Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Kilminchy Lodge Nursing Home
Centre ID:	52
Centre address:	Dublin Road
	Portlaoise
	Co. Laois
Telephone number:	057-8663600
Fax number:	n/a
Email address:	kilminchylodgenh@eircom.net
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Patricia McCarthy
Person in charge:	Patricia McCarthy
Date of inspection:	29 December 2009
Time inspection took place:	**Start:** 11:30 hrs **Completion:** 14:00 hrs
Lead inspector:	Mary O'Donnell
Support inspector:	Marian Delaney Hynes
Type of inspection:	☒ **Follow up inspection** ☐ **Announced** ☒ **Unannounced**

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- To follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- Following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- Arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- To randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

Purpose of this inspection visit

- [x] Follow up to previous inspection findings
- [ ] An application by the provider to vary conditions
- [ ] Notification of a significant incident or event
- [ ] Notification of a change in circumstance
- [ ] Information received in relation to complaint or concern
- [ ] Other ____

Background

Kilminchy Lodge was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on the 03 and 04 November 2009 and inspectors found that Kilminchy Lodge failed to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2009 and the *National Standards for Residential Care Settings for Older people in Ireland* on a number of counts. Following the inspection the inspectors met formally with the provider on 12 November and 30 November to specifically address areas where significant improvements were immediately required.

Summary of findings from the follow up inspection

This report outlines the findings of the follow-up inspection of 29 December 2009. The inspection was unannounced and focused on the areas where significant improvements were required as highlighted in the action plan in the inspection report for 03 and 04 November 2009. The inspectors received information of concern following the last inspection which was followed up during the inspection. The issues raised were:

- inadequate numbers of staff to provide appropriate care
- nutritional assessment and management
- dentures being misplaced
- the provision of medical services to a resident.

The provider (who is also the person in charge) was not on site on the morning of the follow-up inspection and inspectors met with the assistant director of nursing who provided information about actions taken and progress made.

The inspectors found that many of the issues outlined in the action plan had been addressed. There was a clear management structure in place and the recently recruited person in charge was due to take up post within one month. Records were readily accessible throughout the inspection. Inspectors were satisfied with the systems in place to ensure the ongoing management of residents who have weight loss. An induction programme had been implemented for care assistants.

Training had been provided for staff and nurse led teams provided care to residents. Activity provision was enhanced and the care plans in place were of a high standard.

Inspectors noted that although an induction program had been introduced, staff did not have regular performance appraisals. Inspectors were concerned that newly recruited staff did not have three references on file. The heating system was inadequate and the left wing of the building was not sufficiently warm. Proper arrangements were not in place for disinfecting urinals. The standard of personal care provided to residents was not consistent and inspectors found that some male residents were poorly groomed. Food intake records were inadequately completed. The standard of communication varied in the absence of senior nursing staff.

On the day of inspection, it was noted by inspectors that the temperature in the left wing was cold. This was immediately brought to the attention of the assistant director of nursing.

The action plan at the end of this report identifies areas where further improvements were required to meet with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Issues covered on inspection

1. Action required from previous inspection:

Provide systems to ensure the ongoing management of residents who have weight loss.

At a meeting on 12 November 2009, the provider informed the inspection team that she had put measures in place immediately to address the deficits highlighted at the inspection. She had arranged for 11 residents to be seen by a dietician. She had also provided training to staff on completion of food and fluid intake charts.

When inspectors reviewed weight records they found that all residents had been assessed for nutritional risk and reviewed by the dietician if required. Residents were routinely weighed on a monthly basis and all the residents who previously lost weight had re-gained weight.

Training records showed that 16 care assistants had received training on maintaining food and fluid charts. The assistant director of nursing said that a dietician from a pharmaceutical company had provided training in nutritional risk assessment to all staff nurses. The content of the training or record of attendees was not available for inspection.

Food intake records were found to be unsatisfactory. The chart in use did not show the time when food/fluid had been taken or the signature of the staff member making the entry. Although the majority of charts were completed, there were a number which were incomplete or had only one entry on various days. Not all the dietician's recommendations had been carried out. For example, the dietician recommended that one resident be supplied with a hip bag filled with finger food and this had not been implemented.

