<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Killeline Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000423</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cork Road, Newcastle West, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>069 220 61 or 069 698 36</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@killelinenursing.ie">info@killelinenursing.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Killeline Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
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<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<td>60</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 28 March 2019 12:00
To: 28 March 2019 19:00
29 March 2019 09:45
To: 29 March 2019 19:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
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Summary of findings from this inspection
This inspection of Killeline Nursing Home by an inspector from the office of the Chief Inspector was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. Prior to the commencement of the dementia thematic inspections providers were invited to attend information seminars. In addition, evidence-based guidance had been developed to guide providers on best practice in dementia care and on the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to the office of the Chief Inspector prior to the inspection. During the inspection there were 60 residents in the centre with three vacant beds. The person in charge had stated that approximately one third of the residents had been diagnosed with dementia and a further group had a degree of cognitive impairment. The inspector followed the experience of a number of residents with dementia within the service.
The inspector observed care practices and interactions between staff and residents using a validated observation tool.

As part of the dementia thematic inspection process the inspector met with residents, visitors, the registered provider representative (RPR), the person in charge, the clinical nurse manager (CNM) and staff members from all roles. The inspector reviewed documentation such as care plans, health care records, policies and the activity programme. The centre was found to be clean and well maintained and had a specifically designed unit for 14 residents with dementia. All residents were accommodated in single or double en-suite rooms which were equipped to support their dependency levels. Residents and relatives spoken with praised the staff, the care and the service provided in the centre.

The Standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016 formed the basis for the judgments made by the inspector. Six outcomes covering a number of the regulations were inspected against and the inspection findings were set out in the following report.

A number of the findings required action by the registered provider to ensure full compliance with the regulations for the sector. The action plan at the end of the report sets out the required actions to be addressed.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A comprehensive assessment of the health and social care needs of residents who had dementia took place prior to admission. The person in charge carried out the pre-admission assessments to ensure that the centre could accommodate the particular needs of those with dementia. Appropriate care plans were seen to be in place which were reviewed four-monthly. General practitioner (GP) services were available to residents. The pharmacist visited the centre and supplied medicines as prescribed by the GP. Allied health care services such as chiropody, speech and language therapy (SALT) and the dietitian were consulted. Documentation from these personnel confirmed that they visited residents in the centre. Physiotherapy sessions were currently available on a private referral only. Hairdressing services were accessed on a weekly basis. Referrals and follow-up appointments with consultants were facilitated for the assessment of residents with dementia. Clinical assessments such as skin integrity, mobility, falls, nutrition and cognitive assessments were completed. The inspector spoke with a number of staff who were found to be familiar with residents’ nutrition needs, dietary requirements, likes and dislikes. Modified diets looked appetising. Food choices were impressive. Residents had a menu to choose from and fresh home baking was available. The inspector found however that there were some inconsistencies documented in the care plans of residents. For example, one resident who had been identified as requiring a texture B diet was still documented as suitable to receive a texture A diet. This presented a choking risk to the resident which had not been risk assessed.

Residents with dementia and their representatives, where appropriate, were involved in developing care plans. Residents’ signatures were seen on consent forms within the care plan and on their contracts of care. A number of end-of-life care plans were in place and others were being developed with support from relatives. However, the inspector found that these were not easily accessible to staff particularly in relation to each resident’s resuscitation status where known. The CNM undertook to make these records more visible in the event of an emergency. There were facilities available for relatives to stay with residents at end of life. Specialist palliative services were available for symptom control, if required.

Residents' preferences and life story information were recorded. The documentation was
supported by family involvement. The activity coordinator stated that this information was used to inform the activity programme and the daily routine of each resident. There were opportunities for residents to participate in activities which suited their needs, interests and capacities. There was an emphasis on promoting health and general wellbeing.

