



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kilmainhamwood Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilmainhamwood, Kells, Meath
Type of inspection:	Short Notice Announced
Date of inspection:	25 November 2020
Centre ID:	OSV-0000144
Fieldwork ID:	MON-0030990

About the designated centre

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

Kilmainhamwood Nursing Home is a purpose-built facility which can accommodate a maximum of 45 residents. The designated centre is a mixed gender facility providing 24 hour nursing care to dependent persons aged 18 years and over, who require 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. There are two multi-occupancy rooms which can accommodate up to 8 respite, short stay residents. The remaining 37 beds are occupied by long-stay residents in five triple rooms, eight twin bedrooms and six single rooms. There are three small secured courtyards available to use for the residents. The centre is decorated and furnished to a high standard throughout. Care is provided to all dependency levels. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to enhance residents' quality of life by providing high quality resident-focused nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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
Wednesday 25 November 2020	09:15hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The feedback from residents spoken with was overwhelmingly positive. They said the centre was a good place to live. If they wanted something they got it and there was never any delay in staff attending to their needs. Residents said the staff were marvellous, excellent and always attentive to their needs.

Residents said they kept in contact with their families mainly by phone. They said they could visit at the window and some had availed of this visiting arrangement. However some said that they could not hear relatives through the window so they didn't bother with the window visits and just used the phone to stay in contact with their loved ones. Inspectors saw staff assist residents to use their mobile phone during the inspection.

Residents said the food was good and they got a choice. Inspectors observed lunch being served. Residents were maintaining social distancing in the dining room, a menu displaying the choice of meals was on the tables and residents spoken with said they had received their preferred choice and were enjoying their lunch.

Capacity and capability

This centre was well governed. It had a management team which remained unchanged for some period of time. Overall practices reviewed on this inspection reflected a good level of compliance. Action plans from the last inspection had all been addressed in full. Residents needs were being met in a person centred manner and the centre was calm and peaceful, yet residents were actively stimulated and their needs were being met.

The Chief inspector had not been notified of any incident of an outbreak COVID-19 or of any other infection since the last inspection.

The staffing levels were good and the skill-mix ensured residents needs were met and there was good supervision of practices by the management team. Staff had all the required training in place and reflected a good knowledge of the signs and symptoms of COVID-19 and of the process to report them if identified.

The policies and procedures reflected the processes in place to care for residents. The statement of purpose required further detail in relation to the premises as it did not reflect the current status of the premises.

Registration Regulation 4: Application for registration or renewal of registration

An application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 had been made. All the required supplementary documents were also submitted including a copy of the statement of purpose and of the floor plans.

Judgment: Compliant

Regulation 15: Staffing

Adequate numbers of staff with the appropriate skill-mix were available to meet residents' needs on this inspection. There was at least one staff nurse on duty for each shift.

A sample of staff files reviewed showed that all staff were Garda vetted prior to commencing employment.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were familiar with residents' needs and had appropriate qualifications for their role. In discussion with inspectors staff demonstrated that they were knowledgeable and skilled in safeguarding residents and identifying a resident with signs or symptoms of COVID-19. Mandatory training was up to date and some staff due refreshers had been booked for training in the near future. All infection prevention and control training had been completed by staff as recommended by public health.

There were appropriate staff supervision arrangements in place, the inspector noted that there was a clinical nurse manager, supervising the delivery of care to residents. Staff files reviewed showed that performance appraisals were carried out. New staff underwent a comprehensive induction programme.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were established oversight systems in this centre which had been implemented and maintained to ensure the service provided was safe and continuously monitored by management team.

Sufficient resources were in place for the effective delivery of care. An annual review had been completed, it included residents' feedback and a quality improvement plan for 2020. A easy read version of the annual review had been compiled for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose (SOP) submitted with the application to renew the registration of the centre was reviewed by the inspector. Some areas of the SOP did not accurately reflect the care and services provided for the residents in the centre. For example, the facilities available to residents. An email containing this feedback was sent to the provider.

A copy of the statement of purpose was available to residents living in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All required incidents and accidents had been reported to the Chief Inspector as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule five policies were available for review. They had been updated within the past three years. Practices that had changed due to COVID-19 were reflected in the policies for example the visiting policy and the end of life policy.