2. Action required from previous inspection:

Put in place a clearly defined management structure that identifies the lines of authority and accountability, specific roles, and details responsibilities for areas of activity including support services.

At meetings on 12 November 30 November 2009, the provider told the inspection team that she was optimistic about filling the position of person in charge. The assistant director of nursing stated that the new person in charge was due to take up her post in January 2010. The provider was acting person in charge in the interim period.

On the day of inspection all staff who spoke to inspectors were clear about the management structure in place and specific roles and responsibilities. Badges worn by staff stated their name and job title.

3. Action required from previous inspection:

Provide a system to ensure that all staff are appropriately inducted and have regular performance reviews carried out.

Inspectors reviewed an induction pack for care assistants and staff nurses. Induction of care assistants was prioritised and the roll out to other grades scheduled for March 2010. The inspectors interviewed two recently appointed staff, a care assistant and a staff nurse, who gave favourable accounts of their induction period. The care assistant said she was provided with a mentor who supported her as she completed the tasks identified in the induction programme. She said that she was given an induction pack which she had completed and signed.

The nurse said she was supported by a senior nurse at all times and had been given protected time to read the centres' policies. Inspectors noted that both staff had signed the acknowledgment forms in the policy folders. The nurse who had previously worked for a short period at the centre said she had not been provided with an induction pack. The inspector noted that both staff were booked to attend elder abuse training and moving and handling training in early 2010.

The assistant director of nursing told inspectors that performance management for staff, which was due to be completed by 30 June 2010, had not yet been introduced.

4. Action required from previous inspection:

Make arrangements for occupation and recreation for all residents.

The inspector spoke with the activities staff member who explained that she dedicated 35 hours per week to activity provision and no longer participated in care assistant work. Inspectors reviewed individual activity care plans for each resident and noted that the care plans are to be reviewed monthly or bi-monthly.

Group activities were provided included bingo, reminiscence and current affairs. Activities provided for residents who did not enjoy group activities included ball games, skittles, singing, walking and chatting on a one-to-one basis.

Relatives were invited to a meeting two months previously to discuss activity planning for their relative. This was poorly attended with only two relatives present. The activity coordinator now meets with relatives when they visit to get information about the residents' past lives including the names of any pets they had, past hobbies and favourite music. The activity coordinator said that a care assistant with an interest in activities deputised for her when she is on leave. Inspectors saw residents in the day room participate in a reminiscence session as they reviewed a book about the locality, "A history of Mountrath". Christmas music was playing softly in the background. A baking session was planned for the afternoon. The activity coordinator explained that

there was an opportunity for all residents to participate at some level in the making of scones.

Inspectors noted that although an activity care plan was in place, a daily record of the resident's level of engagement or participation in an activity was not maintained. Care assistants and nurses interviewed did not see themselves as having an active role in providing stimulation for residents. They viewed this as the role of the activity coordinator who "looks after that". A care assistant, who'd been employed for over a month, could not provide information to an inspector about a resident's background or interests. She said she was unsure if she was allowed to read residents' files in order to access this type of information.

5. Action required from previous inspection:

Develop an individual and agreed care plan with each resident ensuring that it reflects the assessment findings.

Identify the actions to be taken by staff to ensure that all aspects of health, personal and social care needs of the resident are met.

Keep the care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at three – monthly intervals.

Inspectors reviewed a sample of care plans which showed a system to assess each resident and put a care plan in place to meet their assessed needs. Inspectors agreed that care plans were of a high standard. Risk assessments were completed monthly and care plans were reviewed on a monthly basis.

There was no evidence that the residents were involved in the process.

6. Action required from previous inspection:

Put arrangements in place to ensure that staff are trained and supervised on an appropriate basis pertinent to their role.

At the meeting of 12 November 2009, the provider outlined immediate measures she had taken following the recent inspection. She had organised staff in two teams, one for each wing of the centre. Each team was lead by a staff nurse who supervised the care assistants. The provider said that care assistants had received training about aspects of personal care including a DVD about how to shave and shower a resident. New guidelines for oral care were developed and practical teaching sessions were held for staff.

