



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

## Issued by the Chief Inspector

Name of designated centre:	Kilrush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilimer Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	26 May 2022
Centre ID:	OSV-0000452
Fieldwork ID:	MON-0036997

## About the designated centre

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

Kilrush Nursing Home is a purpose built facility located on the outskirts of Kilrush, Co. Clare. It is part of the Mowlan Healthcare group. The nursing home is two storey in design and accommodates up to 46 residents. It is a mixed gender facility catering for dependant persons over 18 years. It provides long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met. There is a designated memory care unit which offers care for residents with a diagnosis of dementia. Bedroom accommodation is provided in 17 single bedrooms on the ground floor and 23 single and three twin rooms on the first floor. All bedrooms have en suite toilet and shower facilities. There is a variety of communal day spaces including day rooms and dining rooms on each floor and a lift is provided between floors. Residents also have access to an enclosed courtyard and gardens.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	44
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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 26 May 2022	09:00hrs to 17:00hrs	Claire McGinley	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector was met with the clinical nurse manager who guided the inspector through the infection prevention and control measures necessary on entering the designated centre. Following an introductory meeting, the inspector walked through the centre with the person in charge.

Residents were observed moving around the centre as they wished, using a lift to go between their bedrooms on the first floor and the day room on the ground floor. This day room was observed to be well used throughout the day of inspection. On the morning of inspection residents attended a mass service, and residents informed the inspector that they had played bingo in the afternoon. The person in charge confirmed that this area was supervised by a member of staff at all times.

Residents reported to be 'very happy with the place', 'everybody is nice', 'lovely staff' and that the 'food is tasty'. Residents seemed at ease in their environment, with some reading books, and others enjoying a cup of tea and a biscuit.

Staff spoken with were knowledgeable about the residents. Residents appeared well-cared for, and neatly dressed and groomed, in accordance with their preferences. The inspector observed interactions between the staff and residents throughout the day, and found that they were warm, respectful, and person-centred.

The dementia specific area on the ground floor of the centre contained 17 single en-suite rooms. Residents in this area had access to a secure internal garden, with raised flower beds and pots with a variety of shrubs. The quiet room in this area was being used by six residents on the morning of inspection, with staff in this area providing supervision. Resident's bedroom doors were decorated to look like the front door of a house, with different colours on each door, helping the residents to identify their own room. This area was generally well decorated, however, wall paper was observed to be peeling away from the wall, the hand rail was worn and there were gaps noted between the joints in the flooring in some bedrooms and bathrooms. Upstairs accommodated 29 residents in 23 single and three twin en-suite rooms. The assisted bathroom was observed to contain inappropriate storage which reduced the accessibility of this bathroom for residents.

The inspector observed that some areas of the premises were not cleaned to an acceptable standard. In addition, some resident equipment was observed to visibly unclean.

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

## Capacity and capability

This was an unannounced risk inspection to:

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended)
- follow up on the compliance plan submitted following an inspection completed on 30 June 2021
- follow up on notifications submitted to the Chief Inspector
- review of unsolicited information received by the Chief Inspector.

The overall findings of this inspection was that the service was well managed, and that residents received a high standard of care. The centre was appropriately resourced to meet the needs of the residents. The provider had adequate governance and management arrangements in place to ensure appropriate monitoring, quality improvement and service oversight. However, action was required in areas such as infection prevention and control and the maintenance of the premises to ensure compliance with regulatory requirements.

The registered provider of this centre is Mowlam Healthcare Services Unlimited Company. This provider has a number of designated centres in Ireland. The provider had a clear management structure in place that identified the lines of authority and responsibility. The person in charge of the centre was appointed on the 23 March 2022, was supported by a regional manager, and had access to the facilities available within the Mowlam Healthcare Group. Within the centre, the person in charge was supported by a clinical nurse manager, a team of nurses, care staff, activities, catering, housekeeping, laundry, administration, and maintenance personnel. The person in charge facilitated the inspection throughout the day. All records requested during inspection were made readily available to the inspector in a timely manner.

