



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

Issued by the Chief Inspector

Name of designated centre:	Kilcolgan Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Killeely More, Kilcolgan, Galway
Type of inspection:	Unannounced
Date of inspection:	23 November 2022
Centre ID:	OSV-0000351
Fieldwork ID:	MON-0037871

About the designated centre

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

Kilcolgan Nursing Home is a purpose built facility located near Kilcolgan, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on ground level. The centre is divided into two units. One unit has capacity for up to 30 residents. The dementia specific unit can accommodate up to 18 residents. All resident bedrooms are single occupancy and have ensuite, handwash basin, toilet and wheelchair accessible showering facilities. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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 23 November 2022	09:00hrs to 17:00hrs	Claire McGinley	Lead
Wednesday 23 November 2022	09:00hrs to 17:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Overall, residents spoken with and observed on the day of the inspection enjoyed a good quality of life in the centre. The general feedback from residents was one of satisfaction with the care and the service provided in the centre.

At the start of the inspection, the inspectors met with the person in charge, who accompanied them on a walk around the centre. The centre was a purpose-built, ground floor centre which can accommodate 48 residents. The centre was divided into a memory care centre that was a dementia specific unit, and the main centre. On the day of inspection the centre accommodated 18 residents in the memory care centre and 28 residents in the main centre.

Residents were observed to be engaged, occupied and enjoy the activities on the day of inspection. Residents spoke positively about the activities programme in place, and informed the inspectors of the recent visits by a local voluntary group, where they enjoyed knitting and making Christmas decorations. On the morning of inspection residents were observed watching religious services on the television, having manicures, reading newspapers and arts and crafts. Later in the day, residents were observed actively participating in group activities, for example, skittles and gentle exercises. The inspectors were informed of two family days which had taken place, where residents and their families participated in cake decoration and horticulture.

The mealtime experience was observed by the inspectors. In the main unit the dining experience was pleasant and social. Residents were served their meal in a timely manner by catering staff and assisted by care staff. Meals appeared well portioned and nutritious. Residents were offered a choice of drink with their meal. However, the dining experience in the memory care area observed to be not of the same quality. Two care staff were allocated to serve thirteen residents their meals, six of whom required assistance. This resulted in these residents waiting a long period of time for assistance. Residents in this area were not offered a choice of drink with their meal. Most residents were satisfied with the food quality, but some reported that they were unhappy with portion sizes especially for the evening teas.

The inspectors observed the dining environment. The main unit dining room was spacious, light and airy, with tables set awaiting the residents. In contrast, on the memory care unit, the dining area was small and had limited space for each resident. In addition, the tables had not been set as they were in the main unit.

In the main, the premises was observed to be visibly clean. The cleaning staff spoken with were knowledgeable about the cleaning processes in the centre and the equipment they used was visibly clean. However, inspectors noted that some of the resident equipment was not cleaned to an acceptable standard.

The premises was observed to be in a good state of repair. There was a

maintenance schedule available for review which identified there was a system in place to ensure required work was completed in a timely manner.

Engagement between the residents and staff was kind and patient. The inspectors observed residents that required assistance with their mobility were not rushed, and staff chatted freely with them. Inspectors observed residents moving freely within the centre, using the many communal spaces available. There was outdoor space available for residents to use, however, inspectors were informed that access to this secure garden was locked. This meant that residents could not independently access this space. Residents had requested easy access to outdoor space and gardens in centre as part of the resident survey completed in 2021, however, this had not been completed.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Inspectors followed up notifications and on the action taken to address the findings of the previous inspection on 10 November 2021.

Inspectors found that the provider had taken action to address non-compliance's identified on the previous inspection, however, further action was required in areas such as, staffing, staff training and development, governance and management, and infection prevention and control to ensure regulatory compliance.

The registered provider is Mowlam Healthcare Services Unlimited Company and is an experienced provider, with a number of designated centres in Ireland. The management structure in place identified clear lines of authority and responsibility. The person in charge was supported by a regional manager and had access to the facilities available within the Mowlam Healthcare Group. The person in charge was supported in the centre by two clinical nurse managers, a team of nurses, social care practitioners, health care assistants, maintenance, cleaning, catering and administration staff.

The person in charge facilitated this inspection, and demonstrated an understanding of their role and responsibilities. Communications systems were in place, as evidence was provided of regular governance meetings with the regional manager and with staff to keep them up to date with changes in the centre.

