

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Kilmainhamwood Nursing Home	
Centre ID:	0144	
Centre Address:	Kilmainhamwood	
	Kells	
	Co Meath	
Telephone number:	046-9052070	
Fax number:	046-9052074	
Email address:	kilmainhamwoodnursinghome@mowlamhealthcare.com	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Mowlam Healthcare Ltd	
Person in charge:	Marie Helene Finegan	
Date of inspection:	11 and 12 January 2011	
Time inspection took place:	Day 1 Start: 09.45 hrs Completion: 16.30 hrs Day 2 Start: 10.00 hrs Completion: 15.30 hrs	
Lead inspector:	Leone Ewings	
Support inspector:	Sheila Mckevitt	
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is

a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Kilmainhamwood Nursing Home is a single-storey, purpose-built facility which can accommodate up to 50 residents, and there are 45 residents currently living at the centre. Mowlam Healthcare has managed the centre since December 2000.

The majority of residents are older people over 65. However, the centre also is home to a small number of adults with an intellectual disability. Short term respite and convalescence care is also provided.

Accommodation for residents is all on ground floor level and consists of six single bedrooms, five of which have en suite shower and toilet. Eight twin bedrooms with en suite toilet and seven bedrooms with four beds, with a shared en suite toilet and hand-washing sink.

Communal living areas consist of a large circular reception area. Leading off this area are the bedrooms on three separate corridors, the dining room, and large sitting room. The nurses' station is located in this central reception area. The centre has a small private oratory, a quiet sun room which can be used for visitors, and a separate smoking room. There is a kitchen, laundry, one assisted bathroom, and one assisted shower/hairdressing room and a sluice room.

The gardens and outside space is level and overlooks rural parkland. It is secure, well maintained and accessible to residents. Ample parking is located to the front of the building and there is level access for wheelchair users.

Location

The centre is located close to the small village of Kilmainhamwood, County Meath, approximately four miles from Kingscourt, County Cavan.

Date centre was first established:	December 2000 (This provider)
Number of residents on the date of inspection	45
Number of vacancies on the date of inspection	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	14	23	8

Management structure

The Registered Provider is Mowlam Healthcare Ltd, the provider on behalf of Mowlam is Pat Shanahan the Chief Executive Officer (CEO) with responsibility for this centre and 15 other designated centres around Ireland. The Director of Nursing Marie Helene Finnegan is the Person in Charge and is responsible for the day-to-day management. She reports to the Assistant Operations Manager who is responsible for five of the Group's centres, inclusive of Kilmainhamwood nursing home. There is a Clinical Nurse Manager in post who supports the Person in Charge. Nursing staff report to the Clinical Nurse Manager and care staff report directly to the nurse responsible for the resident to whom they provide care.

There is an activities therapist, two part-time administrators, one part-time maintenance person, household staff and catering staff all who report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	7	3	3	1	1*

*activities coordinator

Summary of findings from this inspection

This was an announced registration inspection which took place over two days. As part of the registration process the provider has to satisfy the Chief Inspector that he is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). As part of the application for registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority) including the Fit Person self assessment. This documentation was reviewed by the inspector to inform the inspection process.

In order to assess the fitness of the provider, the person in charge and provider separate Fit Person interviews were held. They both demonstrated good knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). They were also very focused on the care of the residents and committed to staff development.

During the inspection inspectors spoke with residents, relatives and staff members. Records were examined including care plans, staff files, accident and incident records, fire safety records, complaints records, policies and procedures and minutes of meetings held by residents at the centre.

The inspection focused on all six domains namely governance, quality of service, healthcare needs, premises and equipment, communication and staffing.

A good standard of governance was found by inspectors with the provider, operations manager and the person in charge working well together. The centre was well organised, clean and welcoming.

The premises were maintained to a good standard. Communal space and residents' rooms were well decorated and contained many personal items including photographs and mementoes.

Residents and relatives reported feeling safe, and in general were satisfied with the care received. Information was available to residents and relatives at reception. Inspectors reviewed staff rosters. Staffing levels were found to be adequate and staff were seen engaging with residents in a meaningful way.

