Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Kiltormer Nursing Home
Centre ID:	OSV-0000352
Centre address:	Kiltomer, Ballinasloe, Galway.
Telephone number:	090 962 7313
Email address:	info@kiltormernursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	D & G Nursing Home Limited
Provider Nominee:	Derek Glynn
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	3

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 his/her 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
▪ to carry out thematic inspections in respect of specific outcomes
▪ 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
03 May 2017 09:00	03 May 2017 18:20

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

In applying to renew registration of the centre the provider has applied to accommodate a maximum of 29 residents who need long-term care, or who have respite, convalescent or palliative care needs. The centre is registered to accommodate 29 residents presently in accordance with an updated certificate of registration issued in August 2016 following an application to vary a condition of registration.

The centre was inspected on three occasions during 2016. The initial inspection in February 2016 evidenced significant failings to adequately meet the requirements of the regulations. A further two inspections during 2016 evidenced improvement in the management systems and compliance with the regulations.

In line with the HIQA's procedures to manage risk and ensure safe quality care a further unannounced inspection was undertaken in January 2017. Twelve outcomes were inspected. Two were judged as compliant with the regulations and a further six as substantially in compliance with the regulations. Three outcomes were moderately non-complaint. One outcome medication management was major non-compliant, as practices were not satisfactory to ensure each resident was adequately protected by all procedures for the management of medicines.

All of the actions required from the previous inspection in January 2017 in relation to fire safety, risk management, infection precautions, management of medicines, governance and healthcare were satisfactorily completed on this inspection.

The inspector observed practices, the governance system, clinical and operational procedures and records required by regulation to inform decision making on this registration renewal application inspection. The provider, person in charge and those as participating in management were knowledgeable of the regulatory requirements.

During conversations with the inspector residents and relatives confirmed that they were well looked after, they felt safe and all staff were attentive to their needs.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents. Staff supported residents to maintain their independence where possible.

There are 13 single and eight twin bedrooms. Repainting and new soft furnishings have been provided to the sitting room. Bedrooms had been repainted, many provided with a change of curtains and voile window dressing and duvets. Bedrooms were very well personalised and comfortable with good space available to each resident in twin bedrooms.

This inspection evidenced a continued improvement in the management systems. Progress in developing procedures to complete audits has improved to inform learning. An annual report on the quality and safety of care was complied to meet the requirement of regulation 23.

There were improved systems to deliver evidenced based nursing care through clinical risk assessment, care planning, medical and allied health professional reviews, which were recorded to inform and guide care practices.

Fourteen outcomes were inspected. Seven were judged as compliant with the regulations and seven as substantially in compliance with the regulations

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care

and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is 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.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The provider understood that it was necessary to keep the document under review.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
A single member of the management team is notified to HIQA to fulfil the roles of both nominated provider and person in charge. The nominated individual to fulfil the dual roles was identified as the chairperson of the company on the application made during

2014 to renew registration. The renewal application confirmed no changes have been made to the company information submitted with the previous application. This was confirmed in the governance arrangements on the day of inspection.

The individual identified as the sectary of the company on the application to register works in the centre. This is an administrative role and supports the person in charge.

This inspection evidenced a continued improvement in the management systems. There is an internal management structure appropriate to the size, ethos, and the purpose and function of the residential service.

The inspector met with the person in charge, administrative manger and the senior nurse notified to HIQA as participating in management at the time of this inspection. The roles and responsibilities of the management team were reviewed. Each member demonstrated a clear understanding of their responsibilities to the inspector.

During the inspection they demonstrated knowledge of the legislation and of their statutory responsibilities. Records confirmed they were undertaking training to enhance their professional development. The person in charge had recently completed a training course in teaching and facilitation skills.

Progress in developing procedures to complete audits has improved to inform learning and ensure enhanced outcomes for residents. Weight records were audited to identify any unintentional weight loss or gain over the past three months and two residents with unplanned weight loss were reviewed by the dietician.

Near miss events were documented in the accident register. Falls were reviewed for all residents over the past 12 months. The audit program requires further development with the implementation of improvement plan. Near miss events were not included in the falls audits. As discussed with the nursing team audits of clinical data in the areas of the usage of psychotropic and night sedative medicines. Care planning practice requires development as part of expansion of the review of the quality and safety of care.

An annual report on the quality and safety of care was complied to meet the requirement of regulation 23. This included details of the residents' survey and outlined residents' opinion of the catering and laundry service and communication by staff. This was an area identified for improvement in the action plan of the previous inspection.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a residents' guide developed containing all the information required by the regulations.

All residents accommodated had an agreed written contract. Each resident had agreed a new contract with the service since the last inspection. The contract included details of the services to be provided and the fees payable by the residents. All contracts were signed by relevant parties.