On the day of the inspection, the inspectors reviewed training records and found the following:

- 23 care assistants had viewed the DVD on 'Shower and Shave'
- the assistant director of nursing had provided practical sessions on oral care for 16 care assistants
- inspectors noted that training records for local training were adequate. However, the content of training provided by external agencies and the attendance were not available for inspection.

On the day of the follow-up inspection, there were two nurses on duty, each leading a team of three care assistants caring for residents in the left and the right wings. Care assistants and staff nurses told inspectors that following the handover report from night staff, which they all attended, each team met and organised the work and care for residents. The nurse was involved the delivery of direct care to residents. One nurse said that they all worked in pairs and she always worked with the least experienced care assistant.

During the inspection, inspectors observed that residents' overall appearance was improved. The female residents' personal appearance appeared to be superior to their male counterparts. An inspector saw a male resident still wearing a stained jacket and jumper, another was unshaven and wearing a stained jumper and another male resident's trouser legs were too long and dragged on the ground when he walked.

An inspector noted a member of staff attending to a male resident as he used the bathroom. The bathroom door was left partially open and exposed the man to public view.

7. Action required from previous inspection:

Make all the necessary arrangements, by training staff or by other measures, which is aimed at preventing resident's being harmed or suffering abuse or being placed at risk of harm or abuse.

The centre had a policy on protection of vulnerable adults which was in line with current best practice and legislation. The accompanying acknowledgment sheet was signed by staff including those most recently recruited to indicate that they had read and understood the policy. Records indicated that almost all staff had received training and four new staff were booked to attend elder abuse training which will be facilitated by an experience staff member in the New Year.

Three staff on duty were interviewed by inspectors on their knowledge of elder abuse. They outlined various types of abuse and could specify actions they would take if they witnessed or suspected elder abuse.

8. Action required from previous inspection:

Put in place a system whereby residents requiring dental services have access to a service.

Two residents had been referred to the dental hospital. The man who was mentioned as requiring the services of a dentist in the last inspection report had 10 teeth extracted and had a follow up appointment for 05 January 2010. He told the inspector that he was delighted to receive dental care. He said he felt he will get better now because his teeth had been causing him a lot of health problems. A lady had been recently fitted for new dentures but refused to wear them.

The provider had linked with a local dentist and was exploring the possibility of bi-annual dental visits for residents.

9. Action required from previous inspection:

Put arrangements in place to safeguard residents' personal possessions.

Staff interviewed stated that residents were offered the facility of a locked drawer. Inspectors reviewed the complaints log and saw that a locked drawer was offered to a resident who complained about items going missing. One resident declined to have items locked in a drawer, but availed of the offer to have jewellery stored in the nursing office.

A care assistant stated that items of laundry go missing "from time to time" but these were always found quickly. Residents who spoke with the inspectors did not identify missing laundry or missing possessions as problematic.

10. Action required from previous inspection:

Provide a system to ensure that staff are fully familiar with the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

At the meeting following the last inspection the provider said that the staff had access to the *National Quality Standards for Residential Care Settings for Older People in Ireland*. At the follow up inspection four staff were shown a copy of the document. A care assistant who displayed knowledge of the standards said he studied them while undertaking Further Education and Training Awards Council (FETAC) level 5 training. He had reviewed the document and to his knowledge other staff had also read it. The two nurses on duty and a care assistant said they were aware that the documents were available to them but they did not have the time to read them in detail and could not demonstrate any knowledge about the standards.

Inspectors saw evidence that staff had engaged in quality improvements in line with *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Standard 1: Residents Rights:
Information about weekly laundry charges of €25 was now included in the contract of care. A lady who was recently admitted told inspectors that she was made aware of this charge at the outset.

Standard 18: Routines and Expectations:
Residents' care plans were informed by the residents' wishes where possible in relation to bathing practices. Records reviewed showed that the majority of residents preferred to shower and the frequency of showers varied according to individual preferences. Residents and staff interviewed confirmed this.

Standard 25: Physical Environment:
Décor in many residents' rooms was enhanced with the provision of colorful rugs and throws.