Overall the centre is operating to a high standard and was found to be largely in compliance with of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) The Action Plan at the end of this report identifies areas where improvements are required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People*.

Action plans are in place to address the role and function of the volunteer advocates, pressure ulcer prevention training, medication storage and a review of premises inclusive of shower and bath facilities.

Comments by residents and relatives

Inspectors did not receive any completed questionnaires from residents, or their relatives prior to the inspection. However, on the day eight were received from residents, and two relative responses were reviewed. Overall, a high level of satisfaction was expressed by those relatives and residents who returned a written questionnaire.

Inspectors spent time chatting with residents and their relatives. Relatives and residents interviewed also expressed a high level of satisfaction with the services and facilities provided. Residents confirmed that they were offered a choice of food, in ample quantities and presented to a high standard. One resident described the food as "excellent" and everyone was "well fed".

One resident told inspectors "everyone is nice and helpful". A relative told inspectors "staff are always very welcoming and as a visitor I am frequently offered tea or coffee".

Relatives described the care as "excellent" and found her relative "always looks well". One visiting relative spoke about care at the centre and how her mother was "improving and cared for very well".

One resident told inspectors they would like to see a payphone installed at the centre. Another resident confirmed he could make private calls whenever he liked if staff dialled the number for him.

A number of residents suggested they would enjoy long walks outside when the weather improves. A number of residents spoke positively about improvements in mobility after admission and were pleased about ease of access to physiotherapy services.

Residents told inspectors they enjoyed activities including bingo, card making, games, puzzles, arts and crafts, music sessions, pancake parties, chatting, reading, prayers, and mass. One resident asked for more bingo to be played. Another requested "a better TV in the main hall".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

Inspectors found a well organised management structure. The person in charge worked full-time and when she was not on duty a clinical nurse manager or senior staff nurse assumed overall responsibility including weekends. The key senior manager/clinical nurse manager was found to be knowledgeable and demonstrated a good standard of clinical and managerial skills. For example, she had an extensive knowledge of each resident, and her assessment and documentation of residents' wound care needs was of a high standard. Staff spoken with had a clear understanding of the management structure and could describe their roles and responsibilities within the team.

The provider and the person in charge had addressed the one action plan following the inspection report dated 10 May 2010 in full. A covered walk way and additional glass annex has been put in place to provide shelter for staff and reduce draughts between the laundry and the main building. The provider also discussed a number of plans and options for improvements, to the premises currently under review for the centre to meet the requirements of the Standards relating to provision of additional shower/bathrooms.

In addition to the statement of purpose, an informative resident's guide was available which contained all relevant information. Information leaflets and notice boards were seen to be available to both residents and their relatives throughout the centre. All documents reflected clearly the services available and were formatted in a manner that was easily understood.

The person in charge demonstrated clear leadership and direction in the following areas, leading by example, staff development and a person-centred approach. Inspectors found that the person in charge was committed to continuous quality improvement. She had evidence of continuous professional development, and had recently had an update on complaints management and other clinical and management educational updates with certification. For example, challenging behaviour and wound management.

The person in charge explained to inspectors that she met with the area operations manager on a twice monthly basis, and highlighted any issues or areas for improvement, and discussed staff training.

The provider confirmed to inspectors' key information was discussed at each formal meeting between him and the person in charge. For example, quality issues, complaints, staffing and any other issues which may arise. Additional opportunities were available to meet other managers in the group nationally, combined with a professional update on a three monthly basis where the provider also attends.

All care practices observed by nursing and care staff demonstrated the commitment of staff to providing a high standard of resident-centred care. Relatives and residents confirmed this in conversation with inspectors. Following on from the last inspections, all staff working at the centre had received up to date training on communication and managing behaviour that challenges delivered by an external trainer, which was ongoing during the last follow up inspection. Staff spoken with by inspectors confirmed this training has assisted them with communication skills, and dealing with difficult situations.

A robust risk management system was in place and inspectors saw practices that reflected this system. For example, there was a centre-specific health and safety statement and each area had been risk assessed. All residents who were identified as being at risk of falling had risk assessments completed. A falls prevention and management plan was in place, monthly audit were completed, with results discussed and documented at clinical meetings.