Expenses not covered by the overall fee and incurred by residents were identified in the new contract. The contracts of care specified whether the bedroom to be occupied was single or twin occupancy. This was an area identified for clarity in action plan in the previous inspection report.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. The person in charge has more than three years experience of nursing older persons within the last six years as required by the regulations.

He is a registered nurse and holds a full-time post. He is well known by residents and has a good knowledge of residents care needs. He has maintained is professional development and attended mandatory training required by the regulations.

The person in charge is supported in his role by a senior nurse who had a good knowledge of each resident's specific care needs. The post of the person in charge is full time and he rostered over five week days. He works in the delivery of clinical care for part of his rostered hours in addition to overseeing the operational management of the

service.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored, maintained in a secure manner and easily retrievable.

Medical records and other records, relating to residents and staff, were maintained in a secure manner and easily retrievable.

Records required by Schedule 4 of the regulations were maintained to include staff records, fire safety documents, food records and staff training records. On the previous inspection it was identified the nutritional records did not provide adequate detail to confirm that diet and fluid intake was satisfactory. On this visit food intake record were well completed. There was one resident on a fluid monitoring chart and this was detailed with the volume per 100ml to allow an overall calculation of daily fluid intake to ensure hydration was adequate.

The daily nursing notes were documented twice in 24 hours. As required by Schedule 3 (4) (C) they provided a clear account of the resident's health, condition and treatment. In addition the notes where nursing staff had a concern referenced fluid intake to ensure continuity in care.

A record of the current registration details of staff subject to registration was available in each file reviewed confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

The directory of residents' contained all information required by schedule three of the

regulations. The directory of residents' was maintained up to date...

Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents' personal property.

A record of visitors was maintained.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. However, the safeguarding policy and complaint policy and procedures require review to provide more clear detail to guide management and the staff team. There was no clear protective mechanism outlined in the event of disclosure of a safeguarding matter or guidance on how to define or respond to peer on peer situations.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

There is one deputy notified to HIQA to deputise in the absence of the person in charge. This person was available to meet the inspector on the day of inspection. They assisted to facilitate the inspection well. A review of their staff files evidenced engagement of continuous professional development. Mandatory training required by the regulations and ongoing professional development and engagement in education was evident in records.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Staff demonstrated a good knowledge of adult protection issues. Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. Staff members spoken to had received refresher training in safeguarding vulnerable adults during 2016.

During conversations with the inspector relatives confirmed that they relatives were well looked after. They attributed this to the support and care provided by the staff team. The discussed the quality of the service and felt welcome to visit at any time. Relative expressed satisfaction with the food choices available and the attention to personal care and hygiene and the home-like atmosphere.

The centre's management team was not an agent to mange a pension on behalf of any resident. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction.

In line with national policy a restraint free environment was promoted and evident on this inspection. At the time of this inspection there was only one resident with bedrails raised. The raised bedrail was used as an enabler and was at the resident's request. Documented consent was available to support this request. On the previous inspection a plan of care not in place to support and guide staff on the use of bedrails by the resident. This matter was rectified on this visit. The care plan outlined details of alternative options discussed. There was good usage of wedges, crash mats and investment in new low beds to assist achieving a restraint free environment.

Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values. There was one resident under the continuing care of the psychiatry team for later life. The community mental health nurse from the team visited the centre to complete reviews and maintain an input the resident care. All other residents were discharged back to the care of their GP. There were four residents on three or more antipsychotic or anti anxiety medications. The rational for any prescribed medication was outlined. Nursing staff in conversation outlined the need and clarified the therapeutic benefit of administration. This was reviewed by the GP.

Staff could describe particular residents' daily routines very well to the inspector. The majority of staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. However, additional training is required for a small number of staff.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The actions required from the previous inspection in relation to fire safety, risk management and infection precautions were satisfactorily completed. The sharps box and the general clinical waste container were suitably stored. New doors have been fitted to the open shelving in the bathrooms to minimise the risk of air borne cross infection to personal items stored. New procedures were implemented for the storage of laundry bags to collect soiled linen and clothing. The laundry bags are stored discreetly and the system is respectful to resident's privacy and dignity.

Adequate fire safety precautions were in place. The fire policy provided guidance to reflect the centre's procedures of progressive horizontal evacuation. All staff had completed refresher training in fire safety in March 2017. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards. Records were maintained evidencing automatic door closers and final exit doors were checked to ensure all magnetic locks were functioning as required by the action plan of the previous inspection.

A fire drill was completed recently. The record of the fire drill detailed well the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario.

The needs of the residents had been assessed to outline their evacuation requirements in the event of a fire occurring. Personal emergency evacuation plans were developed for residents and detailed in their individual care plans. They were collated and outlined collectively in the fire register for ease of reference in the event of an emergency.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet

residents' needs. Each resident's moving and handling needs were identified in plans. The type of hoist and sling size required was specified in risk assessments undertaken by the physiotherapist.

