

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilcolgan Nursing Home
Centre ID:	OSV-0000351
Centre address:	Kilcolgan, Galway.
Telephone number:	091 776 446
Email address:	kilcolgannursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	Pat Shanahan
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	10

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 August 2017 09:00 To: 04 August 2017 16:30

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	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection which took place following receipt of unsolicited information. The areas of concern were related to staffing levels, activity provision and nutritional care and pest control.

At the request of the Health Information and Quality Authority a provider led investigation had been completed by the provider and person in charge with regard to these areas and a report of their findings had been submitted to HIQA. This and all other information submitted the HIQA with regard to this centre was reviewed prior to this inspection.

The inspector reviewed the areas detailed in the concern and these areas are discussed further throughout this report. The inspector noted that post this investigation the activity schedule had been reviewed and at the time of the inspection separate activity schedules were in place for social care practitioners and the part-time activity coordinator. At the time of the inspection the inspector found that the areas of concerns were not substantiated. However staff rostering and deployment requires review and ensuring that the issues identified in the dining

experience audit completed on the 12 June 2017 are addressed and a re-audit is completed.

Kilcolgan Nursing Home is one of a group nursing homes operated by Mowlem Healthcare ULC. It is a purpose built residential care facility that can accommodate 48 residents. It is situated in the village of Kilcolgan, approximately 18 kilometres from Galway city. The centre consists of 48 single bedrooms, 45 of which have en-suite facilities. There are additional toilets, a bathroom, smoking room, kitchen, dining room, visitor's room and 2 day/rest rooms. An oratory hairdressing room, clinical room, storage area and laundry complete the structural make-up. A secure courtyard style garden which opens off the foyer area is also available.

An announced registration inspection had previously been carried out by HIQA in January 2017. Eight actions were detailed post this inspection. On this inspection seven actions were found to be complete. One action required further input, this related to the accuracy with regard to completion of food and fluid intake charts.

The inspector observed practices and reviewed documentation such as staff rosters, staff personnel files, the activity programme, nutritional care documents, and staff files. Areas for review include ensuring deficits food and fluid intake charts are accurately maintained to guide and inform staff and provide a therapeutic tool for review and ensuring that the recent changes with regard to the activity, review of the deployment of nursing staff particularly in the am.

These are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:

At the time of the last inspection the statement of purpose was found to require review as it cited the 2009 regulations and the staffing complement was not compatible with the rosters reviewed. This had been addressed.

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:

At the time of the last inspection audits required review to ensure that any deficits identified were addressed in practice and that further audits were completed to ensure sustainable improvement. An audit calendar was in place and regular audits were occurring. An action plan is developed post an audit to address any deficits identified.

The person in charge completes a weekly report on quality and safety and this is forwarded to the provider. This includes a staffing needs analysis and quality and safety issues to include any incidents that occurred in the centre. This also included clinical aspects of care for example any resident who have has significant weight loss, any medication errors and number of residents with responsive behaviour.

Judgment:

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:

At the time of the last inspection the residents' guide required review as under the complaints section it cited the details of a previous person in charge as the person to contact if you wished to make a complaint. The residents guide has been reviewed and has been updated to include the current Person in Charge.

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 was appointed to the post on the 15 May 2017. She was interviewed during the inspection and was found to be knowledgeable with regard to her responsibilities under the regulations and fulfilled the criteria required by the regulations in terms of qualifications and experience.

She is a registered nurse and holds a full-time post. She qualified as a registered nurse in 1999 and has completed a course in management and palliative care. She worked in the centre as the Assistant Director of Nursing from 23 January 2017. Prior to this she worked as a clinical nurse manager in another centre for 2.5 years and pre this she worked as a staff nurse in elderly care and in palliative care.

Throughout 2016/17 she completed courses in safeguarding, medication management, manual handling, infection control, dementia and responsive behaviour, food safety and dysphasia.

The person in charge informed the inspector that she had adequate time for governance supervision and management duties. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She confirmed that there was a supportive structure in place to assist her in her role. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), was up to date.