Arrangements were in place for the identification, recording, investigation and learning from accidents and incidents were reviewed. A detailed account of all accidents and incidents was recorded. Documents examined demonstrated that all accidents/incidents were audited on a monthly basis and learning used to inform practice to prevent re-occurrence. A detailed centre-specific risk management policy was in place to support the quality and safety of care.

Inspectors found that the procedures in place for preventing, detecting and responding to fire were satisfactory. Inspectors reviewed written records of fire maintenance and training and found the names of staff who attended the regular fire drills. There were records to indicate that all of the staff working at the centre had attended training on fire prevention and procedures. Records also showed that residents had attended fire training to ensure that they knew the procedures to follow in the event of fire. Prior to the inspection, written confirmation from a competent person that all requirements of the statutory fire authority were complied with was submitted by the provider, this was found to meet the requirements of the legislation.

Inspectors viewed the complaints log and found that it contained a small number of minor verbal complaints, all of which were addressed in a timely and satisfactory manner by the person in charge, who is the complaints officer. The complaints policy complied with the requirements in the regulations and it was displayed in a prominent place. Staff were aware of the complaints procedure and had received training on complaints management and the centres policy. The person in charge told inspectors that she welcomed complaints and comments from residents and saw them as opportunities for learning and service development.

The chef told inspectors that the kitchen facilities had recently had an inspection from the environmental health officer from the Health Service Executive (HSE). The inspector reviewed the report shown to her by the person in charge.

All recommendations from the report dated 11 October 2010 had been actioned by the person in charge and a file note attached to the report.

The directory of residents was reviewed and was maintained as per legislative requirements as set out in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Minor issues to be addressed

Overall, documentation and management of any finances on behalf of residents was found to be to a very high standard and a policy was in place for issuing of statements to residents on a monthly basis or on request. However, the hairdresser/chiroprapist did not issue receipts directly to each resident, but gave them to the administrator directly who is responsible for safekeeping and documentation of monies held for a small number of residents. The person in charge told inspectors she would request the hairdresser and chiropody offer a receipt to each resident.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors found that there was an unhurried pace and relaxed atmosphere at all times during the day. Residents told inspectors that there was flexibility in the daily routine and they could decide when to get up and go to bed. They also told inspectors that staff were aware of their need for privacy and knocked on their bedroom doors and waited for a response prior to opening the door. Inspectors observed this to be the case. Inspectors found that the staff demonstrated a good knowledge and understanding of each resident's life history, likes, routines and preferences. Overall, the practice and communication observed was found to be person centred and of a high standard.

Inspectors found that staff had good knowledge of the procedures to follow in the case of suspected elder abuse. There were records to indicate they had all attended training and there was a centre-specific policy in place. The person in charge had an 'open door' policy and made herself available to speak to anyone with a concern. Staff working at the centre told inspectors that they had a clear understanding of the policy in place to safeguard residents.

Residents' civil rights were upheld and spiritual needs met. A weekly mass took place and daily rosary prayers were available. All residents had access to a small oratory/prayer room, which was accessible to wheelchair users also. Residents said they did not feel compelled to engage in religious activities and believed they could exercise choice in this regard. Inspectors found that some residents were from different religions and their spiritual needs were also met as external contacts were maintained. The person in charge explained that voting entitlements were registered for residents at the centre. Residents were provided with parish bulletins and local regional papers to stay in touch with their local areas.

There was a schedule of activities on offer each day and inspectors met with the activity coordinator who showed enthusiasm and interest in her role. Activities were available seven days a week. She explained that they provided one-to-one activities to the more dependent residents and to those who do not wish to engage in group sessions. The group activities were communicated verbally each day by staff and the activities coordinator and on a written activities schedule. Residents told inspectors that they had participated and enjoyed new activities. For example, one resident told inspectors she had enjoyed clay modelling and craft which had been an enjoyable new experience for her.

