

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Killeline Nursing Home
Centre ID:	OSV-0000423
Centre address:	Cork Road, Newcastle West, Limerick.
Telephone number:	069 220 61 or 069 698 36
Email address:	info@killelinenursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Killeline Nursing Home Limited
Provider Nominee:	Denis McElligott
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	63
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 September 2017 09:30	04 September 2017 17:00
05 September 2017 09:30	05 September 2017 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaint logs, policies, procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspector found it to be well maintained and nicely decorated. It was warm, clean and odour free throughout.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. Residents spoken with and those that had completed questionnaires in advance of the inspection stated that they felt safe and well cared for in the centre.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. There was evidence of timely access to general practitioners and allied health services.

The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

However, improvements were required to the nursing documentation as it did not always support or reflect the care being delivered.

Other improvements were required to updating the statement of purpose and to documentation to support the use of bedrails.

These areas for improvement are included in the action plan at the end of this report.

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: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose required updating to reflect all of the requirements as set out in the Regulations. This was discussed with the person in charge who undertook to update and submit same following the inspection.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure. The person in charge worked full time in the centre. She was supported in her role by the clinical nurse manager (CNM), accounts administrator and receptionist. The CNM deputised in the absence of the person in charge. There was always a senior nurse on duty to supervise the delivery of care. There was an on call out-of-hours system in place. The provider

representative visited the centre on a regular basis. The person in charge stated that she felt well supported in her role. The nurse management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. Regular audits and reviews were carried out in relation to incidents, falls, medication management, care plans, restraint, residents' weights, infections and wounds. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been completed for 2016 which included reviews of falls, restraint, complaints, wounds, an overview of activities and outings as well as highlights and improvements that had taken place during the year.

There was evidence of on-going consultation with residents and their representatives. Monthly residents' meetings were held and facilitated by the activities coordinator. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as safeguarding, fire safety and evacuation, recent and planned activities, day trips and monthly newsletter were discussed. There was evidence that issues raised by residents had been acted upon by the management team.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. She had recently completed training in relation to falls management and awareness, dementia and end of life care. She had completed 'Train the trainer' on safeguarding vulnerable adults and provided in house training for all staff. She was scheduled to attend the

University of Limerick with a view to completing a healthcare management qualification commencing in September 2017.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was made readily available.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider and person in charge had taken measures to safeguard residents from being harmed and suffering abuse, and issues identified at the previous inspection had been addressed. Improvements were required to the documentation to support the use of bedrails and to reflect the care being delivered in relation to meeting the needs of residents who presented with behaviours that challenged.

The policies on safeguarding vulnerable adults at risk of abuse had been recently updated. The person in charge confirmed that all staff, volunteers and persons who provided services to residents on a regular basis had Garda Síochána (police) vetting in place. The inspector reviewed a sample of staff and volunteer files and noted Garda vetting in place.

Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received on-going education on elder abuse and more recently on safeguarding. The person in charge had completed 'train the trainer' in safeguarding vulnerable adults and had provided in house training to all staff. Residents spoken with and those that had completed questionnaires in advance of the inspection stated that that they felt safe in the centre. Allegations of abuse in the past had been notified to the authority and had been managed in line with safeguarding policies.

The finances of some residents were managed in the centre, small amounts of money

and some valuables were kept for safe keeping on behalf of other residents. The policy on managing residents monies, financial affairs and personal belongings had recently been reviewed and updated to reflect practices in the centre. 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. Receipts were issued for all transactions. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items. The provider representative had undertaken a review of how residents accounts were being managed and reviewed banking arrangements to ensure further safeguards were put in place. He outlined that a fiduciary account was now being piloted in two of the sister nursing homes with a view to putting similar systems in place in the centre.

