



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Kilmainhamwood Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilmainhamwood, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	02 March 2022
Centre ID:	OSV-0000144
Fieldwork ID:	MON-0035548

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Kilmainhamwood Nursing Home is a purpose-built facility which can accommodate a maximum of 43 residents. The designated centre is a mixed gender facility providing 24 hour nursing care to dependent persons aged 18 years and over, who require long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. There are seven multi-occupancy rooms each of which accommodate up to three residents. The remaining 22 beds are made up of eight twin bedrooms and six single rooms. There are three small secured courtyards available to use for the residents. The centre is decorated and furnished to a high standard throughout. Care is provided to all dependency levels. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to enhance residents' quality of life by providing high quality resident-focused nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 March 2022	09:30hrs to 16:45hrs	Arlene Ryan	Lead
Wednesday 2 March 2022	09:30hrs to 16:45hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors were met by the reception staff and person in charge. Temperatures and signs and symptoms of COVID-19 were monitored before entering the nursing home.

The inspectors did a walk around the nursing home accompanied by a member of nursing staff. There was a large central foyer which held the nurses station and a communal area for the residents. It was light and bright and allowed easy access to each of the bedroom corridors, the dining room and day room. Many residents were in the foyer or day room and staff were on hand throughout the day to assist them with any needs. Staff were observed popping into rooms to check on residents and chatting to them throughout the day. The staff appeared to be familiar with the residents and were respectful in their interactions. Inspectors observed that corridors were clutter free and fire exits were free from any obstructions allowing for residents to walk around safely.

The overall feedback from residents living in Kilmainhamwood Nursing Home was positive. Residents told inspectors that it was a lovely place to live and they felt they were well cared for. A number said they felt safe living in the centre and enjoyed all the "comings and goings".

Residents said the food was of good quality and that they had access to choices at mealtimes. Inspectors observed staff promoting residents independence at mealtimes and providing assistance when required in line with best practice. Two residents told inspectors that sometimes that they had to wait a long time for their meals after arriving in the dining room. One explained how they had been waiting 15 minutes but went on to say that the food was always good when it did arrive.

Visitors were observed being welcomed into the centre. Inspectors spoke with some visitors who were overwhelmingly positive about the visiting process in place. They were pleased to be able to visit their loved ones but said they still had to book an appointment in advance although there was no limit on the number of visits each week. Visitor's told the inspectors that they were kept informed of their loved ones condition through telephone conversations with the nurse in charge and sometimes the resident's general practitioner (GP).

Inspectors saw a timetable of activities which residents could attend, which extended over seven days a week. The timetable was on display in an area that residents could easily access and read. However the inspectors observed that residents were not actively engaged in any activities during the course of the inspection. Three residents told inspectors that there were no activities this week. Inspectors were informed that the activities coordinator was on leave and that someone would be available to lead some activities in the evening time. There was a live music session planned for later in the week. Residents did have access to the

daily and local weekly newspapers, radio and television with a number of residents seen watching televised Mass in the morning.

Residents told the inspectors that their call-bells were answered quite quickly and this was also observed by inspectors while walking around the nursing home. The residents also commented that the staff were always lovely to them.

Inspectors observed that some bedrooms in the centre had been redecorated, however other bedrooms, particularly the multi-occupancy bedrooms, had not been refurbished to date. Some residents told inspectors that they liked their bedroom and had become friends with those with whom they shared their bedroom.

The next sections of the report will look at the provider's capacity and capability to provide a safe and quality service and give the judgments under each individual regulation.

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Mowlam Healthcare Services Unlimited Company is the registered provider.

Overall inspectors were assured that the residents were supported and facilitates to have a good quality of life living at the centre. Good leadership, governance and management arrangements were in place. The service was led by the person in charge and was supported by the provider representative on the day of inspection. There were clear lines of accountability and staff were aware of their responsibilities and who they were accountable to. There was evidence of governance, leadership and quality and safety meetings being held at regular intervals, and a clear reporting structure throughout the organisation. Minutes of these meetings were available to the inspectors. The provider had addressed any issues identified on the last inspection.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the provider. The systems included a comprehensive auditing programme which were reviewed and had led to some improvements in practice. However some further improvements were required under the following regulations; Regulation 6: Healthcare; Regulation 9: Resident's rights; Regulation 17: Premises; Regulation 19: Directory of Residents; Regulation 24: Contract for the provision of services; and Regulation 27: Infection Control.