Inspectors saw residents participating in exercises to music, reading newspapers, reminiscing, chatting with volunteer advocates. Other activities seen by inspectors were the activities coordinator doing hand reflexology, music therapy, and chatting with residents. The person in charge was engaged with developing further contacts with the local community, examples of this include some residents attending a lunch club at the nearby day centre and encouraging relatives to take residents out on trips to mass and meals out. Suggestions and ideas were encouraged at the residents meetings, minutes of which were in place on a notice board.

Inspectors joined residents at lunchtime in the dining room. There was a choice of food available at each meal. The head chef was qualified and maintained full records of all residents with special requirements, likes and dislikes. The food was freshly cooked, hot and nutritious and special diets were available as required. The tables were nicely set in the dining room and there was a friendly convivial atmosphere during mealtimes. The appearance of soft and modified diets was noted to be of a high standard. All accompaniments and garnishes were available to all residents. Fruit was available mid morning, and fruit smoothies were offered by the nursing staff with the medication round. Staff were seen in adequate numbers in the dining room during mealtimes, and provided discreet, respectful assistance, to residents, who required supervision or encouragement with eating and drinking.

Inspectors also visited the kitchen and spoke with the chef who demonstrated a good awareness of each resident's dietary needs and preferences. Inspectors found that she took great pride in providing a high quality dining experience to residents and operated a well run kitchen with good supplies of fresh fruit, vegetables, fish and meat. The chef explained that residents requiring a soft diet were given a choice of two main dishes and their meal was individually pureed prior to serving. The meals were prepared from the kitchen to the adjacent dining room where the staff served the meals. Inspectors reviewed records that showed the catering staff had received training in food hygiene to ensure that best practice was adhered to when serving food to residents.

Some improvements required

Overall, activities were found to be well managed during the inspection. However, residents reported to inspectors that they would like to see more activities at weekends. The activities manager maintains a written record of participation of residents with the planned and individual activities, to a high standard. However, the resident's record on the electronic record keeping system does not have a programme to update and review social pastimes and activities on a singular record.

Significant improvements required

Residents told inspectors they enjoyed having their hair done, and they were satisfied with this service. The hairdresser visited weekly, and a hairdressing sink was used in the shower room. Hairdressing was clearly outlined in the resident's guide and contract of care as an additional charge to each resident. The hairdresser visited one day each week. Inspectors saw hairdressing which took place in the shower room, and on the corridor outside this room. However, facilities and space were found to be limited.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Overall inspectors found that all residents' health needs were met. A full medical, nursing and social three monthly re-assessment was found to be completed for all residents following admission. Inspectors found admission documentation and assessments were completed to a very high standard.

Inspectors reviewed a sample of care plans and found that there was a comprehensive pre-admission assessment completed on all residents requiring long term care and respite admissions to assess their needs and determine if the centre could meet their needs. There was then a comprehensive assessment carried out on each resident on admission. Risk assessments were completed on the risk of developing pressures ulcers, prevention of falls, pain management, continence, cognitive decline and malnutrition. The daily narrative notes for each resident were detailed and descriptive and related to the problems identified in the care plans. The nurses and residents explained to inspectors that they spent time discussing the care plan and both parties signed their care plan once it was agreed. There was evidence of the residents taking an active part in the care planning process. Residents confirmed to inspectors their satisfaction with wound care, exercise classes and all aspects of healthcare. One resident told inspectors he looked forward to having a physiotherapy session with the therapist in preparation for going home. Other residents told inspectors they were aware of the plan of care in place to address their ongoing needs.

Inspectors found that there was good links maintained with the general practitioner (GP) practices in the local area and there was a GP available on a regular basis to address residents' needs. Out of hours cover was in place. A review of the residents' medical files showed that each resident was reviewed every three months by their GP and this included a medication review. Residents told inspectors that the staff contacted the doctor when necessary and they were satisfied that their healthcare needs were met.

Inspectors noted that residents' health was well monitored as their weight, blood pressure and pulse rate were recorded monthly and abnormalities were reported to the GP promptly. A number of nursing staff were trained in phlebotomy (taking blood samples) which assisted them in meeting residents' health needs as they did not have to wait for a doctor to perform this or attend the acute services. Inspectors found that residents had access to physiotherapy and there was also written evidence of referral to chiropody, dietician and speech and language therapy where necessary.