The inspector reviewed the policies on meeting the needs of residents with challenging behaviour including the use of psychotropic medications and use of restraint. The policy on challenging behaviour outlined guidance and directions to staff as to how they should respond and strategies for dealing with responsive behaviours. The inspector reviewed a sample of files of residents who presented with responsive behaviour and noted that while care plans were in place they did outline clear guidance for staff regarding, type of behaviour, known triggers and distraction techniques. Staff spoken with were very knowledgeable regarding all residents who presented with responsive behaviour and were able to clearly describe triggers and distraction techniques used. The inspector observed staff using these techniques in practice. While staff were clearly able to describe the care delivered, it was not reflected in the care plans. All staff had received training in the management of behaviours that challenged and dementia care. This is discussed further under Outcome 11: Health and social care needs.

The policy on restraint had been updated following the last inspection and was now based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. At the time of inspection there were three bed rails in use, all at request of residents. Risk assessments, consent, care plans and two hourly checks were documented, however, risk assessments completed on the computerised nurse documentation system were not comprehensive. There was no clear rationale outlined for using the bedrail or that it had been requested by the resident nor it did not include what type of restraint measure was in place. Staff spoken with and training records reviewed indicated that many staff had attended training on use of restraint. The inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents.

There was evidence of regular review by General Practitioners (GP's) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services. Some residents were prescribed psychotropic medicines on a 'PRN' as required basis. These medicines were administered occasionally for some residents. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. Episodes of challenging behaviour were logged using ABC charts which included the rationale for administration of these medications and what other interventions had been tried to manage the behaviour prior to the administration of the

medications.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents and relatives spoke highly of staff.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was an up-to-date health and safety statement available and risk management policies in place. Issues identified at the previous inspection had been addressed.

There was a recently updated risk register in place that included risks specifically mentioned in the Regulations.

The inspector reviewed the manual handling training records which indicated that all staff members had up-to-date training. All manual handling equipment including hoists were recently serviced. The inspector noted good practice in relation to moving and handling of residents.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in August 2017. Daily and weekly fire safety checks were being carried out and recorded. Fire safety training took place annually and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Fire drills were carried out regularly, the last fire drill took place in July 2017. The outcomes and areas for improvement were documented following each drill. All staff spoken with confirmed that they had received recent fire safety training.

There was an emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

There was a comprehensive infection control policy in place. Hand sanitising dispensing units were located at the front entrance and throughout the building. The inspector observed that the building was maintained in a clean condition throughout. All staff had received training on infection control procedures. Regular hygiene and infection control audits were carried out. The inspector spoke with housekeeping staff who were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. Staff had recently undertaken training in the use of chemicals.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners. The inspector reviewed prescription and administration records and observed that they were completed in accordance with best practice guidelines.

Systems were in place to record checks carried out on the receipt of medicines from the pharmacy and for unused or out of date medicines returned to the pharmacy.

Nursing staff had completed recent medicines management training.

Systems were in place to record medicines errors which included the details, outcome

and follow-up action taken. Staff were familiar with these systems. The person in charge advised that there had been no recent medication errors.

Regular medicines management audits were carried out by nursing management, nursing staff and the pharmacist. Audit findings and action plans were documented. The inspector noted good compliance with the most recent audits completed.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services, however, the nursing documentation did not always support the care being delivered. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and tissue viability. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, with wounds, nutritionally at risk, with a dementia, presenting with behaviours that challenge and communication issues. The use of restraint and management of behaviours that challenge are discussed further under Outcome: 7 Safeguarding and Safety.

A new computerised nurse documentation system had been put in place since the previous inspection.

A range of up-to-date risk assessments had been completed including nutrition, falls, dependency, manual handling, restraint, continence, skin integrity, pain and oral cavity.

The inspector noted that while care plans were in place, there were many inconsistencies noted in the nursing documentation, care plans did not support the care being delivered.

- Many care plans were not informative and did not guide the care of the resident.
- Care plans were not always individualised or person centered.
- Care plans were not in place for all identified issues such as dementia.
- The individual wishes of some residents were not documented in their care plans for example end of life.
- There was duplication of information in many care plans.

