

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

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Kilminchy Lodge Nursing Home
<b>Centre ID:</b>	0052
<b>Centre address:</b>	Dublin Road
	Portlaoise
	County Laois
<b>Telephone number:</b>	057 8663600
<b>Email address:</b>	kilminchylodgenh@eircom.net
<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 provider:</b>	Kilminchy Lodge Nursing Home Ltd.
<b>Person authorised to act on behalf of the provider:</b>	Patricia McCarthy
<b>Person in charge:</b>	Sian Rowe McCormack
<b>Date of inspection:</b>	10 December 2012
<b>Time inspection took place:</b>	<b>Start:</b> 09:40 hrs <b>Completion:</b> 15:15 hrs
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector:</b>	Gary Kiernan
<b>Type of inspection</b>	<input checked="" type="checkbox"/> <b>announced</b> <input type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	50 + 2 in hospital
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

- to monitor compliance with Regulations and Standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with 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*.**

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1: Statement of Purpose</b>	<input checked="" type="checkbox"/>
<b>Outcome 2: Contract for the Provision of Services</b>	<input checked="" type="checkbox"/>
<b>Outcome 3: Suitable Person in Charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 4: Records and documentation to be kept at a designated centres</b>	<input checked="" type="checkbox"/>
<b>Outcome 5: Absence of the person in charge</b>	<input type="checkbox"/>
<b>Outcome 6: Safeguarding and Safety</b>	<input checked="" type="checkbox"/>
<b>Outcome 7: Health and Safety and Risk Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 8: Medication Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 9: Notification of Incidents</b>	<input type="checkbox"/>
<b>Outcome 10: Reviewing and improving the quality and safety of care</b>	<input type="checkbox"/>
<b>Outcome 11: Health and Social Care Needs</b>	<input checked="" type="checkbox"/>
<b>Outcome 12: Safe and Suitable Premises</b>	<input checked="" type="checkbox"/>
<b>Outcome 13: Complaints procedures</b>	<input type="checkbox"/>
<b>Outcome 14: End of Life Care</b>	<input type="checkbox"/>
<b>Outcome 15: Food and Nutrition</b>	<input type="checkbox"/>
<b>Outcome 16: Residents' Rights, Dignity and Consultation</b>	<input type="checkbox"/>
<b>Outcome 17: Residents' clothing and personal property and possessions</b>	<input type="checkbox"/>
<b>Outcome 18: Suitable Staffing</b>	<input checked="" type="checkbox"/>

This report set out the findings of a registration inspection, which took place following an application to vary to the Health Information and Quality Authority (the Authority) Social Services Inspectorate. The registered provider had changed from Kilminchy Lodge Partnership to Kilminchy Lodge Nursing Home Ltd and had applied for registration under Section 48 of the Health Act, 2007. This inspection was announced and took place over one day.

As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. A fit-person interview was carried out with the person in charge during the inspection. The person authorised to act on behalf of the provider was recently interviewed by the Authority for another centre and general discussions took place regarding plans for this centre.

While areas for improvement were identified, overall inspectors found that the provider met the requirements the of 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*.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services, and the nursing care provided was evidence based. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and there was ample evidence of their involvement in the running of the centre.

The provider and person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Robust fire procedures and an emergency plan were in place. Staff had received training and were knowledgeable about the prevention of elder abuse.

Improvements required related to staff files and this is discussed further in the report and included in the Action Plan at the end of the report.

#### **Section 41(1)(c) of the Health Act 2007**

**Compliance with 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*.**

#### **Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### **Outcome 1**

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

**References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors read the statement of purpose and noted that it met the requirements of the Regulations. It had been amended to reflect the change of provider. It described the service to be provided including individual nursing and social care in order that residents might fulfil their optimum abilities and enjoy life.

**Outcome 2**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**References:**

Regulation 28: Contract for the Provision of Services  
Standard 1: Information  
Standard 7: Contract/Statement of Terms and Conditions

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

**Outcome 3**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

Sian Rowe McCormack is the person in charge. She is a registered nurse with the required experience in the area of nursing older people and works full-time in the centre.

As part of the registration inspection, a fit person interview was conducted during which she demonstrated her knowledge of the Regulations and the Authority's Standards and her statutory responsibilities.

Inspectors observed that she was well known to staff, residents and relatives. The person in charge had maintained her continuous professional development. She had completed a diploma in management and a certificate course in gerontology. She had also attended a train the trainer programme to ensure that she was able to locally provide courses for staff on elder abuse and restraint management. She continued to undertake numerous clinical courses such as medication management and dementia care. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to continuously monitoring the service provided. All documentation requested by inspectors was readily available.