Judgment: Compliant

Quality and safety

The quality and safety of the service provided to residents was well monitored and this ensured that the residents' received a good standard of care. However, inspectors noted that some areas of the premises did not comply with the standards and therefore increased the risk of the spread of infection within the centre.

Residents living in the centre were protected with the procedures in place to safeguard them from all forms of abuse and pensions managed on behalf of residents was done as per the Social Protection Department guidance

Overall the premises was clean and tidy. Residents' bedrooms were personalised and appeared homely. The corridors were clutter free and hand rails on either side facilitated residents to mobilise independently. The equipment in some non resident areas such as sluice and housekeeping rooms, was not in line with that outlined in the standards and as a result these areas were not meeting the required infection and prevention and control standards to ensure the safety of the residents.

Inspectors found that overall infection control practices in the centre were good. A detailed infection control audit was conducted on a monthly basis which enabled any risks to be identified promptly and appropriate control measures put into place to decrease the level of risk posed. Those identified on this inspection are clearly outlined under Regulation 27.

Regulation 17: Premises

The centre was found to be clean, bright and airy. The inspector observed residents enjoying all communal areas of the centre while adhering to social distancing guidelines.

There was a number of different size bedrooms in the centre. The single and twin bedrooms had an adequate amount of private space to meet the needs of residents. However, the three and four bedded rooms did not contain an adequate amount of personalised space for each resident, for example in the four bedded rooms there was only enough space for a bed and a locker or a bed and a chair behind the privacy curtain. The two four bedded rooms were vacant on inspection and just one of the five, three bedded rooms had full occupancy on this inspection. The inspector

was informed that there was no plan to reduce the occupancy of these bedrooms to date.

Some bedrooms had a shower, toilet and wash hand basin ensuite others had a toilet and wash hand basin ensuite. Bedroom seven, a single bedroom had no ensuite but it had a wash hand basin. There were enough communal shower rooms to meet the needs of residents. There was one communal bath, although this was accessible to residents as it had a key coded lock insitu. There was no rationale given to the inspector for this lock.

The communal space available to residents included a dining and sitting room and a large open reception area where residents enjoyed sitting.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which reflected the requirements of the regulations. For example specific risks as outlined in the regulation such as aggression and abuse, and associated measures and actions to control these risks were included. The risk policy also outlined procedures for the management and reporting of non-serious and serious incidents at the centre.

The provider maintained a risk register for the centre. The centre's risk register included risks such as unexplained absence of residents, self-harm, accidental injury and risk associated COVID-19. This risk register was updated every three months.

Judgment: Compliant

Regulation 27: Infection control

The centre had an up to date policy to support staff in relation to COVID-19 and infection prevention and control with signposts to the latest Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units.

They had an outbreak contingency plan in place and an infection control lead, a staff nurse who had completed specific training in infection prevention and control (IPC). There was an infection control meeting held on a weekly basis to discuss audit results and any infection control issues. Inspectors were informed that all residents and staff had received the flu vaccine.

Residents temperatures were being monitored three times per day and the inspector viewed records of these and twice daily observations including daily oxygen saturation levels being recorded for each resident.

An infection prevention and control audit was completed each month by the person in charge. These audits were detailed, all action plans were addressed and each action plan had a completion date. It was clear that the frequency of these audits were ensuring a good standard of infection prevention and control practices in the centre.

The inspectors observed that face protection masks were worn by healthcare workers and staff adherence to 'Bare below Elbow' initiatives, hand hygiene techniques and social distancing was evident in areas inspected. Although wall-mounted alcohol hand rub was available it was not readily accessible at point of care in all areas. The inspector found that hand wash sinks were easily accessible for staff for example there was a hand wash sink available for staff in the sitting room and in the clinical room. However, the hand wash sinks in place were not compliant with recommended best practice standards for clinical hand wash sinks for staff. The staff on the dementia unit had personal wearable alcohol gel dispensers so as to minimize the risk of accidental use by residents. A hand hygiene audit was being completed every two weeks the results of these appeared to be good, however the audit tool used was basic and needed review to ensure it covered all aspects of hand hygiene observation and techniques. The inspector observed two incidents where staff did not wash or sanitise their hands prior to or on leaving a residents bedroom.