Staff spoken with were knowledgeable regarding the specific needs of each resident and could clearly describe the care delivered, however, this was not reflected in the care plans.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. There was one resident with a pressure ulcer at the time of inspection. The inspector reviewed the file of a resident with a wound and noted adequate wound assessment and wound care charts in place. There was evidence of consultation with a tissue viability nurse when required.

The inspector was satisfied that changes to residents' weights were closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly and more frequently if nursing staff had concerns. Nursing staff told the inspector that that if there was a change in a resident's weight, nursing staff would reassess the resident and liaise with the GP. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

While nursing staff told the inspector that care plans were discussed with residents and their representatives, there were no systems in place to record this consultation. Some relatives spoken with and some relatives who had completed questionnaires in advance of the inspection indicated that they were not satisfied with the care planning consultation process.

A meaningful activities assessment and 'key to me' was completed for some residents. The nursing staff told the inspector that they were in the process of completing theses for all residents. Staff continued to provide meaningful and interesting activities for residents. There was a full-time activities coordinator employed as well as external facilitators such as an art therapist, dog therapist, local potter and musicians. The daily and weekly activity schedule was displayed. Residents confirmed that there was a wide range of interesting activities taking place. The inspector observed residents enjoying a variety of activities including art, ceramics, exercises to music and rosary. Other

activities that took place regularly included bingo, baking, arts and crafts, Sonas programme (therapeutic programme specifically for residents with Alzheimer disease), gardening and walking. Other on-going activities included the weekly rosary, weekly mass, birthday parties, hair care and board games. Some residents had recently gone on day trips to Knock religious shrine, Ballybunnion, the donkey sanctuary, Killarney and Bunratty Folk Park. There were many photographs displayed of residents enjoying these trips. Residents' art work and paintings were framed and displayed throughout the centre.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was two storey in design and suited its intended purpose. The centre had three units and a capacity to accommodate 63 residents. There were 36 beds in the general unit, 14 beds in the dementia specific unit and 13 beds in the acquired brain injury unit.

There was a variety of communal day spaces in all units including day rooms and dining rooms. In addition there were smoking areas, oratory, activities and hairdressing room. The communal areas had a variety of comfortable furnishings and were domestic in nature. The communal day areas in both the dementia specific unit and acquired brain injury unit had been recently refurbished.

Bedroom accommodation met residents' needs for comfort and privacy. There were 55 single and 8 twin bedrooms, all with en suite shower facilities. There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located beside the day rooms. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms. The inspector noted that some bedrooms particularly in the acquired brain injury unit were bare and lacked any personal items.

Suitable signage had been provided throughout the centre. The signs reminded and assisted residents to find their way more easily around the centre. The bedrooms doors in the dementia specific unit had been painted in a variety of colours to resemble the front door of a house. An individualised memory box had been placed outside each bedroom door to remind and assist residents locate their own bedroom in line with best practice in designing for people with dementia.

Residents had access to enclosed garden areas, which were paved and had raised flower beds. There was a variety of outdoor furniture provided for residents use. Residents spoke of enjoying spending time in the courtyard during the recent warm weather. The garden areas were easily accessible and some residents were observed enjoying spending time outside. A polytunnel had been provided in one of the outdoor garden areas and many residents enjoyed gardening activities.

There was appropriate assistive equipment provided to meet the needs of residents, including hi-low beds, hoists, specialised mattresses and transit wheelchairs. There was a lift provided between floors. The inspector viewed the maintenance and servicing contracts and found that equipment was regularly serviced.

The inspector noted that the building was secure. The front external door had a key coded security system in place. All external doors were fitted to the fire alarm and CCTV cameras were installed at the external door exit and corridor areas to ensure additional safety of residents

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were met.