Judgment:

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:

Adequate arrangements were in place in the absence of the person in charge. HIQA had been informed that there was a change to the person participating in the management of the centre since the last inspection. The inspector met with the designated person to deputise in the absence of the person in charge. She had been appointed as clinical nurse manager on the 19 June 2017. She had worked in the centre since 2012 as a staff nurse. She is an experienced nurse having qualified as a nurse in 1978, who has experience of working in elderly care. Recent courses completed included infection control, basic life support, fire safety, medication management, responsive behaviour and dementia, and safeguarding vulnerable adults at risk of abuse.

Judgment:

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):

Findings:

At the time of the last inspection records from completion of missing person drills identified deficits including that 'staff did not remember to take mobile phones from emergency press' or 'high vis jackets were not worn'. This action had been addressed regular missing person drills were being undertaken. Regular missing persons drills were occurring and any deficits were reviewed by the person in charge and discussed with staff. The last drill recorded took place on the 25 April 2017.

Fire drill records were not comprehensively completed at the time of the last inspection and did not record the scenario undertaken, the time taken to respond to the alarm, to discover the location of the fire and what time it took to evacuate and whether there were any impediments to safe swift evacuation. The inspector reviewed records relation to fire drills. Regular fire drills were occurring and a simulated drill had been undertaken with night staffing levels.

The unsolicited information reviewed stated that there was evidence of pests in the centre. The inspector spoke with the person in charge and confirmed that she and staff thought they had seen mouse dropping in the centre. There was evidence that she had addressed this immediately and a pest control company attended the centre and checked the premises and renewed their precautions and procedures with regard to this matter. They have an on-going contract with the centre. No evidence of any pests in the centre was observed by these personnel. The inspector reviewed the most recent Environmental Health Officers' report. The most recent inspection had taken place in May 2017. No issues of concern were documented.

Judgment:

Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Notifications were submitted in line with regulatory requirements.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

At the time of the last inspection some food and fluid intake charts were not sufficiently detailed to contain adequate information to provide a reliable therapeutic record for staff. The inspector reviewed some current food and fluid records and found that they continued to provide inadequate information to guide safe care. They failed to detail if the residents' meals were fortified and any special instructions with regard to fluid intake.

The inspector reviewed nutritional care in the centre as the unsolicited information detailed a concern with regard to the choice and variety of food available to residents.

The inspector reviewed the menu and spoke with the chef. The Inspector observed part of the lunch in both dining rooms. Adequate staff were available to assist and monitor intake at meal times. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering staff. The chef had also recorded resident's likes and dislikes. The chef displayed a good understanding of each resident's specific needs. The inspector checked the stores in the kitchen and found that they were adequate. The inspector spoke with the chef with regard to the choice of food for residents and the variety of food available. The chef showed the inspector a diary he kept in the kitchen which detailed the choices of food that were available each day. There were two choices recorded for each day. There was a rolling menu in place which provided variety over a set period of time. Residents spoken with were complimentary of the food. A dining experience audit was completed on the 12 June 2017. A high level of deficits was identified in this audit with regard to noise levels and the environment. No resident expressed any dissatisfaction with the quality or choice of food. The person in

charge had developed an action plan to rectify these deficits and a re-audit was planned. The chef assured the inspector that all residents have the same choice of food on a daily basis and that there are always two main courses available. On the day of inspection the choice was salmon or beef. Snacks are available throughout the day and the inspector observed that there were smoothies, biscuits, a homemade flan available and tea at 15:00hrs on the trolley. The inspector spoke with the staff member who was assisting from the trolley and she confirmed that this was the usual choice available to residents. Homemade brown bread and a cake were observed in the kitchen.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents were weighed or more often if this was advised by the dietician. Weights were recorded and the person in charge stated that there was one resident who they were monitoring very closely with regard to weight loss/maintenance. Food and Fluid intake charts were being completed for residents assessed as being at risk of nutritional deficit. However, they were not sufficiently detailed to contain adequate information to provide a reliable therapeutic record for staff. Residents had frequent access to the dietician and staff in the centre were clear of the specific requirements of all residents' nutritional needs.