However, some of the peripatetic health services were provided by the HSE and often the GP referred for private therapy, as access was often found to be limited and involved a waiting period. One resident had been re-assessed for specialised seating to assist with her posture and gait, staff reported improvements with eating and general posture with the new chair provided. Additionally, a stoma care specialist nurse had called to the centre to support a resident who was on a respite stay, following surgery.

Inspectors found that there was one resident receiving on-going end of life care during the days of inspection with input from the palliative care team. Inspectors reviewed the procedures and facilities in place for end of life care for residents. There was a centre-specific policy on end of life care and the staff explained that they received training on the policy. The clinical nurse managers told inspectors that they felt they could access the local palliative care team in Meath if necessary and strong links were in place. There was information found on the resuscitation status of residents in their nursing notes following consultation with the residents and relatives where appropriate.

One of the activity coordinators told inspectors that she asked residents for their likes and dislikes in a profile, in which they were asked about all aspects of their lives. As a result, the staff were able to create both individual activity plans and some group activities which were discussed at the monthly residents' meetings.

Links to psychiatry of old age were maintained, and inspectors reviewed the residents' records to confirm this. Some residents living in shared rooms told inspectors that they would like it if when the doctor visits that there was a private room in place to facilitate this.

Although a restraint free environment was promoted, inspectors found that there were a small number of residents using bed rails and lap belts. There was a restraint policy to guide staff and records to indicate that staff received training on the use of restraint. Inspectors reviewed records which indicated that residents were carefully assessed by the nursing and medical staff prior to the use of restraint, alternatives were explored and the finding discussed and documented with resident and/or their representative, their informed consent was gained for the use of any restraint for the shortest possible duration.

The medication policy was reviewed by inspectors who found that it contained the procedures for prescribing, administering, recording and storing of medication. The prescription and administration records were clear and updated to record the most recent administration of medication. Inspectors accompanied a nurse during the medication round and observed her practice in administration. They found that it complied with best practice as she identified and assessed the resident, (each medication chart had a photograph of the resident) checked the prescription, explained what each tablet was to the resident and gained their consent, waited while the resident swallowed the medication and then signed the medication as administered.

Inspectors found that there was a culture of reporting near misses in relation to medication administration and staff displayed a willingness to be transparent and learn from errors and near misses. The person in charge told inspectors that the pharmacist was involved in the development of procedures for medication management and was involved

with recent changes to the system including training for all staff nurses. The pharmacist provided good support to staff.

Some improvements required

Overall, medication was found to be well managed by the person in charge. A written detailed medication management audit developed by the person in charge, including adherence to administration best practice, was found to be in place. Following review of this audit, improvements in practice were noted and communicated to nursing staff effectively. However, inspectors found nursing staff had removed the pharmacy labels from MDA patches kept in the locked cupboard and had one labelled box for all the patches supplied. Inspectors looked at the controlled drugs register and found that that the stocks were checked twice daily at the end of each shift, in line with best practice.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was clean and well maintained throughout. Inspectors found that there was a real sense of homeliness and warmth. The reception area was light and welcoming. The nursing station was open and low, making the staff working there accessible visually to wheelchair users.

There were several sitting rooms, all of which were used by residents. A quiet sun room was also designated for visitors' use or for the purpose of a private meeting. The main reception hall also has seating areas and access to the larger sitting room, where activities also took place. There was a large ventilated smoking room available to residents.

Inspectors found there was an adequate amount of equipment such as hoists, pressure relieving mattresses and mobility aids available to meet residents' needs. Inspectors reviewed the records of servicing to electric beds, hoists and lifts, all were found to be well maintained and up to date. There was a maintenance book at reception to record any items which required repair. The person in charge and the provider confirmed they had access to plumbers and electricians when necessary. The provider had a dedicated member of part-time staff who undertook repairs and general maintenance. A small outbuilding was in place to the rear of the centre for all the necessary equipment for this function. Inspectors confirmed that water temperatures were checked, to maintain safe temperatures for resident's use.

