

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilrush Nursing Home
Centre ID:	OSV-0000452
Centre address:	Kilimer Road, Kilrush, Clare.
Telephone number:	065 906 2686
Email address:	managerkilrush@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	8

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:	To:
06 March 2019 10:30	06 March 2019 17:30
07 March 2019 09:30	07 March 2019 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Major

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

While this centre does not currently have a dementia specific unit, the inspector focused on the care of residents with a dementia during this inspection. Nineteen residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool (called Quiz). The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The provider was at an advanced stage in the process of renovating, redecorating and reconfiguring the layout of the ground floor of the building with a view to providing a 17 bed dementia specific unit for residents. Overall, the inspector found the management team were committed to providing a good quality service for residents with dementia. While the inspector did not specifically inspect under the health and safety and risk management outcome, some fire safety management issues which required urgent review were noted during the course of the inspection. An urgent compliance letter was issued to the provider following the inspection.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

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 residents was evident. There was an activities coordinator on duty to meet the social needs of residents. All staff fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around the centre as they wished. Signs and colours had been used in the centre to support residents to be orientated to where they were. Resident's had independent access to a secure outdoor space.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a dementia were particularly caring and sensitive.

The collective feedback from residents was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

Areas for improvement are discussed in the body of the report and in the action plan at the end of the 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: 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:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

There were 36 residents accommodated on the days of the inspection. 20 residents were assessed as having maximum dependency needs; eight had high dependency needs, five had medium dependency and four were assessed as having low dependency needs. Two residents were in hospital on the days of inspection. 17 residents were identified as having dementia.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. 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), occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. A physiotherapist visited weekly. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised the inspector that the pre-admission assessment would consider if the centre would be able to meet their needs. The inspector observed that

pre admission assessments were completed by the person in charge for all residents prior to admission.

The assessment process involved the use of validated tools to assess each resident's risk of falls, malnutrition, level of cognitive impairment, manual handling requirements and skin integrity. The inspector saw that care plans were developed within 48 hours of admission based on the residents assessed needs. The care plans were completed to a high standard and contained detailed, person centered information to guide the care of residents and were updated routinely on a regular basis or to reflect the residents' changing care needs. There was evidence of relative and resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing documentation was completed on a computerised nurse documentation system which facilitated the generation of a hospital transfer letter when a resident was transferred to hospital. The transfer letter allowed for appropriate information regarding the health needs, medications and residents specific needs. Nursing staff confirmed that residents with a dementia were always accompanied by either family or a staff member when needing transfer to hospital.

The inspector was satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutrition care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Meals were served to residents in both the dining room and in the main day room. Residents who required assistance with eating were facilitated in the day room. There were large written and pictorial menu boards in the dining room which clearly displayed what food choices and dishes were available for each meal. Colourful pictorial menu options were available in a folder in the dayroom. Staff had strived to ensure that mealtimes in both rooms were unhurried, social occasions. 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. A variety of assistive plates and cutlery were provided for some residents so that they could eat their meals independently. The inspector noted that staff assisting residents with advanced dementia were caring and sensitive. Nursing staff supervised the mealtimes.

A variety of hot and cold drinks, as well as snacks and fruit were offered and encouraged throughout the day. Residents told the inspector that they could have something to eat or drink at any time including night time.

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 was in use. The inspector noted adequate wound assessment and wound care charts in place indicating that the wound was healing well. Staff had access to support from the tissue viability nurse as required.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The person in charge reviewed falls on a regular basis and completed a falls analysis to ensure learning and improvement to practice. The physiotherapist visited weekly, reviewed residents post falls and recommendations were reflected in residents care plans. Low-low beds, crash mats, sensor alarms and hip protectors were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times.

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Staff provided end of life care to residents with the support of their GP and the homecare palliative team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. The resuscitation status of residents was noted. Religious sacraments were available to all residents as desired. Families were facilitated to be with their loved one at end of life and were provided with refreshments and food.

Staff continued to provide meaningful and interesting activities for residents. Each resident had individualised life story and activities plan documented. There was an activities coordinator employed four days a week and a social care practitioner employed one day a week. The activities coordinators had completed training in Sonas (therapeutic programme specifically for residents with Alzheimer's disease) specifically to support the delivery of appropriate activities for residents with dementia. The activities coordinator carried out both group and individual activities with residents. The weekly activity schedule was displayed and residents spoken with stated that they enjoyed partaking in the wide range of activities taking place.

During the inspection, the inspector observed residents enjoying taking part in quizzes, crosswords and baking. Other residents were observed being supported to go outside for short walks. Residents told the inspector that they enjoyed partaking in exercise sessions, bingo, arts and crafts and gardening during the summer months. Some residents spoke of enjoying attending the weekly mass and reciting the daily rosary. The inspector observed staff having conversations, and engaging with different activities such as holding dolls. During this time the staff were seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact.

