



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

Issued by the Chief Inspector

Name of designated centre:	Kilminchy Lodge Nursing Home
Name of provider:	Kilminchy Lodge Nursing Home Limited
Address of centre:	Kilminchy, Portlaoise, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	01 May 2025
Centre ID:	OSV-0000052
Fieldwork ID:	MON-0046311

About the designated centre

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

This is a single-storey purpose built centre. Kilminchy Lodge Nursing Home is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a varied range of care needs. This centre can accommodate up to 74 residents. It has 68 single bedrooms, and three twin-bedrooms, all with en suite facilities. Privacy screening is provided in the shared bedrooms. There is a large living room where many of the daily activities take place. The main kitchen is adjacent to the large dining area which leads to a secure outdoor area. The centre is situated in residential area in a busy town and is serviced by nearby restaurants/pubs/libraries/ pharmacies/ GP surgeries etc.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72
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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 1 May 2025	08:30hrs to 17:05hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents said and from what the inspector observed, it was clear that residents of Kilminchy Lodge Nursing Home were enjoying a good quality of life. The inspector observed that residents received care from kind and dedicated staff. Residents spoken with, told the inspector that they were happy living in the centre.

Upon entering the designated centre, the inspector was met by a clinical nurse manager and completed the signing-in process. The inspector then met with two assistant directors of nursing for the introductory meeting, one of which was the senior staff member on duty at that time. The inspector walked through the centre. The centre is laid out over a ground floor and was overall well-maintained, comfortable and homely. The centre's layout supported residents to be independent and many were seen to mobilise throughout the corridors into communal spaces.

The designated centre is located in Portlaoise, County Laois. The centre is registered for 74 residents with 72 residents living in the centre on the day of the inspection. Bedroom accommodation comprised 68 single and three twin-bedded bedrooms. Two of the twin bedrooms were single-occupancy on the day of the inspection. The inspector, with permission, viewed a sample of bedrooms and found they were suitably furnished and seen to be personalised with items of interest to the resident, such as photographs and soft furnishings. Residents' had access to en-suite bathrooms. However, the inspector found that the layout of one of the twin bedrooms was unable to accommodate residents with high dependency needs, as there was insufficient space for mobility aids and support chairs. Management reviewed these arrangements following the inspection.

Many residents remained within their bedrooms during the premises walk. Others spent time in some of the many communal areas available, including the secure courtyard where the designated smoking area was located. This area was seen to be well used in the sunny weather. Communal areas contained appropriate furniture and there was a fish tank in the day room with a sign that the fish was called Ash, which was named by children from the nearby crèche.

Meals were served in the dining room and in the resident's bedrooms as per individual preferences. There was two servings for lunch-time and tea-time to ensure all residents could be accommodated in the dining room. Daily menus were displayed on the tables in the dining room. The inspector observed that residents were provided with a choice of main meal such as a burger or fish. There were individual condiments available to residents to support their independence. There was sufficient staff available to provide discreet support to residents, and some residents were also seen to support each other. Mealtime was observed to be a pleasant, relaxed and sociable occasion, with residents and staff chatting together. Feedback received from residents on the day of the inspection was that they enjoyed the meals on offer.

Throughout the day, the inspector saw that residents were seen to look relaxed and content in their home, and in the presence of the staff who provided care to the residents in a dignified and supportive manner. There was activity staff available and art was seen to occur during the afternoon, with age-appropriate music playing in the background. In addition, residents were supported to read newspapers available communally. Residents were consulted with through residents' meetings and surveys. It was evident that areas for improvement identified were responded to.

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

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). The inspector found that overall action had been taken to address some of the findings of the previous inspection from May 2024. However, gaps were found in supervision, oversight arrangements and auditing.

Kilminchy Lodge Nursing Home Limited is the registered provider for Kilminchy Lodge Nursing Home. There are four company directors with one of these directors put forward as the person delegated with responsibility on behalf of the registered provider. The senior management team included a regional director, an associate regional director and the person in charge. The day-to-day management team of the person in charge, two assistant directors of nursing and clinical nurse managers were newly appointed within their roles. They were supported in their roles by staff nurses, health care assistants, a physiotherapist, activity staff, administrators, maintenance, kitchen, domestic and laundry staff.

There was an ongoing mandatory training programme in the centre. The training matrix provided to the inspector recorded high levels of attendance at mandatory training such as safeguarding, manual handling, infection control and for staff nurses, medicine management. Training records for fire safety had a compliance level of 83% with the majority of staff requiring refresher training, and a training date was scheduled for this. Staff were also supported to attend additional training such as human rights and advocacy. While there was evidence of formal supervision in place through inductions and appraisals, further monitoring of staff practices was required.