There was an auditing system in place to monitor the service, and a range of clinical and environmental audits were completed. A review some completed audits found

that where risks were identified, the steps needed to reduce the risk from happening again were not documented. For example, a falls prevention audit identified a risk associated with different ground levels between the patio and the footpath of the memory care centre. While this risk was identified, there was no action plan documented in relation to how the risk could be reduced.

The annual review of the quality and safety of care in 2021 was completed in conjunction with residents and their relatives.

Similar to findings of the previous inspection, inspectors found that the number of staff available were not in line with the staffing outlined in the centres' statement of purpose, and a review of the roster evidenced vacancies of one nurse, two health care assistants and one social care practitioner. However, the provider had an ongoing recruitment programme in place. In addition, agency staff were rostered on the day of inspection to ensure adequate staffing numbers were in place to meet the assessed needs of the residents.

The inspectors reviewed the record of staff training. The registered provider had a comprehensive mandatory training programme in place for staff. A review of the records indicated that a number of staff had not received up-to-date training in areas such as safeguarding residents from abuse and dementia care within the centre.

Staff files reviewed contained all the items listed in Schedule 2 of the regulations. An Garda Síochána (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff.

Information regarding the complaints process was displayed in the foyer of the centre. On the day of inspection, there were no open complaints. Inspectors reviewed a number of closed complaints held on an electronic complaints log. Complaints reviewed were investigated promptly and actions required for improvement in response to the complaint were documented. Residents were aware of who to speak to should they have a complaint.

Regulation 15: Staffing

On the day of inspection, the number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff had not received up-to-date training, appropriate to their role. This is evidenced by;

- Some staff had not received up-to-date safeguarding training and when spoken with, demonstrated a poor understanding of the centres safeguarding procedures
- Some staff had not received training specific to dementia care. A review of the rosters found that staff frequently rotate to the dementia care unit and would therefore require up-to-date training to meet the specific needs of the residents accommodated within this unit.

Judgment: Substantially compliant

Regulation 21: Records

Staff files reviewed contained all the items required in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure the service provided was effectively monitored was not robust, as some audits reviewed found that where issues of risk were identified a plan to reduce the risk repeating was not consistently documented. For example, a completed falls audit did not identify the steps required to ensure that when a residents condition changed their falls risk was reassessed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications of incidents, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints reviewed were managed in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents in Kilcolgan Nursing Home were enabled and encouraged to enjoy a good quality of life. Residents spoken with identified that they were happy with the care they received. Inspectors found that residents received a good standard of care from staff that knew the residents well, and that the residents were safe and well-supported.

A high level of importance had been placed on activities and choice on how residents spent their day. Throughout the day, group and one-to-one activities were observed. The staff member facilitating the activities ensured that all residents were included. Residents were encouraged to exercise their choice in the variety of one-to-one activities offered. Residents who wished to remain in their bedrooms were facilitated with individual activities. Resident's right to privacy was upheld. Residents were supported to maintain their individual style and appearance. Residents had access to television, radio and newspapers. Residents had access to an independent advocacy service. However, residents in the memory care centre were not provided with the same quality dining experience or choice as residents in the main centre. Furthermore, residents did not have the autonomy to access secure outside space when they wished.

Overall, the premises was observed to be visibly clean. The cleaning processes in the centre were known to the staff and the cleaning equipment used was visibly clean. The servicing of resident equipment observed on the day was in date. However, inspectors noted some resident equipment that was not visibly clean. For example a number of kidney dishes, and bedpans in a clean storage area were visibly unclean.

A review of resident's care records found that a pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. Comprehensive assessments were completed and informed the care plans. Care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents.

Residents' medical needs were met through timely access to their general practitioner(GP) and, where necessary, onward referral to allied health and social

care professionals for further expertise and assessment.

The provider had systems in place to monitor restrictive practices to ensure that they were appropriate. There was good evidence to show that the centre was working towards a restraint-free environment as there was no bed rails in use at the time of inspection.

Friends and families were facilitated to visit residents, and inspectors observed visitors coming and going throughout the day.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted, in line with the requirement of Regulation 11.