Standard 19: Meals & Mealtimes
Meal times were changed to two sittings at 12.30 pm and 1.00 pm. This enabled residents with higher support needs to have appropriate and timely assistance with their meals. Staff and residents who were interviewed said that the new arrangement was better. Inspectors observed that staff provided individual attention to residents and the meals were appropriately paced and a relaxed social occasion.

Standard 26: Health and Safety
Staff changing facilities have been enhanced. Interim arrangements were in place for male and female staff changing facilities. Male staff were using a separate room with shower as a changing room.

11. Action required from previous inspection:

Put a system in place to ensure that records are secure, up to date, in good order and accessible when required.

Documents requested were stored in the nursing office and produced for inspectors in a timely manner.

12. Action required from previous inspection:

Introduce systems to endure that all fire safety measures are being met throughout the centre day and night.

During the follow-up inspection, all fire exits were clear.

13. Action required from previous inspection:

Provide adequate storage space to ensure that equipment and assistive devices are stored in a safe discrete manner.

Inspectors were satisfied that equipment was no longer stored in the dining room. Residents had assistive equipment such as wheel chairs and walking frames in their rooms. Hoists were stored in the corridors and inspectors were satisfied that the corridors provided adequate space to accommodate hoists. Other equipment was in a storage shed.

14. Action required from previous inspection:

Put a system in place to ensure that all equipment is maintained in a good state of repair at all times.

Inspectors reviewed the system for reporting and repairing out-of-order equipment. They found that the system was not robust. A hardback book was used to report items for repair and to acknowledge when repairs were made. Overall the records were accurate but items for repair and repairs carried out were not consistently recorded. The drier was out of order in the laundry and this was not recorded and the assistant director of nursing did not know how long it had been out of order. The last four items recorded as out of order had been repaired but the repair work had not been recorded. The assistant director of nursing said that the person deputising for her had not documented the repairs required or the repairs made. She also explained that a decision had been taken to replace the specialist bath with an ordinary bath. A timeframe for this was not given.

15. Action required from previous inspection:

Provide a sufficient number of bedpan washers and ensure that urinals are maintained in a good state of hygiene.

There was a bedpan washer in the sluice room in one wing of the building but not in the other. The assistant director of nursing said that arrangements were in place to bring all urinals and bedpans to this sluice for disinfection. Inspectors were not satisfied with these arrangements and staff interviewed did not indicate that this was the practice. There were mixed views about whether the bedpan washer could accommodate urinals or not. A care assistant spoken to said that the bedpan washer could not accommodate a urinal and the assistant director of nursing claimed that it could.

16. Action required from previous inspection:

Maintain the physical environment and ensure that it is suitably decorated.

An inspector visited the laundry and was satisfied that electric equipment was secured safely to the wall. The floors remained scuffed and paint was peeling from the walls. A drier which had an out-of-order sign had five wet towels in it.

17. Action required from previous inspection:

Make arrangements to ensure that urinals are washed and maintained in a good state of hygiene.

Inspectors were not satisfied that systems were in place to ensure that urinals were maintained in a good state of hygiene. An inspector visited the sluice rooms which did not have a bed pan washer and observed that urinals were stained with stale urine. A care assistant spoken to said that they should have been washed with the brush provided and steeped in disinfectant.

OTHER FINDINGS

During the inspection, inspectors found further areas where improvements were required.

The temperature of the centre

Residents in the left wing complained of the cold. When admiring a woollen throw on one resident's bed the lady said she required it to keep warm because the place was very cold, especially before Christmas. Other residents confirmed this. Although temperature readings were not taken, inspectors found the left wing and the nurses' office were not warm. They noted that electric heaters were in the rooms to supplement a substandard heating system. Inspectors asked the assistant director of nursing to rectify this immediately and spoke to the provider after the inspection to see if this had been addressed.

Environment

The smoking room did not have an extractor fan. A resident in the smoking room complained that "the place was freezing" because the window was opened to ventilate the room. Inspectors noticed that the door was open and smoke was wafting onto the corridor. A resident with a chest condition told an inspector that she found this quite distressing. The person in charge said that a resident persisted in opening the door in the smoking room. No measures were in place to manage this situation.