Five of the six single bedrooms had an en suite shower and toilet while residents in each of the eight twin rooms shared an en suite toilet and wash-hand basin. The seven four bedded rooms each had an en suite toilet and hand-washing basin. All bedrooms were within minimum spatial requirements and well designed with facilities such as electronic call bell system, lockable cupboard space and televisions. Inspectors visited some bedrooms with residents' permission and found that residents were encouraged to bring in their personal possessions and there was adequate storage for their belongings with a locked cupboard for valuables.

Inspectors found that waste was well managed and clinical waste and soiled laundry were placed in separate bins for safety and hygiene purposes. There were hand gels, gloves and aprons available to staff to use for infection control purposes.

Inspectors met with a cleaner who explained the procedures she followed to ensure that a high standard of cleanliness was maintained. Inspectors observed that all cleaning chemicals were stored in a locked cleaning room at all times.

Inspectors found that the laundry was clean, well ventilated, well organised and had industrial sized machines. There was adequate room for storage and segregation of soiled clothing. Inspectors spoke with a staff member who was working in the laundry, she explained the procedures she followed to ensure that clothing was laundered appropriately and returned to residents. She was familiar with infection control protocols and policy.

The grounds of the centre were well maintained. The perimeter was safe and secure with level access to the front. A number of independent residents informed inspectors that they often took a walk around the grounds, weather-permitting. It was a short walk to the village of Kilmainhamwood.

The equipment required to meet residents' needs was available and being used by staff to ensure residents received all appropriate care in the safest manner for staff and residents. Sufficient and adequate storage was seen to be available for all equipment.

Some improvements required

Inspectors found five of the single rooms had full en suite shower facilities in place. However, there were an inadequate number of assisted, showers and bathrooms throughout the centre for the numbers of residents accommodated. Facilities in place included one assisted bathroom with a hydraulic bath hoist, and one dual purpose level entry shower/hairdressing room was in place. On the day of the inspection hairdressing was taking place in the corridor outside the shower/hairdressing room.

The general cleaner's room in place is fully equipped. However, no separate cleaner's room is in place for catering purposes.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors found that there were monthly meetings with the management team and the person in charge and the staff which helped to ensure that there was an effective communication system in place. Staff said they were kept informed of all aspects of the running of the centre and of any changes that occurred.

Inspectors observed the staff communicating effectively with residents with dementia and residents with communication problems. The activities available had been tailored to meet the needs of all residents. Residents spoke positively about the activities coordinator and the range and choice of activities on offer.

The person in charge told inspectors that she was keen to get residents feedback and opinions of all aspects of the centre and inspectors reviewed suggestions from residents and relatives who were asked to express opinions on all aspects of service. The comments made were actioned by the person in charge and the provider as required.

The residents' have monthly meetings, minutes and actions taken after each meeting were found to be documented satisfactorily. The meetings were well attended with 26 residents at the last meeting held in December. Residents were informed at this meeting that three new advocates would be available in the centre and discussed issues such as the availability of a payphone on the corridor. Administrative staff take and record the minutes of each meeting that takes place. An action plan was devised and each resident received a copy of the minutes, a copy was placed on the notice board for residents at the centre.

Inspectors found that records were stored in a secure cupboard in the nurses' station to ensure confidentiality. There was a sign in and out book at reception which kept a record of all visitors to the centre.

Inspectors found that the policies and procedures were centre-specific, updated and comprehensive. They were divided into different sections to make them more user friendly for staff. There were records to indicate that staff attended training sessions on the policies in place. There was a framework in place to record the date of implementation and review of policies and the person responsible for approving the policy.

Staff spoken with were aware of the policies in place and told inspectors that they referred to them for guidance when necessary.

Residents told inspectors that they had access to telephones and newspapers, and inspectors saw newspapers and other reading material were readily available to residents.

The activities coordinator was trained in Sonas technique, a communication tool to promote speech retention and wellbeing in residents with dementia or cognitive impairment.

Minor issues to be addressed

Some of the signage in place was not dementia friendly or pictorial in appearance. The layout of the building did not allow for visual cues in that all of the bedroom corridors were of similar colour and layout, and there was no other focal point apart from the central nurses' station in the main reception communal area.