Judgment: Compliant

Regulation 27: Infection control

Procedures consistent with the standards for the prevention and control of healthcare associated infections were not robust. Some residents equipment was visibly unclean including

- a floor mat used to reduce the impact of a fall, and
- a number of kidney dishes and bedpans were placed in a clean area, ready for resident use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Care plans reviewed were updated regularly and contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professional services. In addition, there was good evidence that advice received was followed which had a positive impact on resident outcomes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Further action was required by the provider to ensure full compliance with Regulation 9. This is evidenced by ;.

- Residents in the memory care centre were not offered a choice in relation to what drinks they would have with their meal.
- Access to secure outdoor space was locked, therefore, the choice of the resident to use this space when they wished was impacted.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilcolgan Nursing Home OSV-0000351

Inspection ID: MON-0037871

Date of inspection: 23/11/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) has commenced a full training needs analysis which will be completed by 31/01/2023. • Following this review, the PIC, with the support of the regional Healthcare Manager (HCM), will implement a targeted staff training and development programme and will schedule education and training sessions (including refresher updates) appropriate to meet the identified training needs of all staff. • The PIC will ensure that all mandatory training programmes are completed by staff as part of their induction/probationary phase and within the required review/refresher dates. • The PIC will monitor practice to ensure that staff apply theoretical learning to practice, especially in relation to Safeguarding/Protection, and that they can demonstrate a comprehensive knowledge and awareness of the centre’s safeguarding procedures. • The PIC will introduce regular safeguarding drills within the home; a hypothetical safeguarding scenario will be set for staff to discuss during the Safety Pause on a weekly basis; and with the support of the Clinical Nurse Managers (CNMs), will utilise these discussions as a benchmark to measure the general awareness and understanding of staff about their individual roles and responsibilities in relation to resident safeguarding/protection. • The PIC will ensure that staff allocated to work within the Memory Care Unit have had education in caring for people with a diagnosis of dementia or cognitive impairment, including the management of Behavioural & Psychological Symptoms of Dementia (BPSD). 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC will oversee the completion of audits in accordance with the annual schedule and will ensure that an appropriate action plan is developed, implemented and evaluated based on all areas that were not in compliance with expected standards. • In response to any identified risks relating to residents' assessed care needs, the PIC will ensure that care plans are developed which address the assessed care needs of each individual resident and keeps risks at a minimum. The PIC will discuss the residents' status at handover meetings and Safety Pauses to ensure that the care plans accurately reflect the current needs and health status of each resident. • The PIC and CNMs will monitor the care records to ensure that they are updated in response to any changes in residents' condition. • We will undertake a Care Documentation audit to monitor the quality of record-keeping by each named nurse; there will be a quality improvement plan to guide and assist nurses to maintain accurate and informative records of all healthcare and wellbeing requirements and interventions for all residents. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC will monitor the practices of household staff to ensure that daily cleaning schedules are maintained, including the cleaning of all sluice rooms, in line with Infection Prevention & Control (IPC) recommendations and guidelines. • The PIC will oversee household and care staff in maintaining a clean and hygienic environment, including fixtures, fittings and clinical equipment (and decontamination procedures), and will monitor compliance with expected cleaning and decontamination practices as part of daily rounds. • The housekeeping staff will attend to the cleaning requirements of residents' items as part of the overall bedroom/bathroom cleaning schedule, which will be monitored by the PIC. • Cleaning schedules and findings from hygiene audits will be discussed at all Safety Pauses, Infection Prevention & Control and monthly management team meetings. Corrective actions will be identified as part of the overall quality improvement programme. These will be followed up by the designated Infection Prevention & Control Lead Nurse and the PIC. Compliance will be reviewed by the PIC at regular intervals. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• The PIC will continue to actively promote a human rights-based approach in relation to the care and welfare of all residents, including those with a cognitive impairment.• The PIC will ensure that residents residing in the Memory Care Unit have unrestricted access to the enclosed gardens. The access doors will be kept locked overnight for security purposes, but will be unlocked at agreed times (in consultation with residents and/or representatives) to facilitate residents who wish to spend time outdoors. We will provide assistance and support to residents to access the garden areas as required.• The PIC will complete a review of the residents' dining experience in the Memory Care Unit, including the service of meals, offering menu choices and ensuring that residents are offered a choice of preferred drinks with their meals.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2023
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	Substantially Compliant	Yellow	28/02/2023

	staff.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	28/02/2023