In general, the health and social care aspects of care were well managed. However, the inspector found that a number of prescribed drugs required clarification as to the dose and times of administration. In the sample of medicine records viewed by the inspector there were discrepancies between the records from the pharmacist and the records in the medical administration sheet (MAR) as signed by the GP. In addition, some PRN (when required) psychotropic medicines and other medicines required review as the relevant residents had not required some medicines for an extended period of time. Not all medicines no longer in use had been returned to pharmacy. One resident had been prescribed a medicine which was unsafe for that person. The nurse had noticed the error, however the medicine had not been documented as discontinued and was still written on the MAR/prescription sheet. In addition, the inspector found that a medicine had fallen on the floor of one bedroom and it was not possible to ascertain if the resident had been given a replacement dose. A further risk was identified by the inspector which had not been addressed: a medicine had been changed by the GP, however this medicine was still contained within the resident's 'blister' pack (a method of delivering individual medicines). This had to be removed each night by the night staff prior to administration of the other medicines in the blister pack. This practice posed a high risk the resident involved. The inspector could not ascertain where the removed medicine had been placed in the absence of a suitable container for the disposal of unused medicine. In addition, medicines had been transcribed by a nurse who had not adhered to the centre's policy on transcribing medicines from the prescription into the MAR chart.

One unit in the nursing home accommodated a group of thirteen residents with complex medical and social needs. One of these residents spoke with the inspector about the "poly-tunnel" in the garden and explained about the vegetables that they were growing there. Residents in this unit also said they enjoyed movies, walks to the nearby town and bus outings to various centres and events. One resident showed his impressive array of art work to the inspector. The inspector was not assured, however, that they were fully facilitated to optimise their daily lived experience within the nursing home setting. Physiotherapy or occupational health services were not readily available to assess the specialist needs of a number of these residents, some of whom were relatively young residents, accommodated in the sector due to the lack of a more suitable service. The lack of a readily available occupational therapist service had a negative impact on the quality of life of one resident who had been waiting an extended period of time to access his own specialised chair which had been sent for repair. The RPR confirmed that there were no external, specialist support groups available from the relevant sector in the health service or community for these relatively young residents. Even though they were supported by a group of dedicated staff within the nursing home there were times during the day when there was only one staff member on duty for these residents. This was addressed in the section on "Staffing" in this report.

Judgment:
Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The policy on the prevention of abuse was seen to reference the most recent evidence-based practice. Staff spoken with by the inspector said that they were aware of the procedure to follow in the event of an allegation of abuse. Training records confirmed that staff had received training in this aspect of care. Residents spoken with said that they felt safe in the centre and that staff were supportive and kind.

There was a policy in the centre to support staff in intervening appropriately with residents who exhibited behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD). A number of staff members said that relevant training had been provided to them. Individualised care plans on behaviour issues were in place in a sample of residents' records reviewed by the inspector. The inspector found that staff appeared to be patient and understanding when any resident began to communicate restlessness or anxiety.

Residents with dementia who required bedrails were checked regularly when these were in use. There was evidence that consent of the resident or a representative had been sought for bedrail use. The inspector observed that a number of other residents had the use of low-low beds. Sensor alarm mats were placed next to beds and on armchairs to alert staff should a resident at risk of falls get up unattended.

Residents' finances were managed carefully in the centre according to records seen. Two staff members signed for financial transactions. Receipts and invoices were given to residents for payments such as hairdressing, pharmacy, chiropody and physiotherapy, where relevant. Small amounts of money and some valuables were kept in the safe on behalf of other residents. The centre acted as a pension agent for 13 residents. The accounts were managed in a clear and transparent manner. Individual balance sheets were maintained for each resident and all transactions such as lodgements and withdrawals were clearly recorded. Residents had access to a secure locked press in their bedrooms should they wish to store any valuable or personal items.

While the inspector found that measures were in place to protect and safeguard residents, these were not always adequate as follows: The inspector found that a number of complaints in the complaints log could be construed as allegations of abuse and had not been investigated as such. These allegations had not been notified to the Office of the Chief inspector, as required under the Regulations. The person in charge
undertook to retrospectively submit the required notifications to HIQA. In addition, there was an ongoing safeguarding allegation which had not been clearly resolved or addressed in a satisfactory manner in line with the safeguarding policy. In addition, this allegation had not been followed up with appropriate action to protect the vulnerable resident from further alleged abusive interactions.