There was an adequate number of staff on duty on the day of inspection and the staff roster showed that all shifts that week were covered. A sample of four staff

records identified that the requirements of Schedule 2 of the regulations were met. There was a comprehensive induction record for each new member of staff. Each staff had completed Garda Síochána (police) vetting prior to commencing employment and registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

The 2021 annual review was available for review and this included a summary of the most recent resident satisfaction survey. There was evidence of an additional survey for those residents on short-term respite care in the centre and follow up on this feedback. The most recent residents' meeting minutes were also available. This meeting is chaired either by the person in charge or the clinical nurse manager (CNM).

The falls committee monthly meeting reviews any falls and the circumstances surrounding them. This meeting was open to all staff, both clinical and non-clinical, including kitchen, housekeeping and maintenance staff. Evidence showed that all staff had completed falls management training irrespective of their role within the designated centre.

There was a comprehensive emergency plan in place in the event of a number of emergencies occurring.

Regulation 15: Staffing

There was a sufficient number of staff and skill-mixes to meet the needs of the residents. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that staff had received training and staff informed inspectors that they were facilitated to attend mandatory training and other training appropriate to their roles. Staff informed inspectors that they are updated of any changes in policies, procedures and guidelines at the daily meetings.

Judgment: Compliant

Regulation 19: Directory of residents

There was some information not included in the directory of residents as per Schedule 3 of the regulations, such as some contact numbers for some next of kin.

Judgment: Substantially compliant

Regulation 21: Records

The staff records were well organised and contained the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an insurance policy in place to cover injury to residents. In addition the policy covered damage or loss to residents' property together with other risks associated with carrying on a business.

Judgment: Compliant

Regulation 23: Governance and management

There is a clear management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed. Each was signed by the resident or next of kin. Arrangements under the Fair Deal Scheme were in place. The weekly fees charged were included and any possible additional charges outlined, however the arrangements for health and social care professional services, for those entitled to these services for free, were not clear as per the statement of purpose.

The residents' bedroom number was not included in their contract of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated in June 2021. The document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Resident in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 30: Volunteers

There was a policy in place outlining the different types of volunteers who may be facilitated in the centre. Arrangements for supervision and support were in place and the requirements for Garda vetting were clearly outlined. There were no volunteers currently working in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place in line with the regulatory requirements. The inspector reviewed the complaints log and all complaints logged had been investigated and addressed in line with the organisation's policy. Action plans were developed and completed as part of the complaints process.

Judgment: Compliant

Quality and safety

The quality of service and quality of care delivered to residents was of a good standard. Overall resident's care needs were comprehensively assessed. Care plans were developed to reflect the residents' assessed needs and the sample reviewed by inspectors reflected the residents' needs.

Residents' GPs made site visits on a regular basis and all residents were reviewed within a four month time frame. There was evidence that residents had access to all required health and social care professional services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents. For example, one resident who had been identified as at risk of choking had been assessed by a speech and language therapist. However, a review of the frequency of chiropody visits was required to ensure residents' needs were met.

There was a low use of restraints used in the centre. Those prescribed chemical restraints (as a last resort) were monitored closely and the overall use of psychotropic medicines in the centre was audited. Inspectors found that the care plans for those who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were detailed enough to inform staff of the care they required.

There were adequate facilities available to deliver activities to residents. These facilities included a communal sitting room, a quiet room and a wide variety of equipment. The inspectors found that staff worked hard to meet residents' preferences for care and daily routines. However, although residents' rights to dignity and privacy were upheld, improvements were required to fully support and meet their rights for choice of activities. The inspectors found that residents did not

have adequate opportunities to participate in meaningful activities on the day of inspection.

A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

There was evidence that all staff were provided with training in fire safety and evacuation procedures, and an external provider was made available to staff for this training. Evacuation procedures to guide staff, residents and visitors in the event of a fire evacuation scenario were displayed. Records showed regular simulated evacuation practice drills took place with a variety of scenarios to facilitate staff familiarity and develop confidence and competence with fire evacuation procedures.

The premises appeared overall clean and tidy with a number of the bedrooms and communal areas having been recently decorated. Other bedrooms, particularly the three-bedded rooms, required some upgrading which inspectors were informed was planned.

