

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Kilcara House Nursing Home
<b>Centre ID:</b>	0241
<b>Centre address:</b>	Duagh
	Abbeyfeale
	Co Kerry
<b>Telephone number:</b>	068-45377
<b>Fax number:</b>	068-45455
<b>Email address:</b>	KilcaraHouse@gmail.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Noel Kneafsey
<b>Person in charge:</b>	Marian Kneafsey
<b>Date of inspection:</b>	22 August 2011
<b>Time inspection took place:</b>	<b>Start:</b> 10:30hrs <b>Completion:</b> 14:15hrs
<b>Lead inspector:</b>	Col Conway
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Kilcara House Nursing Home is a two-storey building that was purpose-built in 1994 and has a lift and stairs between the two floors. It currently provides continuing, convalescent and respite care for up to 35 residents. The person in charge informed inspectors that at the time of inspection there were eight residents diagnosed with dementia.

Bedrooms consist of 17 single rooms with en suites, six twin rooms, three of which have en suites and two three-bedded rooms which have en suites. All en suites contain a wash-hand basin, assisted toilet and assisted shower.

On the ground floor, additional to en suite facilities, there is one assisted toilet and wash-hand basin and one assisted bathroom with assisted bath, assisted toilet and wash-hand basin. On the first floor additional to en suite facilities, there is one communal bath and shower room that includes a bath, a shower, assisted toilet and wash-hand basin. There is also a separate communal toilet and wash-hand basin.

Communal living space for residents is on the ground floor and consists of two dining rooms, one of which has a conservatory attached, two sitting rooms, a small prayer room and an indoor smoking room. Outdoor space consists of concrete pathways and an enclosed patio. To the front of the building there is a parking area.

### Location

Kilcara House Nursing Home is situated in a rural location between the village of Duagh and the town of Abbeyfeale in Co Kerry. The nearest shop, church, post office and public house are two kilometres away in the village of Duagh.

<b>Date centre was first established:</b>	1994
<b>Number of residents on the date of inspection:</b>	33
<b>Number of vacancies on the date of inspection:</b>	2

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	10	10	7	6

## Management structure

Noel Kneafsey is the registered provider and Marian Kneafsey is the Person in Charge. All staff report to the Person in Charge and she is supported in her role by the Deputy Nurse Manager who is responsible for the operational management of the centre in the absence of 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	***8	2	1	0	0

\* 08:30hrs to 14:30hrs

\*\* one nurse from 08:30hrs to 16:30hrs  
one nurse from 15:30hrs to 20:30hrs

\*\*\* one care staff from 07:00hrs to 15:00hrs  
two care staff from 08:00hrs to 16:00hrs  
two care staff from 08:00hrs to 14:00hrs  
one care staff from 15:00hrs to 20:00hrs  
one care staff from 16:00hrs to 20:00hrs  
one care staff from 16:00hrs to 23:00hrs

## Background

Kilcara House Nursing Home had a registration inspection by the Authority on 11 January 2011 and 12 January 2011 as an application had been made to register the centre. Inspectors found evidence that residents received a good standard of care and were seen by inspectors to be treated with dignity and respect. Staff with whom inspectors spoke were knowledgeable about residents' individual health needs, and this was confirmed by the care practices observed. However, improvements were required in relation to the number of staff rostered to work the weekends, the premises, information in staff files and completion of key documents. The registration inspection report can be found on the Authority website [www.hiqa.ie](http://www.hiqa.ie). Subsequent to the registration inspection Kilcara House Nursing Home was registered by the Authority in May 2011.

This inspection report outlines the findings of a follow-up inspection, which was undertaken on 22 August 2011. The follow-up inspection focused on 16 of the 17 required actions from the June 2010 registration as the timeframe for completion of one of the actions is September 2013.

## Summary of findings from this inspection

The inspector found evidence that many improvements had been made and the majority of the required actions from the previous inspection were fully implemented. However, some actions remained outstanding and these included provision of:

- suitable anti-scalding protection for the hot water supply
- a curtain or screening around the shower area in the combined bath and shower room on the first floor
- adequate ventilation in the smoking room
- a written Resident's Guide that contains all of the required information
- the required documents for every staff member as specified in Schedule 2 of the regulations.