**Judgment:**
Non Compliant - Major

### Outcome 03: Residents’ Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge informed the inspector that there were opportunities for residents to participate in activities that suited their assessed needs and interests. The minutes of residents' meetings were reviewed. Surveys were carried out and residents were seen to be consulted at meal times as regards the choices available. Most residents were seen to have access to the gardens, the communal rooms and oratory. The inspector observed that residents who were accommodated in the dementia specific unit were accompanied by a family or staff member when leaving the unit, for safety reasons. Residents with dementia were included in a number of activities.

There were photographs on display which had been taken at events both inside and outside the centre. Visiting time was unrestricted and there were a number of sitting areas where residents could meet visitors in private. Residents with dementia were provided with snacks and drinks throughout the day. The weekly activity schedule included baking, quiz, chair-based exercise, music sessions, board games, boccia, art work and newspaper reading. One staff member worked five days a week in the centre to co-ordinate and lead the activity programme. The inspector spoke with this member of staff who explained the programme on offer and the benefits to residents of choice and variety. The inspector observed a number of the activity sessions and saw that residents' well being was enhanced by the various social moments and personal interactions. The centre had recently increased an extra charge to residents which had resulted in concerns being raised by a number of families. The inspector found that there had been an individualised approach adopted by the management to address any concerns in relation to this increase.

Staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one-to-one interactions. Life stories and social care plans were available in each resident's personal file which contained information necessary to promote a person-centred approach to the holistic care of
Residents with dementia received care in a dignified way that respected their privacy. The communication policy included strategies for effective communication with residents who had dementia and care plans in individual resident's files supported effective communication.

Positive interactions between staff and residents were observed during the inspection. The inspector used a validated observation tool to rate and record, at five minute intervals, the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the large sitting room area and in the dementia specific unit. Each observation lasted a period of 30 minutes during which time the inspector evaluated the quality of interactions. In one sitting room area the inspector found that interactions were positive and meaningful. Staff members interacted with residents in a calm and relaxed manner. During an exercise session residents were encouraged to respond according to their abilities and capacity. Residents were seen to enjoy the music, the games and the singing session by responding, exercising and dancing to familiar songs. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

Two other observation periods were undertaken throughout the day in the dementia specific unit. Staff were seen to support residents who required help to eat their meals and to speak with each resident before any support was offered. There were sufficient staff on duty in the sitting room during the meals. There was a calm atmosphere in the room providing a sense of positive wellbeing for residents with dementia. Staff were later seen to massage resident's hands and this was welcomed by residents who enjoyed the smell from the hand cream. The inspector found that many of the interactions in the dementia specific unit during the observation periods involved positive connective care. However, there were also indicators of neutral care particularly when staff were busy attending to other residents. For example, the inspector found that there were periods of time when residents were unattended, residents did not have someone to talk with or residents were sitting without sufficient meaningful activity to occupy them. This was discussed with the person in charge as regards training staff in providing this meaningful interaction when the activity coordinator was not present. In addition, the inspector found that the layout of the large sitting room in the dementia unit was not conducive to social interaction among residents, many of whom also had their meals in the room. The activity coordinator said however, that when she was carrying out sensory activities, such as Sonas, she rearranged the chairs into a semi-circle which increased sociability. The clinical nurse manager undertook to review the layout of the room with residents and staff in the dementia specific unit with a view to adding some tables where residents could sit for activities, with visitors or for their meals.

The inspector found, overall, that there were systems in place to support residents with dementia, and their representatives, to participate in care planning. The inspector met with a number of residents and family members of residents who were praiseworthy of staff and of the care available in the centre. The inspector was informed that leaflets were available in the office with contact information for advocacy services. However, these notices were not sufficiently accessible to enable residents and relatives to avail of this national, independent service if required. The person in charge told the inspector
that the centre had recently engaged a person to work as an advocate in the centre. At the time of inspection one resident who spoke with the inspector was not happy in relation to placement as it was a long distance from home. The inspector did not see evidence of sufficient consultation prior to admission to the centre.

**Judgment:**
Non Compliant - Moderate

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Policies and procedures were in place for the management of complaints. Residents informed the inspector that they were aware of how to make a complaint. They expressed confidence in the complaints process and stated they had no concerns about speaking with staff.

