



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

Issued by the Chief Inspector

Name of designated centre:	Kilrush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilimer Road, Kilrush, Clare
Type of inspection:	Announced
Date of inspection:	24 August 2023
Centre ID:	OSV-0000452
Fieldwork ID:	MON-0040645

About the designated centre

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

Kilrush Nursing Home is a purpose built facility located on the outskirts of Kilrush, Co. Clare. It is part of the Mowlam Healthcare group. The nursing home is two storey in design and accommodates up to 46 residents. It is a mixed gender facility catering for dependant persons over 18 years. It provides long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met. There is a designated memory care unit which offers care for residents with a diagnosis of dementia. Bedroom accommodation is provided in 17 single bedrooms on the ground floor and 23 single and three twin rooms on the first floor. All bedrooms have en suite toilet and shower facilities. There is a variety of communal day spaces including day rooms and dining rooms on each floor and a lift is provided between floors. Residents also have access to an enclosed courtyard and gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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 24 August 2023	09:00hrs to 19:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in this centre were provided with a good standard of care in a supportive environment. Residents were satisfied with the food served and the choices available. Residents were satisfied with the laundry services. The inspector found good regulatory compliance across the majority of regulations reviewed. Residents had high praise for the staff as individuals and also as a group, describing them as kind and caring. When asked about staff, one resident stated "they bend over backwards" to meet their needs. Residents told the inspector that they felt safe.

This was an announced inspection. Following an introductory meeting, the inspector walked through the premises meeting with residents and staff. The atmosphere was observed to be open and friendly. The living and accommodation areas were spread out over two floors with lift access. There were a variety of communal areas for residents to use on both floors. There were multiple notice boards with information for residents and visitors. The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. The inspector observed that many residents had personalised their bedrooms with items of personal significance, including their photographs, artwork and ornaments.

The inspector found that further action was required to ensure the care environment was safe and comfortable for the residents. The inspector observed that many parts of the building flooring remained in a poor state of repair; a repeated finding from the last inspection in January 2023. The inspector was informed that there was an ongoing schedule of floor and furniture repair and replacement in place. A communal bathroom was observed to be unclean. The cleaning schedule was last dated as cleaned two days prior to the inspection. The dining room counter top on the ground floor unit was visibly unclean.

The ground floor had a secure unit that accommodated seventeen residents with a diagnosis of dementia. The provider had large clocks with the date displayed on the bedroom walls and at the nurses station to support residents with dementia to be orientated to time and date. However, the inspector observed that multiple clocks were not accurate. For example, the clock at the nurses' station at 10.50am was dated the 17 August and the time displayed was 16:55pm. This could cause confusion to a resident with a diagnosis of dementia.

The inspector spent time on the ground floor unit observing residents and their engagement with staff. While none of the residents with a diagnosis of dementia were able to tell the inspector their views on the quality of the service, in the main, the inspector observed that residents appeared content and relaxed in their environment. Staff were observed promoting a person-centred approach to care and were observed to be kind and caring. Staff were observed supervising residents with painting, while other residents were very relaxed having their hair combed and relaxing while having a hand massage. Residents on the ground floor unit were seen

moving about unrestricted. In addition, there was unrestricted access to well maintained enclosed gardens.

There was a large communal sitting and dining room, on the ground floor, that was occupied by residents from the first floor. This room was supervised by a member of staff throughout the day. The inspector observed that the residents in this room spent long periods of time sitting with no social engagement. When the inspector asked the residents about how they spend the day, the feedback was mixed. Multiple residents stated they like to read, knit and spend time watching TV. Residents expressed dissatisfaction with the frequency of organised activities. Activities staff were on duty four days a week for six hours. The most recent resident survey completed in the centre had identified that while 40% of participants were happy with their involvement in deciding on activities, 60% were neutral. A small number of residents and their relatives had completed questionnaires in advance of the inspection. Satisfaction level with the service was mainly positive with some sections, such as activities, marked as neutral. The inspector acknowledged that residents stated that, when activities were held, they were of a good standard.

Visiting was facilitated in line with national guidelines, and the inspector observed a number of visitors coming and going throughout the day of the inspection.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The provider had applied to renew the application of the centre and this application was reviewed on this inspection. The inspector also followed up on a compliance plan submitted by the provider following the last inspection. The inspector found that the provider had not taken sufficient action to address non-compliance identified under Regulation 17: Premises. While the overall provision of care was found to be of a good standard, some further action was required in the assessment and care planning systems in place to ensure full compliance with Regulation 5: Individual assessment and care planning.