The staffing level on the day of inspection was appropriate for the size and layout of the centre, and the assessed needs of the residents. However, it was identified that there was a deficit of two full-time health care assistants which was being filled by agency staff. Recruitment for these positions was ongoing.

A review of a sample of staff files found that they contained all the items listed in Schedule 2 of the regulations. There was an induction programme in place which all new staff were required to complete. There was a schedule of appropriate training available to staff.

The complaints register was reviewed. The complaints records reviewed contained details on the nature of the complaint, the investigation carried out, follow up communication with the resident and family when required, the outcome of complaints and the complainant's level of satisfaction. The complaints procedure was on display. Residents reported that they knew who to speak to, should they

wish to make a complaint.

There were systems in place to review the quality and safety of the services provided for residents. A range of clinical audits had been completed. The person in charge had a system in place to review the accident and incidents records in the centre. This review highlighted areas of learning that could be used to improve the quality of the service delivered to residents. For example, a review of falls identified an increased risk of a falling during staff handover time. As a result, staffing levels were reviewed and revised to ensure residents were monitored during this time. This resulted in a reduction of the fall rate in the centre.

The annual review of the quality and safety of the care delivered to residents for 2021 was completed.

#### Regulation 14: Persons in charge

The person in charge demonstrated a good understanding of resident care needs and preferences, and demonstrated a good understanding of their obligations under the Health Act 2007.

Judgment: Compliant

#### Regulation 15: Staffing

A review of the roster found that staffing numbers and skill mix, rostered on the day of inspection, were appropriate to meet the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were adequately supervised and had access to training appropriate to the service.

Judgment: Compliant

## Regulation 21: Records

A sample of staff files was reviewed and those examined contained all the items required under Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was a robust and effective system of governance and management in the centre.

The provider had systems in place to ensure the service was safe and effectively monitored.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents were notified to the office of the Chief Inspector, as required under Regulation 31.

Judgment: Compliant

## Regulation 34: Complaints procedure

Complaints were managed in line with the requirements under regulation 34.

Judgment: Compliant

## Quality and safety

The inspector found that residents received high quality care from a team of staff who knew the resident's individual needs and preferences. There was a person-centred approach to care. Residents' dignity and autonomy were respected.



Residents spoke positively about the care they received from staff. Staff were kind and courteous with the residents.

The premises was found to be appropriate to the number and needs of the residents in the centre, however, parts of the premises were in a poor state of repair. For example, wall paper was lifting off walls in communal areas, flooring was damaged and some resident furniture was in a poor state of repair. This is discussed further under Regulation 17 Premises.

Action was required to ensure the lived environment supported appropriate infection prevention and control within the centre. The inspector observed that the cleanliness of resident furniture and equipment was not consistent. This is discussed further under Regulation 27 Infection Control.

Resident's care records were recorded on an electronic documentation system. A sample of resident's records were reviewed. Each resident had an appropriate, person-centred assessment and care plan in place. The care plans were reviewed and updated with changes in the resident's condition, and were updated to reflect the recommendations of allied healthcare professionals involved in the residents' care.

Staff had a good knowledge on the management of responsive behaviours. An assessment tool used to identify what may trigger responsive behaviours in a resident was in place. A comprehensive care plan was developed to support residents with responsive behaviours. Staff were knowledgeable on the identification and reporting of abuse. The safeguarding care plans reviewed identified the range of measures in place to protect residents, all of which were known to staff, and observed to be in place on the day of inspection.

A daily safety pause was held to discuss all aspects of resident safety, including any resident with COVID-19 symptoms, any recent falls, safeguarding issues or residents displaying behaviours that may challenge staff. All staff on duty at the time attended this update, including the person in charge.

Arrangement were in place for residents to access their general practitioner (GP) when required. A review of residents records found that residents were supported in accessing allied health care professionals such as dietitian, tissue viability and speech and language therapy.

Residents were supported to maintain personal relationships with their families and friends. The centre was facilitating visits. The inspector observed visitors coming to the centre on the day of inspection. Residents confirmed that there were no restrictions to receiving visitors.