The Action Plan at the end of this report identifies areas where some improvements are still needed to meet 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 in Ireland*.

## Issues covered on inspection

The findings of the follow-up inspection, in relation to 16 of the 17 required actions from the registration inspection on 11 January 2011 and 12 January 2011 are set out below.

### Actions reviewed on inspection:

#### 1. Action required from previous inspection:

Review staffing resources to ensure at all times the number and skill-mix of staff are appropriate to the assessed needs of residents and the size and layout of the centre.

The provider and person in charge informed the Authority in the written response to the action plan from the previous inspection in January 2011 that the staff roster had been adjusted and the staffing situation would be monitored. The inspector reviewed staff rosters and an increase in care staff resources rostered to work weekends had been made since the previous inspection. At the time of inspection there was a sufficient number of staff rostered across seven days of the week to meet the needs of the current residents.

#### 2. Action required from previous inspection:

Ensure that a comprehensive risk management policy is implemented that covers the identification and assessment of risks throughout the centre.

A revised health and safety statement was in place that was dated May 2011 and it identified potential hazards and the required controls. There was written evidence that a general health and safety audit and risk assessments of the premises had been ongoing between March and June 2011. There was also written evidence of regular clinical risk assessments being undertaken of residents such as risk of choking and falling. The person in charge and staff also informed the inspector that there were daily risk assessments undertaken of items such as the means of emergency escape, the electric fire system panel and storage of clinical waste.

#### 3. Action required from previous inspection:

Ensure all the pressure-relieving mattresses are at the correct settings for residents' weights.

The provider and person in charge informed the Authority in the written response to the action plan from the previous inspection in January 2011 that a daily check of all the pressure-relieving mattresses had been commenced. The inspector found evidence of this.

#### **4. Action required from previous inspection:**

Provide suitable facilities in the combined bath and shower room on the first floor.

The provider and person in charge informed the Authority in the written response to the action plan from the previous inspection in January 2011 that by 31 May 2011 the bathroom would be refurbished. While the worn and chipped plastic bath surround had been removed and new flooring installed, the facilities in the communal bath and shower room on the first floor remained inadequate as:

- the hot water supply in the wash-hand basin could potentially scald residents
- there was no curtain or screening around the shower area.

#### **5. Action required from previous inspection:**

Provide a sluice facility and cleaning room.

A separate sluice room and separate cleaning room had been built and equipped since the previous inspection and they provided adequate facilities.

#### **6. Action required from previous inspection:**

Ensure there is an adequate lock on the attic door in bedroom 22.

The inspector found a lock had been provided on the attic door that is located in bedroom 22.

#### **7. Action required from previous inspection:**

Provide adequate ventilation and fire retardant chairs in the smoking room.

The inspector found a strong odour of cigarette smoke in the corridor outside the smoking room and the sitting room located close by the smoking room. While a mechanical ventilation unit had been installed in the smoking room, it was not functioning on the day of inspection.

#### **8. Action required from previous inspection:**

Provide external grounds which are suitable for, and safe for use by, residents.

An enclosed patio area had been developed since the previous inspection which provided a safe area for residents to use outside. Hazardous waste at the back of the centre, such as rubble, rope and pipes had also been cleared away.

**9. Action required from previous inspection:**

Provide adequate storage facilities.

The inspector found an adequate storage facility had been provided since the previous inspection.

**10. Action required from previous inspection:**

Ensure there is adequate curtaining around the bed spaces in bedroom 11.

The inspector found there was adequate curtaining around all of the three beds in bedroom 11.

**11. Action required from previous inspection:**

Ensure there is a call-bell at all the bed spaces in bedroom four.

All of the three beds in bedroom four had a call-bell.

**12. Action required from previous inspection:**

Develop a temporary absence policy that is specific to the centre.

There was a written policy available for staff which covered temporary absence of a resident and it was centre-specific.

**13. Action required from previous inspection:**

Provide a written statement of purpose that includes all of the required information and make it available to residents upon request.