The daily menu was displayed and choice was available at every meal. Residents spoken with were complimentary regarding the quality and choice of food. The inspector

observed a variety of drinks and snacks being offered to residents throughout the days of inspection, a selection of home baking including scones and cakes were also on offer.

Mealtimes were unhurried social occasions. Most residents had their meals in the large bright dining room. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. Some residents choose to have their meals in their bedrooms and this was always facilitated.

The inspector spoke with the chef on duty. He stated that there was three week rolling menu plan in place. The menus offered choice at every meal. The menus had been drawn up in consultation with the residents. The chef was aware of residents' likes and dislikes, of those residents who required specialised diets or modified diets and knowledgeable regarding the recommendations of the dietician and SALT. He stated that there was good communication between the catering and nursing staff.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Based on observations, staff spoken with and the review of staff rosters, the inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of the 63 residents. There were two nurses on duty during the day and night time. The person in charge was normally on duty during the day time Monday to Friday, she was supported by a clinical nurse manager (CNM). There were 11 care staff on duty in the morning time, eight care staff in the afternoon and eight care staff on duty in the evening time up until 22.00. There were three care staff on duty at night time. In addition, there were three care assistants providing one to one care of three residents during the day and evening time (15 hours a day), one care assistant providing one to one care of another resident 24 hours a day and one care assistant providing one to one care for a resident for six hours per day.

The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement also included the accounts administrator, receptionist, activities coordinator, maintenance operator, catering and housekeeping staff.

There were robust recruitment procedures in place. A sample of staff and volunteer files reviewed were found to contain all documentation as required by the Regulations including evidence of Garda Síochána (police) vetting. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files. The person in charge confirmed that Garda Síochána vetting was in place for all staff, volunteers and persons who provided services to residents in the centre.

The management team were committed to providing on-going training to staff. All staff had completed up-to-date mandatory training. Staff had recently completed further training in medication management, end of life care, nutritional assessment and dementia care. Further training was scheduled on wound care management, end of life care and infection control.

Judgment:

Compliant

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 Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Killeline Nursing Home
Centre ID:	OSV-0000423
Date of inspection:	04/09/2017 and 05/09/2017
Date of response:	25/09/2017

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: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose required updating to reflect all of the requirements as set out in the Regulations.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

This action has been completed, as required documentation has been updated to reflect our practice, and it has been returned to HIQA Office in Mahon Cork.

Proposed Timescale: 18/09/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Risk assessments completed in relation to the use of bedrails were not comprehensive and not in line with national policy.

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

Relevant correction to the recording system has been completed on 6th September.

Proposed Timescale: 06/09/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A meaningful activities assessment and 'key to me' was not completed for all residents.

3. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:

The assessment "Key to me" has been completed in the Dementia Unit and in the Acquired Brain Injury Unit. It is currently being done in the General Unit and will be completed by 2nd October.

Proposed Timescale: 02/10/2017

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were no systems in place to record evidence of the involvement of residents and or their representatives in the development and review of care plans.

4. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

Please state the actions you have taken or are planning to take:

Each family will be contacted and given an appointment to meet with PIC and/or CNM to discuss their family member's care going forward. This will commence on 2nd October and be completed by 31st October.

Proposed Timescale: 31/10/2017

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector noted that while care plans were in place, there were many inconsistencies noted in the nursing documentation, care plans did not support the care being delivered.

- Many care plans were not informative and did not guide the care of the resident.
- Care plans were not always individualised or person centered.
- Care plans were not in place for all identified issues such as dementia.
- The individual wishes of some residents were not documented in their care plans for example end of life.
- There was duplication of information in many care plans.

5. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:

All Nurses are booked to attend a care planning day in mid-October (off site). In addition the PIC and CNM are attending an update seminar in a sister Nursing Home on

care planning in the beginning of October.
The registered provider, PIC, from another Nursing Home are meeting all nursing staff to understand the present shortcomings in care planning and intend including care staff in the care plan process going forward.

Proposed Timescale: 31/10/2017