Judgment:

Non Compliant - Moderate

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:

Some en-suite bathrooms did not have door locks at the time of the last inspection. This had been addressed. All en-suite bathrooms checked have door locks to ensure that each resident may undertake personal activities in private.

The inspector met with the activity co-coordinator. She works 5 days per week 10:30 to 15:30. She stated that that a reviewed activity schedule had recently been enacted. This schedule includes daily protected activity time of six hours per day for activities and recording of same for social care practitioners. The activity coordinator stated that the area coordinator stated that this new schedule would be subject to review. Two social care practitioners are in post who work opposite each other. The social care

practitioners also work as care staff to provide care and supervision to residents. Currently there are two social care practitioners in post one of whom will not be available after two weeks. The person in charge stated she has interviewed for a replacement and has more applicants to interview and it is her intention to fill this post as soon as possible.

Residents had access to the outdoors and residents who spoke with inspector said they enjoyed sitting outside. Group activities were organised such as sing songs, Sonas, exercise classes, baking, gardening arts and crafts, reminiscence and bowling. The activity coordinator stated that she provided activities mainly in small groups.

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):

No actions were required from the previous inspection.

Findings:

Staff spoken with stated that they felt there was not enough staff on duty to meet the needs of residents. A large percentage of the residents profile was assessed as high dependency due to their current clinical status. The person in charge completes a staffing needs analysis each week taking into consideration the dependency of residents and the layout and design of the building. The person in charge stated that four hours of nursing time had been decreased as there were ten vacancies. She stated that as residents are admitted there would be an increase in staffing levels.

The inspector reviewed staff rosters over a four week period. An actual and planned roster was in place. On the actual roster there was evidence that where staff were unable to attend work they were replaced by other regular centre staff doing extra shifts or swapping their hours.

There was functioning call bell system. The inspector noted on the day of inspection that when call bells were activated staff responded swiftly. There were staff available at all

times in the foyer area where the residents mainly congregate. The doors to the courtyard garden were open and residents could access this as they wished as it was a safe area.

Staff deployment requires review particularly in the morning to ensure there is a more consistent level of nursing staff available. During the week the inspector noted that there were two nurses and the person in charge on duty in the am with one nurse on duty from 16:00hrs to 20:00hrs. On occasions there was the person in charge, clinical nurse manager and two staff nurses rostered in the am. On night duty there was one nurse.

On the day of inspection there were four care assistants from 08:00 until 10:00hrs, five care assistants from 10:00 until 14:00 hrs, four from 14:00 until 20:00hrs and three from 20:00 to 22:00 and 2 on night duty from 22:00hrs to 08:00. Additional catering, administration and cleaning staff were available.

A training plan for 2017 was available and it included mandatory training and training in food hygiene, responsive behaviour and dementia and infection control.

All staff had up to date mandatory training in moving and handling. The inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff were available.

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:

Mary McCann
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 report¹

Centre name:	Kilcolgan Nursing Home
Centre ID:	OSV-0000351
Date of inspection:	04/08/2017
Date of response:	28/08/2017

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 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector reviewed some current food and fluid records and found that they continued to provide inadequate information to guide safe care. They failed to detail if the residents' meals were fortified and any special instructions with regard to fluid intake.

1. Action Required:

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

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:

A review of current food and fluid charts has been undertaken to ensure that they contain sufficient information to guide and record care. The charts will include all relevant dietary instructions and information, including consistency, fortification and/or an indication of whether supplements are required or any restrictions indicated. The Fluid and Food record also includes special instructions regarding fluid intake and space to record same.

Proposed Timescale: 29/08/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff deployment requires review particularly in the morning to ensure there is a more consistent level of nursing staff available. During the week the inspector noted that there were two nurses and the person in charge on duty in the am with one nurse on duty from 16:00hrs to 20:00hrs. On occasions there was the person in charge, clinical nurse manager and two staff nurses rostered in the am. On night duty there was one nurse.

2. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

A review of the deployment of staffing has been undertaken, taking into consideration the required staffing levels and skill mix based on the number of residents and their dependency levels. There is now a more consistent level of nursing staff available throughout the day in the centre.

Proposed Timescale: 11/09/2017