The person in charge was the person nominated to deal with complaints. Most of the records of complaints, the results of any investigation and the actions taken were maintained. The inspector found that at the time of inspection not all complaints had been closed off or the satisfaction of all complainants was not recorded. In addition, the notice on display in relation to complaints management did not have the details of an independent advocate, the ombudsman for older people or the contact details of the complaints officer and the appeals person. The policy on complaints management also required updating in relation to these details.

**Judgment:**
Substantially Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge informed the inspector of the number of staff on duty during the day and night shifts, including their roles and responsibilities. The staff rota on the day of inspection confirmed this. Staff stated that they felt that generally there were adequate numbers of staff available to meet the health and social care needs of residents. However, the inspector saw that one complaint involved a staff member who had stated that it was very busy at drug administration times. This had resulted in a complaint from a resident that he was rushed with his medications. The inspector saw that there was only one carer available with the night nurse on the 14-bedded dementia unit and one carer available with the same nurse in the other 13-bedded unit for residents with complex needs. The inspector formed the opinion that the staffing levels at evening and night shift were not adequate for the complex need of the residents in these two units. This was particularly relevant as the units were based on different levels of the centre. This finding was based on observations around the centre in the evening time when there were long periods of time when residents were unsupervised due to two staff members being engaged in helping residents prepare for bed and other staff having their breaks. The management staff undertook to audit and survey the staffing levels on the evening and night shift to ascertain safe and adequate staffing levels.

A number of staff had mandatory training as required by the Regulations. Appropriate training such as manual handling, infection control and dysphagia (difficulty in swallowing) training was also provided. However, all staff had not been afforded suitable and relevant training to meet the complex needs of all residents in the centre, a number of whom were supported with one-to-one care access on a 24-hour basis, funded by the Health Service Executive (HSE). These staff members were drawn for the centre’s own cohort of staff. The inspector formed the opinion that appropriate training in the management of actual and potential aggression was required for all staff to support residents to avail of optimal care and to support staff in best-evidence based practice and the management of risk.

The inspector reviewed a sample of staff files and found that records were very well maintained. Files were found to contain all the required information including up-to-date professional registration where applicable. Documentation was seen which indicated that staff appraisals were carried out annually. The person in charge stated that all staff were required to have updated Garda (police) vetting clearance in place, for the centre, prior to taking up employment there. This was a legislative requirement under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016.

**Judgment:**
Non Compliant - Moderate

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The two-storey premises was previously operated privately as a lodge/guesthouse. Consequently there were wonderful proportions in the main sitting and communal areas. The building had been bought by the present owners and converted to a nursing home in 2007. There were 55 spacious bedrooms in the centre all of which had en-suite bathrooms. The majority of the bedrooms were private, with eight double bedrooms. There were three distinct units in the centre. A 14-bedded unit for those with dementia, a 13-bedded unit for people with more complex issues and a 36-bedded unit, set out over two floors, which catered for residents with various care needs, including dementia.

There were extensive gardens surrounding the building and residents had access to these for walks with family and staff. Each individual unit for residents had access to a secure garden also. Adequate car parking spaces were provided. The person in charge stated that renovations were undertaken annually and the centre was upgraded on a regular basis by the maintenance person. Sitting, dining, dayroom and recreation rooms were spacious and comfortably furnished. They provided adequate opportunity to allow private family visits, social events and communal activity sessions.

The centre had a unit specifically set aside for 14 residents with dementia. This had been beautifully repainted and decorated in a dementia-friendly design to suit the needs of residents. The dining room/kitchen area was decorated in the style of a cottage kitchen. Staff had sourced a large dresser which had been painted in a soft blue colour. This was dressed with china teacups and other delph brought in by staff and relatives. Bedroom doors were all painted in different colours to reflect the style of individual front doors. There were colourful murals on the walls and on the entrance doors. The décor supported familiarity, reminiscence and a homely atmosphere. Bedrooms were personalised with residents' possessions which enhanced the quality of their lives in the centre. A reminiscence/memory box had been hand-made for each resident by the maintenance man. These were placed outside residents' bedrooms and contained a variety of objects and photos directly associated with each individual. This meant that staff were aware of areas of interests and important life events which enabled effective communication with residents. The person in charge said that these memory boxes were to be installed for all residents in the centre, due to their successful introduction on this unit.