There was public payphone to allow residents to make a call in private if they wished. A number of residents also told inspectors the staff would give them access to a portable telephone for personal use, when required. However, the space where the public telephone was located was not private, although alternative arrangements could be facilitated by staff, this did not promote independence or autonomy.

The electronic record system in use facilitates care assistants to input details of care provided. Inspectors noted some of the terminals in use were slow to display information at times. The person in charge acknowledged that this had been raised by nursing and care staff and they would look into improving the system in use.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Residents and relatives confirmed that the staff were friendly and efficient. The person in charge spent time each day speaking with each resident and made herself available to residents and relatives/visitors. She was actively involved with every aspect of service provision and monitored quality and safety at the centre.

Inspectors found that there were adequate numbers of staff on duty to care for residents. Call bells were answered promptly and residents said they were never left waiting for long periods when they required assistance. There was a good skill mix of staff on duty each day to meet the needs of all the residents living at the centre. The staff explained that they attended a morning report and this informed their plan of work for the day. All staff agreed that there was adequate staff on duty at all times. All staff spoken with said they enjoyed their work and had been given several opportunities for further training and development. The person in charge confirmed to inspectors and the training records demonstrated a commitment to staff development.

The person in charge explained to inspectors that she determined staffing levels by assessing the dependency levels of residents and also considered key quality indicators, such as the number of incidents and complaints which had occurred in the service overall. There was a very low rate of staff turnover.

Inspectors reviewed the recruitment policy which addressed all of the procedures to be followed in recruitment, induction, supervision and appraisal of staff. There were job descriptions developed for each staff member. Inspectors reviewed a sample of staff files and found that newly recruited staff members had all of the required documentation. Garda Síochána vetting had been applied for each staff member. There were records of nurses' registration with their professional body. The person in charge explained to inspectors that there was an induction programme for nursing and care staff where each member of staff received an induction. Staff told inspectors that they had a yearly performance appraisal where their goals and training needs were identified. Inspectors saw evidence of this in the staff files reviewed.

Inspectors found that 29 of the 31 care staff had completed Further Education Training Awards Council (FETAC) level five training which gave them skills and knowledge to

provide high quality, evidenced-based care to residents. One further staff member was undertaking FETAC training in care skill.

A number of staff had also completed additional training in caring for residents with intellectual disabilities, risk assessment and stroke care. Staff nurses and the clinical nurse manager were experienced and trained for working with older persons.

There were records to indicate that staff received mandatory training in manual handling, prevention and detection of elder abuse and fire prevention. Inspectors found that staff had also received training on issues such as best practice in infection control, behaviours that challenge and medication management. There was a list of planned training for 2011 following feedback from staff appraisals.

The person in charge told inspectors that improvements around dementia care was one of the main areas of interest. Dementia care training and dementia mapping had been completed in 2010 by a small number of senior staff.

Some improvements required

The person in charge maintained a detailed training record, and seven staff had attended wound care management training. However, there was no documented evidence of recent training or update taking place for nursing staff in pressure ulcer prevention and management.

Significant improvements required

A recent development was the introduction of a volunteer advocates to the centre. Appropriate Garda Síochána vetting was in place. However, the written arrangement and supervision requirement for the new volunteers have yet to be formalised and agreed, along with appropriate support and training.

Closing the visit

At the close of the inspection visit a feedback meeting was held with operations manager, person in charge and clinical nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Leone Ewings

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

3 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
10 February 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 November 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report*

Centre:	Kilmainhamwood Nursing Home
Centre ID:	144
Date of inspection:	11 and 12 January 2011
Date of response:	06 April 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:

The MDA medication was not found to be stored in the original dispensed packaging with labelling from the pharmacy.