Judgment:
Compliant

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 provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education in safeguarding. Further training was scheduled in April 2019. The inspector was satisfied that allegations of abuse in the past had been investigated and managed in the line with the centres policy.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour and psychological symptoms of dementia and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy 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, there were no bed rails in use at the time of inspection and the inspector saw that alternatives such as low low beds, crash mats and sensor alarms were in use for some residents.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Most staff had completed training in dementia care and management of responsive behaviour. Staff spoken with were knowledgeable about and could outline person-centred strategies for dealing with individual residents' responsive behaviours. The inspector reviewed a sample of responsive behaviour care plans and noted that the strategies described by staff were set out in the care plans. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services and ABC charts were used to record episodes of behaviours in line with the centers policy.

A number of residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. 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. Records were maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the

effect and outcome for the resident following the administration of the medicine. There were individualised care plans in place outlining guidance for staff in the care of residents who required prescribed psychotropic medicines on a 'PRN' as required basis.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment and allowing residents choice of daily routines. The inspector observed this taking place in practice. Nursing staff spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

The inspector was satisfied that robust systems were in place for the management of residents finances. The provider acted as pension agent for a small number of residents and all money was paid into an interest bearing resident account. Residents were invoiced and charges were clearly set out on a monthly basis. Receipts were available for any purchases made on behalf of residents and bank balancing statements were available at the request of residents. Small amounts of money were kept for safekeeping on behalf of some residents. The inspector was satisfied they were managed in a clear and transparent manner. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two signatories. There were regular reviews of accounts carried out by the person in charge and external auditors. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspector reviewed a sample of staff files and noted that safeguarding measures such as Garda vetting were in place. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Some residents spoken with stated that they felt safe and secure living in the centre.

Judgment:

Compliant

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 inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents committee meetings were held on a regular bi-monthly basis and were facilitated by the activities coordinator. Notice of upcoming meetings were displayed and relatives were invited to attend. The resident advocate attended meetings. Minutes of meetings were recorded, issues discussed included catering/food, activities and any other issues residents or relatives wished to discuss. Minutes of meetings were distributed to all residents. A family survey had been completed during 2018, the results of which indicated that families were very satisfied with the quality of care in the centre. There was evidence that residents had been informed and kept up-to-date with regard to the reconfiguration and redecoration of the centre.

The inspector noted that the privacy and dignity of residents was well respected. All residents had single or twin bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms. Staff used portable screening curtains in the communal day areas to ensure that the dignity of residents who required the use of a mechanical hoist was respected.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents availed of the service.

Residents' religious and political rights were facilitated. The local priest visited and said Mass weekly. Residents spoken with stated that they enjoyed attending mass and reciting the daily rosary. An small oratory was located on the first floor and residents could spend quiet reflective time there if they wished. The person in charge told inspectors that residents of varying religious beliefs were facilitated as required. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during the recent elections.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals in their preferred location. The inspector observed this happening in practice.

There was an open visiting policy in place. Following recent reconfiguration of some rooms in the centre, there was no longer a dedicated private visitors' space available. Residents could use a first floor day room to meet with family and friends in private if they wished, or could meet in their rooms, or other communal areas of the home.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio, television and Wi-Fi were available. Some residents were supported to use SKYPE to keep in contact with friends and family abroad.

As part of the inspection, the inspector spent a period of time observing staff

interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a half hour on each of the inspection days. An overview of the observations is provided below:

The inspector found that for 75% of the observation period (total observation period of 60 minutes, 30 minutes each day) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and snacks, preferred place to sit, staff spoke to residents and explained about what was on the menu for lunch, staff reassured a resident who was worried about having to pay money and staff supported a resident who requested to go for a walk outside. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

Judgment:
Substantially Compliant

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:
The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused, all staff provided care to the residents.

The inspector found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents during the day and evening time, however, staffing levels at night time required review to ensure that residents assessed needs including their assessed evacuation needs in the event of an emergency could be met. On the days of inspection there were 36 residents living in the centre. 20 residents were assessed as having maximum dependency needs; eight had high dependency needs, five had medium dependency and four were assessed as having low dependency needs. Two residents were in hospital on the days of inspection. 17 residents were identified as having a diagnosis of dementia.

There were normally two nurses and five care staff on duty in the morning time. There were two nurses and four care staff on duty in the afternoon and two nurses and three care staff on duty in the evening time until 22.00hours. On the first day of inspection there was one nurse and two care staff rostered on duty at night time from 22.00 to 7.00 hours. The inspector discussed her concerns regarding the night time staffing level with the person in charge. The person in charge advised the inspector that staffing levels at night time were due to be increased the following evening when a second nurse was rostered on night duty and then also arranged for a second nurse to be on duty at night time on the first day of inspection.