The system to investigate accidents and ensure learning from adverse events has improved. The recording and documenting of events of a minor nature for example skin tears or unexplained bruising and near miss events has commenced. The person in charge plans to audit these on a quarterly basis along with falls to allow for trends to be easily identified and ensure learning for all staff. This was identified as an area for improvement in the previous inspection.

While vital signs were checked following a fall by a resident a post incident review was not completed in the immediate aftermath of a fall to identify any contributing factors for example, suspected infection or the impact of changes from medication.

There were three residents who smoked at the time of this inspection. A risk assessments supported with a pan of care was not developed for each resident to outline the level of supervision or assistance required.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Policies and procedures were in place to guide staff in the management of residents' medicines. The practices on the previous inspection which were not sufficient to ensure each resident's medicine was safely administered as prescribed have been satisfactorily resolved. A revised system has been established.

The system to check that medicine delivered by pharmacy reconciles with the prescribed medicine orders has improved. A legible copy of the original prescription is available. The person in charge collects prescription and limits the reliance on faxed orders except in emergency cases.

Medicines are dispensed from a blister pack system with supplies delivered on a weekly basis by the pharmacy.

A reference check between the medicines administration recording sheets (MARS) and

the prescription is completed by the person in charge. The MARS sheets included photographs or a description of medicines for identification purposes. The medicine dose, route and time of administration were outlined. In a sample of MARS sheet checked, the recording of the administration of each medicine administered was documented in accordance with best practice guidelines

Medicines that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. There were no residents being administered a controlled drugs at the time of this inspection.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Residents had regular access to GP services. There was evidence of medical reviews frequently and when required at the request of nursing staff when a change in health status was observed. Medical records evidenced all residents were seen by a GP within a short time of being admitted to the centre.

There were four wound care problems being managed at the time of this inspection including vascular wounds, pressure wounds and minor skin tears. One resident with a vascular wound on each of the previous inspections over the past 12 months was healed.

All residents with wound problems being managed had care plans and wound assessment charts completed at the change of each dressing. There was access to a clinical nurse specialist in wound management and updating of care plans to reflect changes in specialist advice on the type and frequency of dressing regimes. Nursing notes outlined a clinical evaluation of the progress of the wound. Pain relief to be administered prior to change of dressing was outlined

A good range of pressure reliving equipment was available. The occupational therapist

provided guidance to nursing staff on the management of pressure relief for individual residents and various pressure relief regimes were outlined in care plans.

Access to allied health professionals including physiotherapy and occupational therapy was provided. The physiotherapist had recently reviewed the majority of residents and visits the centre very two week. He completes individual reviews to improve respiratory function and improve mobility. Two residents had a personal exercise program developed. A care staff member was trained to complete the exercise with the residents. The physiotherapist leads a group exercise session to promote mobility and wellbeing.

Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review. Systems were in place to ensure residents had access to regular snacks and drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated.

The evening time menu options require review for those on modified diets. Each resident on a modified diet did not have a suitable range of nutritious option for the evening time meal. The menu was not reviewed by a dietician to obtain specialist advise.

The arrangements to meet residents' assessed needs for all residents were set out in computerised care plans since the last inspection. There was an improvement in the standard of care planning since the last visit by HIQA.. Each resident had a suite of clinical risk assessments completed. There were plans of care in place for each identified need. In the sample reviewed there was evidence risk assessments and care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. The recommendations of all allied health professionals were updated and outlined in care plans. This was an area identified for improvement on the last visit.

While the standard of care planning has improved further work is required to ensure all resident's care plans are well personalised. Residents either diagnosed with dementia or presenting with impaired cognition had appropriate assessments around communication needs in place. However, care plans for psychological signs and symptoms of dementia (BPSD) require more detail. Information to detail the level of confusion or cognitive impairment, how it impacts on daily life and details such as who the resident still recognises or what activities could still be undertaken were not outlined in a plan of care. Care plan for responsive behaviours did not describe well the individual behaviours of residents and deescalating techniques. Some interventions were generic and similar between care plans.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

A designated individual was nominated with overall responsibility to investigate complaints. The complaint procedures require review. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was not outlined in the policy or procedure on display.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint did not meet the requirements of the regulations. The procedures referred complainants to an agency which does not have a role in resolving issued raised.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was evidence of a good communication amongst residents, the staff team and person in charge.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were able to exercise choice regarding the time they got up. A small number of residents had breakfast in their bedroom and lay on until later in the morning. Care staff were very familiar with each resident's preferred daily routine and the level of assistance they required for personal care and daily activity.

Personal care was provided in bedrooms with doors closed. There were a small number of residents who spent the majority of the time in their bedrooms as their preferred choice. Their wishes were respected and staff checked on them regularly and spent time engaging them in activities appropriate to interest, capacity and life stage.