The registered provider was Mowlam Healthcare Services Unlimited Company. The provider had a number of designated centres in Ireland. The management structure in place identified clear lines of authority and responsibility. The person in charge was appointed in June 2023 and was in the process of being orientated to the systems and processes in place to ensure the service was appropriately monitored. The person in charge was supported by a regional manager and had access to all support structures available within the Mowlam Healthcare Group. The person in

charge was supported in the centre by one clinical nurse manager with fifteen hours a week allocated to the management role. There were two registered nurses on duty 24 hours a day, supported by a social care practitioner, part time activities staff, health care assistants, maintenance, cleaning, catering and administration staff.

The regional manager who was a person participating in the management of the centre visited the centre frequently and minutes of meeting reviewed evidenced that clinical and operations matters in the centre were discussed. The provider had implemented an auditing management system as part of the systems in place monitoring the service. The person in charge had responsibility for completing monthly clinical and environmental audits. The audits reviewed on the day of inspection lacked the detail required to facilitate analysis. The management team could not explain what the audit findings were, and therefore, no quality improvement plans were developed.

On the day of inspection there were sufficient numbers of staff on duty delivering direct care. The inspector was informed by the person in charge that the centre required six healthcare assistants per day to attend to the direct care needs of the residents and this was in place on the day of the inspection. However, a review of the roster found that the healthcare assistant staffing could not always be filled and the resources available was not sufficient to cover planned and unplanned leave. There were three healthcare assistant positions vacant at the time of inspection. A review of the roster over six days, evidenced a staffing shortage of between six and 36 hours (in one day) in the availability of health care staff. The provider had an ongoing recruitment programme in place to address the vacancies.

The inspector reviewed the record of staff training. The registered provider had a comprehensive training programme in place for staff. A review of the records indicated that staff had received up-to-date training in areas such as safeguarding residents from abuse, fire training and dementia care. Staff responses to questions asked displayed a good level of knowledge.

Staff files reviewed contained all the items listed in Schedule 2 of the regulations. An Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff. All new staff had completed a process of induction into the centre. The documentation to support this induction process was completed on all files reviewed.

Incidents were appropriately notified to the Chief Inspector, within the required time frame.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured the availability of sufficient resources. At the time of inspection, there were three healthcare staffing vacancies in the healthcare assistants. This meant that the daily staffing requirement was not consistently available to ensure planned and unplanned leave was replaced. A review of the rosters, over a continuous six days found there were staff shortages varying from 6-36 hours of direct care for the day.

The inspector found that the oversight and supervision in place specific to the management of resident wounds, was inadequate. The inspector reviewed the wound management documentation, and found that evidence of interventions that prevent wound deterioration, such as frequent turning, was not available for review.

The provider had failed to implement the last compliance plan specific to the overall state of repair of flooring and resident bedroom furniture. The provider had committed to ensuring repair, and where required, replacement of furniture and flooring in corridors and resident bedrooms by the 31 March 2023.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with regulation requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found there was a person-centred approach to care, and residents' well-being, choice and independence was actively promoted by a dedicated team of staff. The residents reported that they felt safe.

The inspector found that the staff delivering the direct care were knowledgeable regarding the care needs of the residents. Each resident had an assessment of their health and social care needs completed on admission. A range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. However, the inspector reviewed a sample of residents' files and found that when a change in health occurred, the care plans were not always updated, to reflect the changing needs of residents. For example, advice from tissue viability nurse specialist had not been updated in the care plan.

The inspector reviewed the documentation in place specific to the care of residents wounds. The system that was in place to monitor residents with pressure wounds did not provide assurance that residents were receiving care in line with their care plans. Staff were directed to ensure residents at high risk of developing pressure related ulcers were to be repositioned every two hours, these records were either not available for review, or had significant gaps in the recordings. This meant that there was no assurance that residents were repositioned as per the care plan and guidance in place.

Residents were reviewed by their general practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to allied health and social care professionals for additional professional expertise.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Care plans in place for residents detailed triggers that could cause distress, and detailed the intervention staff should take to ensure the best outcomes for residents.

