



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:	Unannounced
Date of inspection:	13 September 2023
Centre ID:	OSV-0000144
Fieldwork ID:	MON-0041319

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 43 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 seven multi-occupancy rooms each of which accommodate up to three residents. The remaining 22 beds are made up of 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:	39
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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 13 September 2023	10:05hrs to 16:05hrs	Geraldine Flannery	Lead
Wednesday 13 September 2023	10:05hrs to 16:05hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

Inspectors spoke with residents and visitors throughout the day of the inspection, to elicit their experiences of life in Kilmainhamwood Nursing Home. Overall, residents and their relatives told inspectors that they felt safe in the nursing home and that the care they received was excellent and they had no complaints.

Inspectors walked around the nursing home with the person in charge. They observed that bedrooms were homely and filled with the residents' personal possessions. One fire door was partially obstructed with furniture, however this was removed when identified by inspectors. Storage was an issue, flammable items were observed stored in two separate areas containing electrical fuse boxes, and items were stored on the floor of other store rooms. This practice meant that the floors of these rooms could not be cleaned properly and as seen, boxes stored on the floor appeared damp.

Residents told inspectors that their call bells were answered quite quickly and this was also observed by inspectors while walking around the centre. The residents commented that the staff were always lovely to them. Staff were observed popping into rooms to check on residents and chatting to them throughout the day. Many residents were in the day room and dining room and staff were always present in these areas. The staff appeared to be very familiar with the residents and were respectful in their interactions.

Residents informed inspectors that they had a good choice of food available to them. They said that they liked the food, they got plenty to eat and had access to food at all times. Residents were also able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms. Lunch was observed and inspectors found that staff were knowledgeable of the residents' preferences and of those with special requirements such as diabetic diet and modified textured diets for those with difficulty swallowing. A variety of drinks were being offered to residents with their lunch. Residents' independence was promoted with easy access to condiments and drinks on each dining room table.

Residents told the inspectors that they had good access to health care such as general practitioners (GP), opticians, physiotherapist and chiropodists. They told inspectors that their GP had been in that morning and was in every week and that a chiropodist came in every six weeks or so. They said if they needed to see someone with any health care related matter it would be arranged for them. For external appointments the residents could go with their family or the nurses would make the arrangements for them.

Residents told the inspectors that they had enough storage for their belongings and clothes in their rooms. Residents said that their clothes were regularly laundered and returned to their rooms and that they did not have any complaints about the

laundry service.

Residents said they were involved in the running of the centre, they attended the resident meetings where they could have their say. Minutes of the last residents meeting from July 2023 were seen in each resident's bedroom. Inspectors saw evidence that residents and where appropriate, their families were involved in their care plan.

Residents informed the inspectors how staff supported them to enjoy life in the centre. Newspapers were delivered daily to the centre. An activity coordinator was on site to organize and encourage resident participation in events. One resident spoken with said that there was lots of activities to choose from and that in particular they enjoyed the outings, including a recent day trip to the beach where they said they 'enjoyed a stroll on the beach' and 'refreshments in a different surrounding'. On the day of inspection, the inspectors observed the priest saying Mass which the residents said they were really happy with that arrangement.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that the designated centre was well-resourced and well-governed, where residents were supported and encouraged to have a good quality of life in the centre. Notwithstanding the positive improvements made by the provider since the last inspection, inspectors found that there was opportunity for further improvement in relation to directory of residents, notification of incidents, contract for provision of services and governance and management, and will be detailed further under the relevant regulations.

This was an unannounced risk-based inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspectors reviewed the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider was Mowlam Healthcare Services Unlimited Company. The senior management team included the provider representative, the person in charge, director of care services, healthcare manager and the assistant director of nursing.

The annual review for 2022 was available and included a quality improvement plan for 2023. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident and

relative satisfaction surveys and quality improvement plans were put in place to address issues.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. A sample of staff records were reviewed by the inspectors and each staff had completed An Garda Siochana vetting requests prior to commencing employment.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector. However, not all notifications were communicated in line with the requirements and will be discussed further in Regulation 31; Notification of incidents.

Overall, the documents reviewed met the legislative requirements including the complaints procedure. However, the directory of residents, or the contracts of service provision did not fully meet the legislative requirements and will be discussed under the relevant regulations.

Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The hard copy of the residents directory was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. The addresses of a number of residents' next-of-kin and the telephone number of their general practitioner (GP) were not included.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors identified that some management systems required review to ensure the effective monitoring of the service. The following required attention:

- The oversight of storage arrangements and practices required strengthening to ensure a safe service. For example; flammable items were stored beside electrical fuse boxes in two separate areas within the premises. This was a repeat finding from a previous inspection.
- Not all notifiable incidents were submitted to the Chief Inspector within the required time frame
- Oversight of care planning arrangements required to be further strengthened to reduce duplication and ensure that resident's care plan contained all the current relevant information to effectively guide care.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Overall they met the legislative requirements, however, for those residents admitted into a twin bedroom for respite purposes, their contracts of care did not state the number of occupants in that room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Some notifications as required under the regulation had not been given to the Chief Inspector within three working days of the incident occurring. For example,

- The three-day notification required informing the Chief Inspector of an incident of alleged abuse to a resident.
- The three-day notification required informing the Chief Inspector of a serious injury to a resident which requires immediate medical and/or hospital treatment.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Inspectors found that residents felt safe and were supported and encouraged to have a good quality of life in the centre. Although improvements had been made since the last inspection in relation to infection prevention and control, further action was required to come into compliance with Regulation 27. Improvement was also required in respect of care planning arrangements to ensure they effectively guided staff in the care delivery.