Action required:

Review practice and retain original packaging for MDA storage supplied by the pharmacist, in line with best practice.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of
Medicines
Standard 14: Medication Management

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All MDA medication will be retained in its original packaging as supplied by the pharmacist.	Immediate

<p>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Three volunteer advocates working at the centre did not have a written agreement in place outlining their roles and responsibilities between them and the designated centre.</p> <p>There was no evidence of any induction or training for the volunteer advocates.</p>
<p>Action required:</p> <p>Agree and put in place a written agreement outlining the roles and responsibilities between the volunteer advocates and the designated centre.</p>
<p>Action required:</p> <p>The volunteer advocates require training and development commensurate with their role.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 34: Volunteers Standard 22: Recruitment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A written agreement outlining roles and responsibilities between volunteer advocates and the nursing home is being drawn up. Training and development for the advocates is currently being sourced.	30 April 2011 31 July 2011

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was an inadequate number of baths or showers in place at the centre to meet the needs of residents.</p> <p>The kitchen did not have a separate cleaners' room.</p> <p>Hairdressing was provided for residents in the corridor outside the shower/hairdressing room, there was no separate wash-hand basin in the room.</p>	
<p>Action required:</p> <p>Complete a review of bath and shower facilities and provide for the individual and collective needs of all the residents living at the centre.</p>	
<p>Action required:</p> <p>Provide for a separate cleaners' room for the catering areas.</p>	
<p>Action required:</p> <p>Review the location and facilities in place for provision of hairdressing for residents in the corridor outside the shower/hairdressing room.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We will re-institute an assisted shower room which had previously been converted to storage space.</p> <p>We are currently reviewing the overall structure of the facility to meet the regulations and will have a plan in place by 30 December 2011.</p> <p>We will erect a lockable cleaners' cupboard specifically for catering staff within the existing general cleaners' room.</p> <p>We will move the hairdressing facility to another location in the nursing home.</p>	<p>30 June 2011</p> <p>31 Dec 2011</p> <p>30 April 2011</p> <p>30 June 2011</p>

<p>4. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no evidence of registered nurses or care assistants attending a pressure ulcer prevention and management update in the last year.</p>	
<p>Action required:</p> <p>Review training needs for registered nurses and care assistants to include training on pressure ulcer prevention and management, which is contemporary and evidence-based.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Six nurses are booked onto a wound assessment and classification course on 28 May 2011. This course is ABA category one approved. Training for care assistants has also been planned.</p>	<p>30 June 2011</p>

<p>5. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The opportunity for residents to participate in activities at weekends was limited. The documentation of activities was not part of the electronic resident record.</p>	
<p>Action required:</p> <p>Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities including weekends.</p>	
<p>Action required:</p> <p>Review the electronic record keeping system with a view to including an activities report on this record.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A range of meaningful activities appropriate to resident's interests and capacities are now available at the weekends.</p> <p>An activities report is now included on the electronic record keeping system and is used on a daily basis.</p>	<p>Immediate</p> <p>Immediate</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 9 The Resident's Finances	<p>Recommend receipts are given to residents for any services received, including hairdressing and chiropody in line with best practice.</p> <p>Provider's response: Receipts are now given to residents for any services received including hairdressing and chiropody.</p>
Standard 25 Physical Environment	<p>Review signage in place and consider the use of pictorial signage for communal rooms, toilets, and bathroom.</p> <p>Provider's response: Signage currently being reviewed throughout the home.</p>
	<p>Review the location of the wooden exercise 'stairs' used by the physiotherapist in the smoking room and consider finding an alternative space.</p> <p>Provider's response: Meetings being held with physiotherapist with a view to using alternative space for exercise stairs.</p>
	<p>Review the location of the payphone and consider moving to a private space.</p> <p>Provider's response: The payphone will be replaced with a hands free telephone for residents' use.</p>
Standard 32 Register and Residents' Records	<p>Review the electronic record keeping system in place and ensure all care recorded on the computer terminals in use can be used by staff accessing them in a timely manner.</p> <p>Provider's response: Electronic record keeping system is under review to allow staff access terminals in a timely manner.</p>

Any comments the provider may wish to make:

Provider's response:

We are delighted to see that the ongoing endeavours of staff in the nursing home have been so positively acknowledged in this report.

We thank the inspectors for the courtesy shown to our residents and staff during inspection.

Provider's name: Pat Shanahan, Chairman, Mowlam Healthcare.

Date: 7 April 2011