She was supported in her role by an assistant director of nursing who deputised for her in her absence.

### Outcome 4

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

### References:

Regulations 21-25: The records to be kept in a designated centre  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

### Inspection findings:

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

### Residents' Guide

Substantial compliance

Improvements required \*

### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required \*

### **General Records (Schedule 4)**

Substantial compliance

Improvements required \*

### **Operating Policies and Procedures (Schedule 5)**

Substantial compliance

Improvements required \*

### **Directory of Residents**

Substantial compliance

Improvements required \*

### **Staffing Records**

Substantial compliance

Improvements required \*

Some improvement was required to staff records and this is discussed in more detail under Outcome 18.

### **Medical Records**

Substantial compliance

Improvements required \*

### **Insurance Cover**

Substantial compliance

Improvements required \*

## **Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge had attended additional training which allowed her to provide training for staff. Staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents' monies continued to be managed in a safe and transparent way, guided by a robust policy.

**Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

**References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors were satisfied that the provider and person in charge had prioritised the safety of residents.



The health and safety statement was in place and was read by inspectors. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. A risk management policy was in place and met the requirements of the Regulations. This had recently been updated following an alert issued by the Authority regarding residents who smoked. Inspectors saw that a risk assessment had been carried out and as a result of the assessment fire retardant aprons had been provided and a register was maintained of residents entering and leaving the smoking area.

Inspectors were satisfied that thorough fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced on a three-monthly basis and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Inspectors read the training records which confirmed that all staff had attended training within the last year. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire. A senior staff member was nominated as fire warden for each shift. Further training was organised for a date in December to ensure that all staff were familiar with the fire procedures.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and inspectors saw staff using this equipment appropriately.

#### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

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

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

#### **Inspection findings**

Inspectors were satisfied that appropriate medication management policies and procedures provided adequate protection to residents.

A comprehensive policy was in place which guided practice. Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines. As an added safety precaution, the nurse administering medications wore an alert apron to minimise possible disruptions. Written evidence

was available that three-monthly reviews were carried out. In addition the supplying pharmacy regularly reviewed each prescription and provided advice regarding possible interactions and treatment regimes.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances and found them to be correct.

A medication fridge was available in a locked room and inspectors noted that the temperatures were recorded daily and were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The medication policy provided guidance to staff on the management of residents who wished to self-medicate. There were no residents availing of this at the time of inspection.

### **Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

### **Outcome 11**

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

### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare

Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors were satisfied that resident's healthcare needs were met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to GP services and out-of-hours medical cover was provided. Physiotherapy was available within the centre. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody and optical services were also provided. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

The person in charge ensured that residents had access to appropriate assistive devices. A wide variety of suitable chairs were available. Pressure relieving equipment was in use and staff spoken to were aware of the correct use and maintenance of equipment.

Inspectors saw that comprehensive person-centred care plans had been introduced. Inspectors reviewed some residents' files and noted that a pre admission assessment had been undertaken. On admission, a nursing assessment and additional risk assessments were carried out for residents. Three-monthly reviews were carried out and there was evidence of resident or relative involvement.

Inspectors saw that following a fall, residents had a risk assessment undertaken, a falls diary was completed and an action plan was devised. Inspectors read the care plans of residents who had fallen and observed that these recommendations had been followed. The person in charge regularly audited the information on falls which was analysed for possible trends including location and timing of falls. This information was shared with other staff members for learning purposes.

Inspectors read a care plan of a resident who had a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wound. In addition, inspectors saw where additional advice and support was provided from outside services. Training was also provided for staff when needed.

Inspectors reviewed the procedures in place for responding to behaviours that challenged. Although there were no residents displaying behaviours that challenged at the time of inspection, staff spoken to were aware of the policy and knowledgeable of appropriate strategies to use. Support and advice was available through psychiatry of later life services when required.

Inspectors noted ongoing improvements in the management of restraint and practice was in line with evidence-based practice. Frequent audits were carried out. Appropriate assessments were in place including the consideration of alternatives and additional equipment such as sensor alarms and low-low beds had been purchased. All residents using bedrails were checked on a two-hourly basis and inspectors saw where this was documented.

Residents were seen enjoying various activities during the inspection. Many were busy getting things sorted for Christmas including putting the finishing touches to a patchwork blanket that they had knit. An activity coordinator was employed and she was assisted by other staff members. This ensured that while group activities were taking place another staff member took responsibility for providing activities to residents who were unable to attend the group sessions. Each resident's preferences were documented in their activity care plan and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A social care plan had been added to the care plans to collect relevant data on hobbies, interests and other information such as important dates.