Recruitment Practices

Recruitment practices were not in line with the recruitment policy. The files of the two most recent staff recruited were reviewed. Although three references were legally required there was only one reference on both files. The assistant director of nursing stated that another referee had been phoned for a verbal reference for one of the staff members, but this was not documented.

Report compiled by

Mary O'Donnell
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

30 December 2009

Health Information and Quality Authority Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to additional inspection report

Centre:	Kilminchy Lodge Nursing Home
Centre ID:	52
Date of inspection:	29 December 2009
Date of response:	31 January 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to procure three references for recently recruited staff members.

Action required:

The provider must obtain in respect of each person employed the information and documents specified in schedule 2 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Three references obtained for one of the newly recruited staff members. Awaiting third reference from England for the other staff member.	 Ongoing

2. The provider is failing to comply with a regulatory requirement in the following respect:	
While arrangements were put in place to monitor and supervise care assistants, there was variation in the standard of their work. For example: ▪ Urinals on one wing were not washed or disinfected ▪ some food records were not consistently completed by care assistants ▪ there was a poor standard of personal hygiene for some male residents.	
Action required: Provide a system to ensure that care assistants are monitored and supervised on an appropriate basis pertinent to their role.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Sourcing bedpan washer Food recording charts have been redesigned to aid clarity, these are checked by nurses for accurate completion Personal care of male residents has been highlighted to all staff as an area requiring closer monitoring. Care assistants are aware that they must inform the primary nurse of residents who have not got adequate clothing or whose clothing is not in good state of repair.	 2 Months Ongoing Completed Completed

3. The provider is failing to comply with a regulatory requirement in the following respect: There was no system of performance review for staff.	
Action required: Provide a system to ensure that all staff have regular performance reviews.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Performance reviews will be completed for each staff member at least six monthly intervals. These will be completed by the person in charge.	30/06/2010

4. The provider is failing to comply with a regulatory requirement in the following respect: Heating was substandard in the left wing.	
Action required: Provide heating suitable for residents in all parts of the designated centre	
Reference: Health Act, 2007 Regulation 19: Premises Standard 12: Health Promotion Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Both boilers have been serviced. Heating specialists are currently working on heating with very positive results.	Ongoing

Awaiting milder weather in order to do maintenance work on under-floor heating in left wing.	

5. The provider is failing to comply with a regulatory requirement in the following respect:

There was no extractor fan in the smoking room and the smoke wafted into the adjoining corridor.

Action required:

Provide ventilation suitable for residents in all parts of the designated centre.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 12: Health Promotion

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Extraction fan fitted in smoking room.	Completed

6. The provider is failing to comply with a regulatory requirement in the following respect:

There was variation in aspects of quality of service to residents and continuity in the absence of the person in charge:

- Equipment requiring repair and repairs carried out were not recorded when the assistant director of nursing was off duty
- the standard of grooming was not consistent.

Action required:

Establish and maintain a system for reviewing and improving the quality and safety of care provided and quality of life of residents.

Reference:

Health Act, 2007
Regulation 35: Review of Quality and Safety of Care and the Quality of Life
Standard 30: Quality Assurance and Continuous Improvement.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff have been informed of the importance of recording maintenance requests in Maintenance Log Book Regular maintenance personnel have been informed that they must log visits in this book describing action taken Grooming addressed in Action 2.	 Completed Ongoing Completed

7. The provider is failing to comply with a regulatory requirement in the following respect: The laundry was in a poor state of maintenance and décor.	
Action required: Maintain the physical environment and ensure that it is suitably decorated.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The laundry room will be repainted and floor tiled.	 28/02/2010

Any comments the provider may wish to make:

Provider's response:

This inspection took place in my absence on December 29th, the first working day after Christmas. It was heartening to read of the inspection team's acknowledgement of the efforts made by the dedicated team of staff at Kilminchy Lodge to uphold the Christmas spirit despite the pressure of an inspection.

The inspection team were courteous to residents and staff and recognised determined efforts on the part of Kilminchy Lodge towards meeting standards in line with current nursing home regulations.

We look forward to a positive relationship with our inspection team and appreciate any suggestions that will enhance the life experience for our elderly residents at Kilminchy Lodge Nursing Home.

Provider's name: Patricia McCarthy
Date: 04 February 2010