An assessment of preparedness and contingency planning for a COVID-19 outbreak was completed by the provider. The contingency plan was regularly updated and it identified key resources and the actions required to ensure their continuous provision in the event of an outbreak. Inspectors found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Inspectors observed some examples of good practice in the management of COVID-19, such as good hand hygiene practices and adherence to good practice when wearing face masks. Staff had access to personal protective equipment (PPE) and hand sanitisers in all areas. Some issues were identified in relation to the safe storage of items.

Regulation 11: Visits

Visiting within the centre was being facilitated and inspectors saw a number of residents receiving visitors in their bedroom and in the front foyer. There was space for residents to meet their visitors in areas other than their bedrooms and the procedures in place were in line with the current public health guidelines as issued by the Health Protection Surveillance Centre (HPSC).

Judgment: Compliant

Regulation 13: End of life

There was an end-of-life policy which had been updated in the last three years. Residents had access to the local palliative care team, religious and social services to meet their needs when progressing to the end of their life. All residents had their end of life preferences outlined in their assessment. Residents' approaching the end of their life had a care plan in place. There was evidence that decisions made were discussed with the resident and, where they did not have capacity, their next of kin.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified:

- The storage facilities within the centre required review to ensure they were safe. For example, flammable items were being stored beside an electrical fuse box.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents informed inspectors that there was a good choice of food available to them and that they can access food and snacks whenever they want. The food served to residents was hot and appeared appetising and nutritious. The consistency of the food served to residents was reflective of that referred to in their nutritional assessment.

Judgment: Compliant

Regulation 27: Infection control

While good practices were observed, action was required in respect of the following issues:

- Clean items were stored in the dirty sluice room.
- Items were stored on the floor in some store rooms which reduced the ability of floor cleaning.
- The hairdressers room was not clean.
- The systems for cleaning and storing clean equipment, such as hoist slings and commodes, required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly signposted and were free from obstruction. Fire doors and fire alarms were tested on a weekly basis. Records showed that firefighting equipment had been serviced within the required time frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents assessments and care plans were reviewed. They all had a thorough assessment completed reflecting the residents met during the course of inspection. Their care plans were personalised and reflected the residents' individual needs and were updated within a four month period. There was evidence of referrals being made to members of the health and social care professional team and records reviewed assured inspectors that residents had been seen as requested.

Judgment: Compliant

Regulation 6: Health care

Action was required in respect of the following issue:

- From a review of a sample of residents records it was not clear when each resident was last seen by a chiropodist and how frequently they had access to chiropody services.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) appeared to receive a good standard of care. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The opportunities available to residents to participate in activities were limited as observed on the day of inspection. Inspectors observed that residents spent long periods of time in the sitting room and open plan foyer with no stimulation or interaction with staff. Inspectors observed that the healthcare assistant team prioritised the delivery of personal care and meeting residents' physical and basic needs. As a result they had limited time to assist in the provision of meaningful activities, social stimulation, engagement and occupation for residents in the absence of the activities coordinator.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilmainhamwood Nursing Home OSV-0000144

Inspection ID: MON-0035548

Date of inspection: 02/03/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • The directory of residents, has been updated to include all required demographic details for all residents, including the contact numbers for all residents’ next of kin. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <p>All Contracts of Care will be reviewed and updated to include:</p> <ul style="list-style-type: none"> • Resident’s bedroom number. • The arrangements in place for health and social care professional services, in accordance with the Statement of Purpose as appropriate. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- We can confirm that all flammable items have been removed from storage in the area near the electrical fuse box.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The PIC can confirm that the following actions have been completed:

- All clean items have been removed from storage in the dirty sluice room.
- All items stored on the floor in some store rooms have been removed to facilitate effective floor cleaning, and they will no longer be stored on the floor.
- A deep clean of the hairdressers room has been completed.
- The systems for cleaning and storing clean equipment have been reviewed and appropriate arrangements are now in place, in accordance with infection prevention and control guidelines.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- The PIC has introduced a system of record keeping, ensuring that it is clear when each resident was last seen by a chiropodist and confirming the frequency of access to chiropody services, in line with each resident's individual needs.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC will ensure that that all residents have sufficient access to a variety of scheduled meaningful activities, in accordance with their individual preferences and choices.
- In the absence of the Activity Co-Ordinator, the PIC will ensure that alternative arrangements are in place and residents will be kept informed of the plan for activities provision.



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	21/04/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/04/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	21/04/2022

Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	30/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	21/04/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional	Substantially Compliant	Yellow	21/04/2022

	expertise, access to such treatment.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	21/04/2022