Staff demonstrated an appropriate awareness of their safeguarding training, and detailed their responsibility in recognising and responding to allegations of abuse.

The rights of residents were promoted in the centre. Residents were supported to express their feedback on the quality of the service. Staff engaged with residents to ensure the service they received was based on their preferences and choice. Residents' satisfaction surveys were completed. Residents had access to an independent advocacy service. A resident survey had been completed in May 2023. Overall, satisfaction levels were high with the service provided.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Safety checks were in place to ensure means of escape were unobstructed. Fire drills were completed weekly to ensure all staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency. In addition, residents took part in simulated fire drills. Staff responses on what action to take in the event of the sounding of the fire alarm were detailed and consistent.

The overall state of the premises with regards to the flooring and resident bedroom furniture remained poor. The provider had replaced ten resident wardrobes, with a further fifteen on order and awaiting delivery. A schedule was in place to repair damaged wardrobes. While some action had been taken with regard to the maintenance of the premises following the previous inspection in January 2023, further work was required to come into full regulatory compliance.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 17: Premises

Action was required to bring the centre into compliance with Regulation 17: Premises. This was a repeated non-compliance from the January 2023 inspection and was evidenced by:

- multiple resident bedroom wardrobes were in a poor state of repair.
- the floor covering in multiple bathrooms remained in a poor condition.
- a communal bathrooms in use by residents was visibly unclean. The last record that the room had been cleaned was the 22 August 2023, two days

prior to the inspection.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Care plans were not always developed in line with the most recent assessment. For example, a resident with a significant pressure associate wound did not have their care plan updated in line with changes to the wound. This meant that the care delivered to the resident may not be consistent and in line with the needs of the resident.
Care plans were not always updated to reflect changing needs in resident care. For example; a resident that had sustained a significant injury that impacted on their mobility had not had their care plan updated to reflect their changing needs for 14 days following the assessment.
Judgment: Substantially compliant
Regulation 6: Health care
Residents had timely access to medical assessments and treatment by their general practitioners. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, and palliative care. There was good evidence that advice was followed that ensured positive outcomes for residents.
Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy. For example; bedrails were not used in the centre.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. There were systems in place to safeguard residents monies and items of importance handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after, and that they had a choice about how they spent their day.

Residents had access to independent advocacy services.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	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 Kilrush Nursing Home OSV-0000452

Inspection ID: MON-0040645

Date of inspection: 24/08/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC will ensure that staffing levels are always sufficient to meet the assessed care needs of all residents in the home. Since the inspection, two of the three assigned overseas staff have commenced in the Home, and we have hired one full-time Healthcare Assistant locally. • The PIC will ensure that there is always appropriate cover for staff who are taking planned leave. The PIC will cover unscheduled leave by consulting with staff to adjust their roster; if this is not possible, the PIC will book agency staff to cover for staff who are unavailable to work their rostered hours. • The PIC will ensure that all documentation associated with management of resident wounds is completed. Discussion of resident wounds will be included in daily handover and Safety Pause meetings and will be reviewed at monthly management team meetings. • A phased plan for replacement of resident bedroom furniture commenced in May of 2023 and will continue through Q1 of 2024. Any remaining flooring repairs will continue until all are completed. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • There is a phased refurbishment plan in place to address the required replacement of wardrobes in resident bedrooms and floor covering in resident bathrooms; this refurbishment programme will continue throughout Q1 of 2024. • The PIC will ensure that all communal bathrooms are cleaned at a minimum daily, and 	

standards of cleanliness of the environment will be discussed at each monthly management meeting to maintain awareness of all staff about the importance of consistency in maintaining appropriate standards. The PIC will monitor compliance with expected standards of cleanliness in the home.

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:

- The PIC will ensure that resident care plans are updated to reflect the assessed care needs of the resident. For those residents with a pressure associated wound the PIC will ensure that any/all recommendations from the Tissue Viability Nurse (TVN) are documented and discussed at Daily Handover and Safety pause.
- The PIC will ensure that care plans are updated in a timely manner to reflect any changes in residents' care needs. For those residents returning from hospital the PIC will ensure that the care plan is reviewed, and updated information will be sufficiently comprehensive to direct care.

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.	Substantially Compliant	Yellow	31/03/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/10/2023

	consistent and effectively monitored.			
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	31/10/2023