. The care plan will outline these triggers, the techniques and care strategies to reduce anxiety and ameliorate the behavioural and psychological symptoms of dementia. This will guide person-centred care and ensure that all staff adopt a consistent approach. The care plans will be reviewed at least every four months and more frequently if there are any changes in the resident's behaviour, condition or care needs.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Active recruitment for a suitable activities' coordinator is ongoing and targeting to fill this post by May 2020  
Further development of the activities program are ongoing to including one to one activity to ensure all residents can participate in activities in accordance with their wishes and capacities and preferences. A review of activities will be completed in consultation with residents and or their representatives. Any required suggestions or changes to the provision of activities will be made accordingly.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/03/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/04/2020
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Substantially Compliant	Yellow	31/03/2020

	respond to and manage behaviour that is challenging.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/05/2020