A number of residents in the unit were seen to sit with their friends. This group were seen to attend activities in the downstairs sitting room and go for meals together. There was lift access to the ground floor of the centre where the main communal sitting/activity room was located. A kitchenette area attached to the dining room downstairs was accessible from this central living room. Its location encouraged residents and relatives to avail of drinks and snacks between mealtimes. An oratory was available for mass or reflection. The newly developed family and visitors' room, adjacent to the large sitting room, had been decorated to a high standard. Staff were understandable very proud of this accommodation enhancement for residents and their families.
The inspector found that improved storage facilities were required, particularly in the upstairs department. While there were some areas set aside for storage the inspector found that there were three assistive hoists stored in corridor areas which presented a risk to the mobile residents. The inspector was shown a small alcove area near to the lift where two of these could be stored at certain times. Service records were available for relevant equipment. Sluicing and housekeeping facilities were clean, locked and well maintained. Linen storage rooms were plentiful and seen to be well-stocked. Clinical waste was dealt with by qualified personnel. An external, newly constructed and well-equipped smoking area was available for residents. Fire doors, a fire extinguisher, external fan system, smoking blanket and suitable ashtray were made available for fire safety purposes.

**Judgment:**  
Substantially Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Provider’s response to inspection report

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<td>OSV-0000423</td>
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<tr>
<td>Date of inspection:</td>
<td>28/03/2019 and 29/03/2019</td>
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<tr>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of care plans required updating and review to accurately record changes or updates in the assessed needs of residents particularly in relation to:
-end of life care wishes
-dietary requirements

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
Care plans have been reviewed in the past two weeks, and End of Life wishes are now more accessible to all staff.

Nutritional care plans have also been reviewed and any discrepancies in documentation have been corrected.

**Proposed Timescale:** 15/05/2019

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Physiotherapy or occupational health services were not readily available to assess the specialist needs of a number of residents some of whom were relatively young residents accommodated in the sector due to the lack of a more suitable service.

2. **Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

**Please state the actions you have taken or are planning to take:**
We have short listed for OT, and will be appointing an OT, in the next month.

Currently we have a physiotherapist attending residents on a one to one basis weekly.

**Proposed Timescale:** 31/07/2019

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Ensure that all medicines are labelled and prescribed according to regulatory guidelines.
Ensure that the times for medicine administration are accurate recorded.
Ensure residents are not prescribed medicines to which allergies have been documented.
Ensure medicines no longer in use are returned to pharmacy.
Ensure that medicine management is subject to regular and comprehensive audit.
Ensure that psychotic medicines are audited and checked.
Ensure that medicines are disposed of properly.
Ensure medicines are transcribed according to the policy on medication management.
Ensure all blister packs are returned to pharmacy when a change has been made to the medicines in the pack.

3. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
We are planning to engage our Pharmacist to lead an audit and to carry regular checks on medication, in particular to do with PRN’s and out of date medicines.
Labels on PRN medication will be checked fortnightly, against the Resident’s cardex, by RN, and any discrepancies, found will then be sent to pharmacist to rectify against prescription.
All cardex’s and recording sheets, are been reviewed and audited now, and when complete a presentation of findings, and of solutions will be presented to all nursing staff to prevent these errors from occurring again.
All cardex’s are been audited to ensure that resident’s allergies are written clearly and highlighted on the cardex for both nursing staff and GP to see, in order to prevent this error from occurring again.
The presentation will include weekly checks to be carried out on the drug trolleys, and any medication no longer in use, will be written into returns book, and pharmacy will be asked to collect same.
An extensive Medication management audit will be carried out by management 3 monthly and any findings and learnings will be relayed to all nursing staff.
Psychotic PRN medicines will be counted weekly, and labels on PRN medication will be checked fortnightly against the resident’s cardex.
Medicines no longer in use are returned to pharmacy on a weekly basis, and any medication that is found on a floor or bed, is reported to the RN and disposed of in a suitable sharps bin with purple lid.
The presentation on the audit will include; if a cardex is transcribed by an RN, it is paramount that it is checked by another RN and signed, and signed off by GP as soon as possible.
When a change is made to a resident’s medication, nursing staff are made aware to contact pharmacy and return blister pack to have changes completed according to new prescription.