The person in charge normally worked during the day time Monday to Friday. The clinical nurse manager worked two days a week in her nursing management role. There was a full time activities coordinator who worked five days an week. The staffing complement included catering, housekeeping, administration and maintenance staff. There was an on call rota system in place for out of hours and at weekends. The inspector reviewed the staff roster which reflected the staffing arrangements in place.

The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as

safeguarding and prevention of abuse, fire safety, manual handling and infection control.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with behaviours that challenge, food safety and medication management. Further training was scheduled in nutrition and wound management as well as nutrition and dementia care.

There were robust recruitment procedures in place. The inspector reviewed a sample of five staff files including the files of recently recruited staff. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

Judgment:

Substantially Compliant

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 design of the building was suitable for its purpose. It was two storey and purpose built. The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout.

The provider was at an advanced stage in the process of renovating, redecorating and reconfiguring the layout of the ground floor of the building with a view to providing a 17 bed dementia specific unit for residents. The decor and layout of the ground floor unit was being designed to enhance the quality of life, dignity, well being and independence of residents with dementia. For example, new flooring and lighting had been provided to the corridor areas, the doors to be bedrooms had been painted to resemble front doors of houses, large wall murals including countryside scenes and shop fronts had been painted to walls of corridors. The dining room had been redecorated and provided with large pictorial menu boards, a large communal day room was in the process of being renovated. Large clocks incorporating the date, day and month had been provided to all bedrooms and corridors. New signage was provided. The person in charge advised that additional signage and contrasting colours to grab rails and toilet seats were on order to help residents with dementia orientate better.

Residents had access to a large well maintained and landscaped external garden

courtyard area. The outdoor space was accessible from the dining room and corridor.

Safe floor covering was provided to corridors which were wide, bright and allowed for freedom of movement. There were pictures positioned on the corridors at eye level for residents to engage with. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were bright and well lit. There was a lift provided between floors.

Bedroom accommodation met residents' needs for comfort and privacy. Bedroom accommodation for residents was provided in 17 single bedrooms on the ground floor and 23 single and three twin rooms on the first floor. All bedrooms had en suite toilet and shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Bedrooms were adequate in size and ample personal storage space was provided. Call bells were accessible in all bedrooms and bathrooms. The rooms also had enough space for equipment such as hoists to be used.

There was a range of equipment in the centre to aid mobility. Training records showed that staff had completed manual handling training in relation to the equipment available in the centre. Service records of equipment including hoists were up to date.

The building was secure. The entrance door was fitted with a numerical key pad and all fire exit doors were alarmed.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

While the inspector did not specifically inspect all aspects of this outcome, some issues which required urgent attention in relation to fire safety management were noted during the course of the inspection.

There were policies and procedures in place in relation to fire safety. There was evidence of regular fire safety checks being carried out, all staff had received on-going fire safety training and regular fire drills being carried out. The servicing of the fire alarm system and fire equipment was up-to-date.

However, fire drill records reviewed did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time.

Records reviewed showed that while fire drills were being carried out, there was no recorded evidence of a simulated full compartment evacuation fire drill conducted to take account of night time staffing levels and residents evacuation requirements. The management team were advised that an urgent compliance letter in respect of these issues would be issued following the inspection. The compliance letter was responded to within the required time frame.

Judgment:
Non Compliant - Major

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:	Kilrush Nursing Home
Centre ID:	OSV-0000452
Date of inspection:	06/03/2019
Date of response:	04/04/2019

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 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Following recent reconfiguration of some rooms in the centre, there was now no dedicated space available for residents to meet with visitors in private.

1. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the

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

resident's room, if required.

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

A suitable room has been identified on the ground floor which is easily accessible to residents and their visitors. This room will provide for an optimal level of privacy and will be designated as a private visitor's space.

Proposed Timescale: 30/04/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Staffing levels at night time required review to ensure that residents assessed needs including their assessed evacuation needs could be met.

2. 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:

Staffing levels have been reviewed in line with the assessed care needs and dependencies of the residents in the centre and in accordance with the geographical layout of the centre. Staffing levels at night are set at an appropriate level to ensure that all residents' assessed care needs can be safely met, including timely and safe evacuation in the event of a fire or other emergency.

Proposed Timescale: 22/03/2019

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

Fire drill records reviewed did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time.

3. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Fire safety and evacuation drills are conducted on a monthly basis in the centre and we will ensure that these drills include night time conditions at least once every quarter. Since the inspection, we have conducted evacuation drills under night time conditions and repeated the procedure until there was a significant improvement in the response and time taken to evacuate the largest compartment with the greatest number of high dependency residents. The recording of the evaluation of the procedure and learning outcomes is much improved and this enables better implementation and understanding of improvement plans.

Proposed Timescale: 22/03/2019