There was an annual review of the quality and safety of care delivered to residents completed against relevant standards and which evidenced consultation with residents for the year 2024. There were systems in place to monitor the quality and safety of care delivered to residents through a range of meetings, key performance data and audits. These included audits in the areas of the environment, care

planning, pressure injuries and falls management. Where areas for improvement had been identified action plans were completed. However, the inspector found that further review of these systems was required as some of the action identified at this inspection had not been identified within the registered provider's own oversight systems. This is discussed further in this report under Regulation 23: Governance and Management.

The required records for this inspection were made available to the inspector, such as policies and procedures. Improvements in oversight of incident management records were seen. There was a complaints policy in the centre which outlined the complaints process and timelines, in line with legislative requirements.

Regulation 16: Training and staff development

The inspector reviewed a sample of three records where it was outlined staff required additional supervision, however there was no documented evidence that this supervision had taken place. This was not in line with the registered provider's policy on staff induction, orientation and supervision, which stated that supervision meetings will be documented.

Judgment: Substantially compliant

Regulation 23: Governance and management

The findings of this inspection were that the oversight systems required strengthening to ensure all areas of the service were safe, appropriate, consistent and effectively managed. For example:

- The care planning audits found high levels of compliance. This did not align with the inspection findings, which were repeat findings from the inspection in May 2024 in relation to the quality of care planning, as detailed further in this report.
- The admission of residents required to be reviewed to ensure that a comprehensive medical assessment was completed in a timely manner by the admitting doctor. Management confirmed that this should occur within 72 hours as per the designated centres policy, however one resident who was admitted nearly three weeks prior and another admitted one week prior, were awaiting their admission reviews by the General Practitioner (GP).
- The oversight of medicines required strengthening, as there were inappropriate practices relating to the prescribing and storing of medicines which is further outlined under Regulation 29: Medicines and pharmaceutical services.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints log was made available to the inspector for review which outlined that there was a low level of complaints received with three formal complaints so far this year. These complaints were managed effectively with a prompt investigation and conclusion which where necessary, included recommended improvements.

Judgment: Compliant

Quality and safety

Overall residents appeared happy living in the centre and had access to health care services. However action was required to ensure a safe and good quality service for all residents, particularly in the areas of care planning, safeguarding and medicines.

A selection of ten residents' care records were reviewed on the day of inspection. The inspector reviewed three new admissions and saw that a pre assessment was carried out, while no date was recorded on these forms, the inspector was told this was completed prior to the residents' admission to the designated centre. Documents outlined that comprehensive assessments and care plans were carried out within 48 hours of admission to the centre. While regulatory timelines had been met in the majority of records, action was required to ensure that care plans were individualised and reflected each individual's health and social care needs. This is further outlined under Regulation 5: Individual assessment and care plan.

The inspector was told that a GP visited the centre at a minimum of three times per week. Access to specialised services such as psychiatry of later life and palliative care were available through a referral system. Residents' records showed that residents also had access to services such as speech and language therapy, dietitians and physiotherapy. The inspector was informed that eligible residents were facilitated to access the services of the national screening programme.

There was a safeguarding policy in place. Staff had completed safeguarding training to ensure they were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated with referrals submitted to local Safeguarding teams, however the arrangements as outlined within these documents were not outlined within the residents' safeguarding care plans which is reflected under Regulation 5.

The layout of the premises promoted a good quality of life for residents. The centre was well-maintained with support by maintenance and housekeeping staff. The

centre was bright and clean throughout, however, it was noted that two staff areas were cluttered with items such as boxes on the floor and surplus storage of resident equipment such as hoists and mobility frames, with limited access to these areas.

There were some systems in place to monitor fire safety procedures, such as daily inspections of escape routes and regular maintenance of fire safety equipment, including the fire alarm. Residents' bedrooms had thumb locks installed since the last inspection. The inspector was told that the registered provider had engaged a competent person to commence a full assessment of fire precautions within the centre but there was no timeframe outlined for when this would be completed.

Medications requiring strict control measures (MDAs) were seen to be stored securely and from a sample review, these records and stock were accurate on the day of the inspection. The inspector saw that residents had care plans for medicines where required. However, the systems in place for the management of medicines required strengthening.