Proposed Timescale: 31/08/2019

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Ensure that any resident who was the subject of an allegation of abuse has a safeguarding care plan in place.
Ensure that staff are aware of the safeguarding plan and the vulnerability of the resident.

4. **Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**
A safeguarding plan is now in place for the residents who were the subject of an allegation of abuse. All staff are familiar with the safeguarding plans. Awareness is increased for staff also by speaking about vulnerable residents in daily handovers. There is Zero tolerance approach to any form of Abuse in Killeline Nursing Home and our culture supports this ethos. All staff are trained in safeguarding the vulnerable person from abuse. Any alleged case of abuse is treated seriously and investigated accordingly.

**Proposed Timescale:** 31/05/2019

**Theme:** Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Take appropriate action to investigate and address allegations of abuse. Safeguard the resident from further risk of abusive interactions.

5. **Action Required:**
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

**Please state the actions you have taken or are planning to take:**
All staff and residents are empowered and encouraged to report any concern to the appropriate person or persons. Preliminary screening is carried out immediately, followed by investigation if warranted. Safeguarding plan for resident is developed and put in place within 3 weeks and reviewed 6 monthly. Notifications are sent to the relevant bodies such as HIQA.

**Proposed Timescale:** 31/05/2019

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:** Person-centred care and support
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Ensure that residents in the dementia unit have daily and regular access to meaningful and interesting activities and events.

6. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
The lay out of the day room in Dementia Unit will be changed in order to integrate and include the residents more by dividing the room with a sofa, and placing a round table at one side, where there will be suitable and appropriate activities for the staff to engage with the residents at appropriate times of the day.

Proposed Timescale: 31/05/2019
Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Ensure that residents are consulted and afforded choice when a decision is made about long term care needs.

7. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
All residents seeking long term care are assessed pre-admission, by Registered Provider / Director of Nursing in their current facility to ensure we can facilitate their complex and varied needs.
Both resident / family are fully informed of the facility and the services we provide, and are provided with brochures and relevant information.
Both resident / Family are invited to visit our facility if convenient.

Proposed Timescale: 31/05/2019
Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Ensure that each resident is aware of the advocacy service and that the contact information for these services are displayed in a manner that is accessible to relatives.
and residents.

8. **Action Required:**
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

**Please state the actions you have taken or are planning to take:**
Following Inspection contact details of our advocacy service has been displayed both at reception downstairs and upstairs at Nurses Station in a manner which is accessible to both residents and their relatives.

**Proposed Timescale:** 31/05/2019

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Ensure that medication errors such as administration, or prescribing errors are recorded and maintained in the centre.

Ensure that all required notifications are submitted to the Chief Inspector in particular records required under Schedule 4 Part 7, 1 (h), in relation to any allegation of an abusive interaction or suspected abusive event.

Ensure that the records of such notifications are maintained in the centre.

9. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
All medication errors are documented and investigated and maintained in the office of the Director of Nursing.

All required notifications are submitted to the Chief Inspector within 3 days of the event, and records of same are maintained in the office of the Director of Nursing.

**Proposed Timescale:** 31/05/2019

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Not all complaints had the outcome and the satisfaction of the complainant recorded.
10. **Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
All complaints now have the outcome and the satisfaction of the complainant recorded.

**Proposed Timescale:** 31/05/2019

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<th><strong>Outcome 05: Suitable Staffing</strong></th>
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**Theme:**
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Ensure that the number and skill mix of staff was appropriate to the needs of the residents with specific needs, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

11. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
An audit has been carried out of staffing levels, in evening and late shift and extra hours is required at these times. This has been approved and commencing with next roster on 13th May 2019.

**Proposed Timescale:** 13/05/2019

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that staff have appropriate training to address and support the needs of residents with complex behaviour and staff caring for them.

12. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
Ongoing training and supervision continues and policy continues where 1.1 special care
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Ensure that there is sufficient storage in the centre for assistive equipment so that the storage of such equipment does not impede residents walking along the hallways.

13. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
All assistive equipment is stored in its allocated area on first floor, adjacent to the lift. The signage for same is clear and noticeable. Staff’s awareness for this is increased by mentioning it in daily handover.