Housekeeping staff demonstrated a good knowledge of cleaning processes, color-coded cleaning cloths and a flat mop system and there was appropriate separation of clean and unclean items evident on the cleaning trolley. Daily cleaning checklists for residents' rooms and twice daily enhanced cleaning for frequently touched surfaces during the outbreak were in place. In addition there was a checklist for the weekly deep cleaning of each bedroom, this checklist required review to ensure it included all all furniture and aspects of the room to be cleaned. The inspector raised concern regarding the mop heads being washed in a domestic washing machine rather than in an industrial washing machine further guidelines regarding this was sent to the person in charge post the inspection.

The centre had arrangements in place for scheduled testing, and servicing of bedpan washer disinfectors and laundry equipment. The management team reported that preventative control measures in relation to water-borne infection, including regular flushing of water outlets and water testing had been implemented. Going forward, it is recommended that a Legionella risk assessment review is performed within the timeframes recommended in line with current relevant national guidance.

The laundry facility was visited and the facility was observed to be clean, well ventilated with appropriate facilities such as an equipment and hand wash sink and PPE. The staff maintained a unidirectional work flow from dirty to clean functions within the confines of the facility. A laundry transport trolley for distribution of clean

linen protected linen from inadvertent contamination. Colour-coded linen skips and alginate (dissolvable) bags were available at the centre. Items were stored around the sink in the laundry however these were removed prior to the end of the inspection.

The management and storage of equipment in the housekeeping room required review as items were stored on the floor which in turn could not be cleaned thoroughly. This was addressed prior to the end of the inspection. However, a review of the storage of clean items in the housekeepers cleaning room was required.

Clinical waste was well managed with bins were labeled and the external clinical waste bin was locked.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacist was auditing medication management practices in addition to the person in charge. The action plans following these audits had been addressed. The inspector reviewed residents prescription charts and saw that those receiving medication in a crushed format had them individually prescribed by their General Practitioner (GP) to be administered in a crushed format.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and effective supervision of staff. A review of a sample of staff files assured the inspector that staff had a garda vetting disclosure in place prior to commencing employment. Staff spoken with had a good knowledge of what constitutes abuse and of the procedure to follow if witnessed by or reported to them.

The process in place for managing residents' pensions was safe. All monies collected on behalf of residents were being lodged into a residents account, in line with the Social Protection Department guidance.

Judgment: 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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilmainhamwood Nursing Home OSV-0000144

Inspection ID: MON-0030990

Date of inspection: 25/11/2020

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been reviewed and updated. The facilities available to residents have been updated to accurately reflect the floor plan. A copy of the updated Statement of Purpose and the amended floor plan have been forwarded to the inspector.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A plan is in place to reduce the capacity of room 4 and room 19 - multi-occupancy rooms (four bedded) - to provide two three-bedded rooms.</p> <p>This reduction will allow 11.83 square meters per resident in room 4 and 11.78 square meters per resident in room 19. These measurements exclude the en-suite in both rooms.</p> <p>The overall capacity of the nursing home will reduce to 43 beds.</p> <p>The reduction of these beds in the home reflects our continued commitment as the Provider, to ensure continued improvements for the residents living in the home. We will continue to support a human rights-based approach to care of our residents by striving to promote residents' rights and respecting their privacy, dignity, and preferences to the greatest possible extent.</p> <p>The access control keypad has been removed from the communal bathroom.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The PIC has, as part of a review of infection control and prevention measures, completed the following:</p> <ul style="list-style-type: none"> • The number of wall-mounted alcohol hand rub dispensers has been increased to ensure that there are dispensers readily accessible to staff in all areas. • The taps on the hand wash sinks in the two areas identified will be replaced with lever-controlled taps that conform to HBN 00-10 Part C. • Procedures in relation to hand hygiene and the monitoring of staff sanitising hands between residents and when moving from one area to another is monitored closely by the PIC, CNM and nursing staff. There is an increased awareness amongst the staff of their responsibilities in respect of hand hygiene. • The cleaning checklist has been reviewed to ensure it includes all furniture and aspects of the room to be cleaned. • The management and storage of equipment in the housekeeping room has been addressed. Equipment storage is monitored to ensure it is stored appropriately to facilitate cleaning and maintain infection prevention and control. 	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2020
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.	Substantially Compliant	Yellow	31/12/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	31/12/2020

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/12/2020