A written statement of purpose that included all of the information as per the regulations was available in the centre.

**14. Action required from previous inspection:**

Provide the required documents for every staff member as specified in Schedule 2 of the regulations.

An audit of staff files had been undertaken in July 2011 and a record was available of the outstanding documents that were required as per the regulations.

These included for some staff:

- written references
- evidence of Garda Síochána vetting
- proof of identification
- a recent photograph and evidence that the person is physically and mentally fit for the purposes of the work that they are to perform.

**15. Action required from previous inspection:**

Provide suitable staff changing and storage facilities.

The inspector found that staff changing facilities and storage space for staff had been built since the previous inspection and they provided adequate facilities.

**16. Action required from previous inspection:**

Establish and maintain a system for reviewing the quality and safety of care and the quality of life of residents.

There was written evidence that evaluations of the quality of care had been undertaken since the previous inspection, these included audit of complaints and their subsequent management, staff files, nursing notes and medication management. The person in charge also informed the inspector that a formal monthly review had been introduced of the wound management records, the use of psychotropic medications, any pressure sores or skin ulcers, management of indwelling urinary catheters, restraint practices, significant weight loss and any falls. The inspector read the evidence of these reviews and they indicated that monitoring the quality and safety of care was ongoing.

***Report compiled by:***

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

25 August 2011

**Chronology of previous HIQA inspections**

<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
25 August 2009 and 26 August 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 January 2011 and 12 January 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Kilcara House Nursing Home
<b>Centre ID:</b>	0241
<b>Date of inspection:</b>	22 August 2011
<b>Date of response:</b>	13 September 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 has failed to comply with a regulatory requirement in the following respect:

The premises lacked:

- suitable anti-scalding protection for the hot water supply
- curtain or screening around the shower area in the combined bath and shower room on the first floor
- adequate ventilation in the smoking room.

#### Action required:

Provide suitable anti-scalding protection for the hot water supply.

#### Action required:

Provide curtain or screening around the shower area in the combined bath and shower

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

room on the first floor.	
<b>Action required:</b> Provide adequate ventilation in the smoking room.	
<b>Reference:</b> Health Act 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <ol style="list-style-type: none"> <li>1. We are seeking the best way to provide suitable anti-scalding protection for the hot water supply. Phase one will commence on 5 October 2011 and should be completed within two days. This will provide anti-scalding protection in areas that residents may use unsupervised, such as the en suites of ambulatory residents and in the communal toilet and washing facilities. Phase two will be completed by the end of December 2011 and this will involve providing anti-scalding protection in the other remaining areas of the centre.</li> <li>2. Action taken immediately on the day of inspection by providing a portable shower screen if residents want to have a shower. Also a sign will be placed on the door when the shower is in use.</li> <li>3. Mechanical ventilation was not connected on the day of inspection so it has been connected and fixed within one week after inspection.</li> </ol>	<p>7 October 2011</p> <p>31 December 2011</p> <p>Completed</p> <p>Completed</p>

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b> The Resident's Guide did not contain all of the required information.
<b>Action required:</b> Produce a written Resident's Guide that contains all of the required information.

<b>Reference:</b> Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Resident's Guide is being updated with all the required information and is available to the residents.	Completed

<b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Written references, evidence of Garda Síochána vetting, proof of identification, a recent photograph and evidence that the person is physically and mentally fit for the purposes of the work that they are to perform were not available for all staff.	
<b>Action required:</b>  Provide the required documents for every staff member as specified in Schedule 2 of the regulations.	
<b>Reference:</b> Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We will audit all staff records on a monthly basis and files will be updated as soon as we will get the documents required, for example, Garda Síochána vetting.	Ongoing

**Any comments the provider may wish to make:**

**Provider's response:**

Kilcara House Nursing Home would like to thank the inspector for her courtesy and support on this follow-up inspection. We are committed to work with the Authority and welcome their recommendations and feedback. We will continue to deliver quality, person centred care at Kilcara House Nursing Home.

**Provider's name:** Noel Kneafsey

**Date:** 13 September 2011