Regulation 17: Premises

Overall the premises conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Residents had individual evacuation plans which outlined their assessed needs, and these were seen to match residents' dependency and support needs. A simulated evacuation drills of the largest compartment of 14 residents was completed with night-time staffing levels. Assurances were received that drills will be routinely continued to ensure staff are knowledgeable on the actions required and to improve evacuation times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the storing and administration of medicines required review by the registered provider and person in charge to ensure they were safe and evidence-based. For example:

- A sample of medicines were seen to be used from other residents supply, due to stock not being available. This meant that medicines were not administered as prescribed. Following this inspection, the management team completed an analysis into this practice and developed an action plan to prevent re-occurrence.
- Ventilation required review in the clinical room. For example, the clinical room where medication was stored was recording temperatures higher than 25 degrees Celsius. Labelling of the medications stated that storage was required at a temperature maximum of up to 25 degrees Celsius, which could affect the efficacy of those medications.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Not all care plans, reviewed on the day of inspection, had been revised to reflected the current assessed health, personal or social care needs of the resident. For example:

- Two residents' admitted in April had their resuscitation status outlined in their pre-admission assessment, however this was not recorded in their care plans, with no guidance to inform a clinical decision in the event of sudden cardiac arrest.
- A communication care plan referred to a resident having hearing aids, despite the residents' assessments stating they have normal hearing.
- A restraint care plan referred to a resident having full bed rails and later states they only had one side rail.
- One resident with significant weight loss, did not have the correct time frame for weight monitoring recorded in their care plan in accordance with their individual risk assessment.
- Two residents had no safeguarding plan in place when there was an assessed safeguarding need identified. As a result staff may not be aware of the actions they needed to take to safeguard the residents.
- In two safeguarding care plans reviewed, they were not updated to reference the outcomes of safeguarding investigations. For example, while both residents had safeguarding care plans in place, these were generic and referred to the overall safeguarding policy within the centre instead of specific measures in place to safeguard the individual resident.

Judgment: Not compliant

Regulation 6: Health care

The inspector found that overall residents were given appropriate support to meet any identified health care needs with timely access to medical, health and social care professionals.

Judgment: Compliant

Regulation 8: Protection

The registered provider was a pension agent for eight residents, and a separate client account was in place to safeguard residents' finances with records of all transactions such as weekly payments. In addition, there were safe systems in place to ensure any petty cash held on site was recorded.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilminchy Lodge Nursing Home OSV-0000052

Inspection ID: MON-0046311

Date of inspection: 01/05/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Going Forward there will be a supervision record for all staff please on supervision while reviewing practice post an intervention. This will be held once completed in the staff file. Completed 20/5/2025 and on going</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>By the 1st June 2025 A review of our current auditing schedule is underway to ensure that the gaps identified in this inspection are identified in our in house audits. Training will be provided to the in house management team to ensure audits are completed correctly identifying all areas of concern.</p> <p>From the 1st June 2025 a review of all medications supply and storage, concerns will be completed at all Clinical Governance meetings to ensure that there are no further re-assurances.</p> <p>All current residents have been reviewed by the GP since the inspection Post inspection it is agreed with the covering GP that all residents will be admitted within the 72 hour window and a note of this admission will be recorded in the medical file. Completed 20/5/2025.</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Following inspection, a full review of medication stock was completed. An action plan was developed and implemented to address the findings. All areas identified in the action plan have been addressed. Going forward a review of these medications supply concerns will be reviewed at all Clinical Governance meetings to ensure that there are no further re-assurances. Completed 20/5/2025.</p> <p>A review and reorganisation of the clinical room was completed post inspection to ensure that medications are stored appropriately. This included a review of the ventilation system to ensure that the room remain below 25 Degrees at all times. Completed 20/5/2025. Going forward a review of these medications storage concerns will be reviewed at all Clinical Governance meetings to ensure that there are no further re-assurances. Completed 20/5/2025.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Following inspection, a full review of care plans was completed. All care plans have been updated to reflect the correct resuscitation status, communication needs, Restraints in use, weight loss interventions as well as the safe guarding concerns. Completed 20/5/2025</p> <p>Going forward the Director of Nursing will review care plans on a monthly basis to ensure they correctly guide staff on the interventions and supports required. The results of these reviews will be discussed at Clinicial Governance monthly meetings to ensure practices are improved. Completed 20/5/2025 and ongoing</p>	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/05/2025
Regulation 23(1)(d)	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	01/06/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	20/05/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with	Not Compliant	Orange	20/05/2025

	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.			
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.	Not Compliant	Orange	20/05/2025