A programme of events was displayed and included religious ceremonies, music, art and many more. Inspectors saw that many local groups were attending the centre in the coming weeks for festive activities such as carol singing.

**Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**

Regulation 19: Premises  
Standard 25: Physical Environment

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The centre was well maintained both internally and externally and inspectors found it to be clean, comfortable and welcoming.

The bedrooms were clean, bright and they had ample storage space. The rooms were comfortable and had domestic style curtains and bed linen. Several residents had chosen the colour scheme for their rooms and one resident told inspectors how much she had enjoyed picking out the colours and how much she liked the finished product. There were a sufficient number of wheelchair accessible toilets, showers and baths for use.

Inspectors were satisfied that there was suitable and sufficient communal space for residents. There was a large sitting room, large dining room, quiet room and smoking room for residents' use. The corridors were wide and spacious and efforts had been made to make this element more homely. Many residents sat near the entrance as they could watch the activity and passers-by. Grab-rails and handrails were provided in all communal areas.

Safe and secure garden space was available with an enclosed garden accessible directly off the dining room. Garden furniture was provided.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment and found they were up-to-date.

Inspectors were satisfied with the arrangements in place for infection control. Protective aprons and gloves were available throughout the centre. There was ample access to hand washing facilities. Inspectors spoke with staff who were knowledgeable about infection control. Appropriate arrangements were in place for the disposal of clinical waste. There were two sluice rooms and both were equipped with a bed pan washer.

A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. The laundry had recently been renovated and now had a separate area for clean and dirty clothes to minimise the risk of cross infection.

The kitchen was clean and well equipped. It contained ample supplies of fresh and frozen foods which were appropriately stored. Staff had received training in food management and were knowledgeable about the nutritional needs of residents. Appropriate changing facilities were provided for all staff.

#### **Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

#### **Outcome 18**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Although there was evidence of good recruitment practices, further improvement was required regarding some staff files in order to meet the requirements of the Regulations.

There was a robust written operational staff recruitment policy in place which had been updated to meet the requirements of the Regulations. A checking system had been introduced to ensure that all staff files contained the information required by the Regulations. However, inspectors noted that some staff files only contained a self declaration of physical and mental fitness without explanation as to why this was so. This was discussed with the person in charge who outlined plans already afoot to address this.

Staff turnover was low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents and inspectors saw them responding to residents' needs in an informed way.

Inspectors confirmed that up-to-date registration numbers were in place for nursing staff. Inspectors reviewed the roster which reflected the staff on duty and the person in charge said that staffing levels were based on the number of residents and their dependency levels. Inspectors were satisfied that there was sufficient staff on duty to adequately provide care to the residents.

Formal induction arrangements for newly employed staff were in place. A recently employed staff member confirmed that he had undertaken this induction and was currently being mentored by a senior carer.

The person in charge promoted professional development for staff. Staff appraisal had been introduced for all staff on a yearly basis and this information was used to identify any additional training requirements. For example, staff had identified that would like additional training in cardio pulmonary resuscitation (CPR) and inspectors saw where this had been provided. Training was also tailored to meet residents' needs. Staff told inspectors they had received a broad range of training which included caring for the person with dementia, and the management of behaviours that challenged. Training records were reviewed which confirmed this. Most care

assistants had Further Education and Training Awards Council (FETAC) Level 5 training. Staff spoken with confirmed how much they had enjoyed doing this training.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. They had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge 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:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

13 December 2012

Action Plan

Provider's response to inspection report \*

Centre Name:	Kilminchy Lodge Nursing Home
Centre ID:	0052
Date of inspection:	10 December 2012
Date of response:	18 December 2012

Requirements

These requirements set out the actions that must be taken to meet 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*.

Theme: Workforce

**Outcome 18: Suitable staffing**

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

Some staff files did not contain evidence of physical or mental fitness.

**Action required:**

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

**Reference:**

Health Act, 2007  
Regulation 18: Recruitment  
Standards 22: Recruitment

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



<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All staff who do not have a full medical on file have been issued with a medical form to have completed and returned to the home by 31 December 2012.	31/12/2012

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

We wish to thank the inspectors for the courteous manner in which the inspection was carried out. We look forward to working with the team to continue to develop and improve our service to maintain the highest possible standards.

**Provider's name:** Patricia McCarty

**Date:** 18 December 2012

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