Inspectors reviewed a sample of residents' records and saw that residents were assessed using a variety of validated tools. This was completed within 48 hours of admission. Detailed and person-centred care plans were in place addressing the individual needs of the residents, and these were updated within four months or more often where required, however further improvements were required to ensure historical information was removed and that all recommendations made by health care professionals were included in current care plans.

Where bed-rails or any form of restraint was in use, the resident's care plans reflected that they were in place at the request of the individual resident or due to a clinical decision which was reflected in a restraint assessment; these assessments outlined the alternatives that had been trialled prior to restraint been used.

Residents had an activities assessment completed which reflected each resident's interests, likes and preferences. There were adequate facilities available to deliver activities to residents. Residents were seen having adequate opportunities to participate in meaningful activities on the day of inspection. The timetable of activities on display included some activities to meet the needs of those living with dementia.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or

physical environment) were being effectively supported by staff.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Training records indicated that all staff have completed safeguarding training. The nursing home was pension-agent for six residents and a separate client account was in place to safeguard residents' finances.

The premises were overall clean and tidy with an adequate amount of communal space available for residents to use, including a sitting room, a dining room, a seating area in the large foyer and a visitors/quiet room. However, outstanding issues in respect of inappropriate and unsafe storage practices were found on this inspection.

Infection control practices had improved. The majority of issues identified on previous inspections had been addressed. There were sufficient hand sanitizers available on the corridors, however there was a limited number of dedicated clinical hand wash sinks available for staff use. Further areas for action are detailed under Regulation 27; Infection, prevention and control.

Regulation 17: Premises

Overall the premises was well maintained and appropriate to the number and needs of the residents living in the centre..

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that improvements were necessary to ensure that infection prevention and control practices in the centre reflected the National Standards for infection prevention and control in community services (2018). For example;

- Single use dressings observed to be open and partly used, were stored with un-opened products, which could result in them being re-used and posed a risk of cross-contamination.
- Storage in shared bathrooms required review as inspectors noted that many products were unlabelled and stored in the same area. It was unclear to which resident these items belonged. This posed a risk of cross-contamination.
- Storage areas required reorganising to ensure items were stored off the floor such as cardboard boxes, to enable effective cleaning.

- Alcohol-based hand-rub was available in wall-mounted dispensers along corridors. However, barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were a limited number of dedicated hand wash sinks for clinical staff use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The following gaps were identified:

- The residents' care plan was not always updated after recommendations being made by a member of the multi-disciplinary team. For example, one resident who had been assessed by a dietitian did not have all the recommendations entered into their food and nutrition care plan, although it had been updated since the assessment. This meant that the care plan did not effectively guide staff in respect of resident's current care and needs requirements as per assessment
- Residents' care plans contained a lot of historical information which was no longer relevant and could lead to confusion regarding the most relevant plan of care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated center's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed appropriate, the rationale was reflected on an individualised risk assessment.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

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	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially 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 Kilmainhamwood Nursing Home OSV-0000144

Inspection ID: MON-0041319

Date of inspection: 13/09/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • The PIC has updated the Directory of Residents to include all the information required for all residents, including the surname and address of the next of kin, and the address and/or telephone number of their General Practitioner (GP). 	
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 provide regular oversight and will implement measures to ensure that the storage arrangements and practices are appropriate and safe. All items have been removed from the identified cupboards where there are electrical fuse boxes in situ and these cupboards will no longer be used for storage. • The PIC will screen all incidents and will ensure that all notifications are submitted to the Chief Inspector within the required timeframe. • The PIC will ensure that clinical documentation is accurate, updated as required and reflects the care needs of each resident. The PIC will meet with individual nurses to identify and implement improvements to care records. • The PIC and Healthcare Manager (HCM) will review action plans to ensure that recommended actions are implemented and completed within the timeframe as planned. • The PIC will oversee the auditing process to ensure that audit results accurately reflect the standards and that there is a quality improvement plan to address any corrective actions in respect of care planning as a result of the Clinical Care Audit. This will include a review of the quality-of-care plans and ensure that residents' care plans contain all the 	

current relevant information to effectively guide resident care.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- The PIC and Administrator will ensure that all Contracts of Care state the number of residents accommodated in any shared rooms within the centre.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The PIC will ensure that all incidents are screened regularly and that all notifications are submitted to the Chief Inspector within the required timeframe, in accordance with legislative requirements.
- The HCM will check on a weekly basis with the PIC to ensure that this has been done.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The PIC will ensure that all single use dressings and equipment are disposed of after use.
- The PIC has completed a review of the storage in shared bathrooms and will provide each resident with personal storage space that can be identified as individual to them.
- All items stored inappropriately have been removed off the floor to enable effective cleaning.
- A premises review will be completed in relation to identifying the most appropriate area for the installation of additional clinical handwash sinks and a schedule of works will be developed in relation to this requirement.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The Clinical Care Audit tool will give oversight of the assessment and care planning process. The audit includes an action plan to address any areas of identified non-compliance and follow-up reflective practice meetings will be held with each individual nurse to review any actions required in relation to their care plans. This will cover the inclusion of any MDT recommendations and ensuring that all historical information is archived. • The PIC and HCM will review action plans to ensure that recommended actions are implemented and completed within the timeframe as planned. • The PIC will oversee the auditing process to ensure the audit results accurately reflect the standards and that there is a quality improvement plan to address any corrective actions in respect of care planning as a result of the Clinical Care Audit, this will include a review of the quality-of-care plans and ensure that residents' care plans contain all the current relevant information to effectively guide resident 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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2023
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not	Substantially Compliant	Yellow	31/10/2023

	included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/10/2023
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	31/10/2023