Residents were facilitated to engage in hobbies that interested them such as reading newspaper, quizzes, bingo games and music. A staff member has recently trained as a Sonas practitioner and explained the activities she undertakes with residents.

Residents were facilitated to practice their spiritual or religious beliefs. There is an oratory available for use and Mass is available to residents every two weeks.

There was an improved use of the communal space. On the day of inspection the weather was warm and sunny. The conservatory doors were open and residents mobilised independently to the external garden. This was secured as there is one resident identified at risk of leaving the centre unaccompanied. Staff brought those unable to mobilise for walks in their wheelchairs.

In addition to repainting, new soft furnishings have been provided to the sitting room. A new dining table was purchased. Bedrooms had been repainted, many provided with a change of curtains and voile window dressing and duvets. Bedrooms were very well personalised and clocks were available in each bedroom. There were numerous potted plants and flowers on the windows in the sitting rooms. Residents engaged in planting windows boxes on the day of the inspection.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were arrangements in place for regular laundering of personal clothing, linen and the safe return of clothes to residents

Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry six days of the week. A property list was completed with an inventory of all residents' possessions on admission and updated frequently. There was a labelling system in place to ensure all clothes were identifiable to each resident.

Judgment:
Compliant

Outcome 18: Suitable Staffing
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was an adequate complement of nursing and care staff on each work shift at the time of this inspection. Staff had the proper skills and experience to meet the assessed needs of residents. The supervision arrangements and skill mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees. Staff who

communicated with the inspector confirmed that they were supported to carry out their work by the provider and the management team. A low staff turnover was noted ensuring continuity of care and familiarity for residents.

There was evidence that staff had participated in training relevant to their role and responsibility. Training record evidenced staff had undertaken mandatory training required by the regulations in safeguarding, fire safety, moving and handling techniques.

Professional development training in medication management and cardio pulmonary resuscitation techniques was completed by staff. Additional nursing staff had undertaken training in medicine management in March 2017.Two nurses remained outstanding to complete the training.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Kiltormer Nursing Home
Centre ID:	OSV-0000352
Date of inspection:	03/05/2017
Date of response:	24/05/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The audit program requires further development with the implementation of an improvement plan.
Near miss events were not included in the falls audits.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
• The audit system is being updated to will include near miss events in the 30/06/17 audits

Proposed Timescale: 30/06/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The safeguarding policy and complaint policy and procedures require review as there was no clear protective mechanism outlined in the event of disclosure of a safeguarding matter or guidance on how to define or respond to peer on peer situations.

2. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
• I have recently completed the safeguarding course and I am reviewing & updating the safeguarding policy accordingly

Proposed Timescale: 15/06/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Additional training is required for a number of staff in responsive behaviours.

3. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
• We are waiting on a date from the course facilitator for the Responsive behaviours training the last 5 remaining staff.

Proposed Timescale: Awaiting on date from trainer

Proposed Timescale: 29/06/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A post incident review was not completed in the immediate aftermath of a fall to identify any contributing factors for example, suspected infection or the impact of changes from medication.

4. Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
• I am developing a post incident review process to look back and review any incidents that take place in the centre.

Proposed Timescale: 30/06/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were three residents who smoked at the time of this inspection. A risk assessments supported with a pan of care was not developed for each resident to outline the level of supervision or assistance required.

5. Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
• A care plan has been commenced for our 3 residents that smoke and is in operation

Proposed Timescale: 25/05/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plans for psychological signs and symptoms of dementia (BPSD) require more detail. Information to detail the level of confusion or cognitive impairment, how it impacts on daily life.

Care plan for responsive behaviours did not describe well the individual behaviours of residents and deescalating techniques. Some interventions detailed were generic and similar between care plans.

6. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
• Care plans for residents with dementia are being further developed at present to exhibit more details on ones level of confusion or cognitive impairments. We are incorporating residents abilities to participate in daily activities in their individualised careplans.

Proposed Timescale: 15/06/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Each resident on a modified diet did not have a suitable range of nutritious option for the evening time meal.
The menu was not reviewed by a dietician to obtain specialist advise.

7. Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:
• I have arranged for a dietician to visit us to review our menu on the 16/06/2017. This will address the evening time meal also.

Proposed Timescale: 16/06/2017

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was not outlined in the policy or procedure on display.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint did not meet the requirements of the regulations.

8. Action Required:
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:
• We have updated our complaint policy to include the complaints ombudsman for the independent appeals process if the complainant was not satisfied with the outcome of their complaint did not meet the requirements of the regulations.

Proposed Timescale: 25/05/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two nurses remained outstanding to complete training in medicine management.

9. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
•Medication management will take place for the remaining 2 nurses over the next few weeks. I am waiting on the course facilitator to come back with a date for the next available course.

Proposed Timescale: 29/06/2017