## Regulation 11: Visits

There were arrangements in place for residents to receive visitors in the designated

centre.

Judgment: Compliant

### Regulation 17: Premises

Action was required to ensure compliance with regulation 17, This was evidenced by:

- The poor state of repair of parts of the premises impacted on the effectiveness of cleaning, for example, wall paper was lifting from walls, there were gaps in the flooring joints in residents bedrooms and bathrooms, and there was an adhesive residue on the floor in the upstairs day room.
- There was inappropriate storage of items in the laundry room, cleaners room, hair dressing room, and in residents communal bathroom.
- Paint was scuffed in some resident rooms and paint was lifting off garden furniture.
- Some furniture was in a poor state of repair, for example, laminate was lifting off bed tables and wardrobes.
- Hand rails were chipped and worn.
- Hand hygiene sinks were not in compliance with latest guidance.

Judgment: Substantially compliant

### Regulation 27: Infection control

The provider did not ensure that there was consistent implementation of procedures for the prevention and control infections within the centre.

This evidenced by the following:

- resident furniture was not clean, for example, chairs in communal sitting room
- equipment was not clean, for example, the medication trolley and a hoist
- shower drains in resident bathrooms were not clean

Items of resident equipment were worn and not amenable to cleaning, for example, pressure relieving cushions

Shared toiletry items were left in a communal toilet that could be used by different residents.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident care plans found that they were individualised, person-centered, and contained relevant information to direct care. The care plans reviewed reflected the changing needs of the residents.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services. There was good evidence that recommendations were incorporated into the residents care plan.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff demonstrated appropriate knowledge and skills, to respond to and manage behaviours that were challenging. Staff were aware of pre-emptive actions to take before behaviours may become challenging, due to well documented care plans that were communicated to all staff.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's rights were found to be valued and upheld. Residents opinions were sought and respected through resident meetings. The centre facilitated an activities programme. Resident's were supported in every aspect of their social care needs.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kilrush Nursing Home OSV-0000452

Inspection ID: MON-0036997

Date of inspection: 26/05/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The Facilities Manager has developed a scheduled programme of works to replace the damaged wallpaper in the Memory Care Centre and to repair or replace those areas of flooring where there are gaps in joints to a standard that will facilitate cleaning in accordance with IPC recommendations.</li> <li>• The PIC will monitor the effectiveness of the cleaning by the housekeeping staff and will identify any areas for improvement with staff as required.</li> <li>• The laundry room, cleaners’ room, hairdressing room and residents’ communal bathroom have now been cleared of inappropriately stored items and there will be no further inappropriate storage in these areas in future. The PIC will monitor compliance with storage arrangements in the home.</li> <li>• The Facilities team will prioritize the repainting of resident rooms where paintwork is scuffed and will ensure that the garden furniture is repainted.</li> <li>• The Facilities Manager will conduct an audit of furniture in the nursing home, and any furniture that is damaged or in a poor state of repair will be deemed not fit for purpose, disposed of and replaced with new items.</li> <li>• The Facilities team will review the handrails repair or replace as required.</li> <li>• The Facilities Manager will review the hand hygiene sinks in the nursing home and will ensure that they comply with IPC standards as part of the scheduled programme of works in the home.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• A cleaning schedule and tagging system has been introduced to the home so that</li> </ul>	

cleaned items can be tagged after cleaning with a date stamp. The management team will continue to monitor compliance with the new procedure, which is currently working effectively.

- There is a Housekeeping Manual available as a reference guide for the housekeeping team, which includes details of cleaning schedules, equipment required and cleaning products to be used. This will be re-issued to the housekeeping staff. There is a robust cleaning schedule in place for housekeeping staff and the PIC will monitor compliance with this.
- Any worn pressure-relieving cushions have been discarded and replaced as required.
- All toiletries will be labelled and will only be used for individual residents. All toiletries found in communal bathrooms have now been discarded. The PIC and CNM will conduct regular spot-checks to ensure continued compliance with these requirements.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2022