



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

Issued by the Chief Inspector

Name of designated centre:	Kilrush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilimer Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0000452
Fieldwork ID:	MON-0039030

About the designated centre

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

Kilrush Nursing Home is a purpose built facility located on the outskirts of Kilrush, Co. Clare. It is part of the Mowlan Healthcare group. The nursing home is two storey in design and accommodates up to 46 residents. It is a mixed gender facility catering for dependant persons over 18 years. It provides long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met. There is a designated memory care unit which offers care for residents with a diagnosis of dementia. Bedroom accommodation is provided in 17 single bedrooms on the ground floor and 23 single and three twin rooms on the first floor. All bedrooms have en suite toilet and shower facilities. There is a variety of communal day spaces including day rooms and dining rooms on each floor and a lift is provided between floors. Residents also have access to an enclosed courtyard and gardens.

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 18 January 2023	10:00hrs to 18:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, the feedback from residents was that this was a nice place to live. Residents felt that they were well cared for by staff who were kind and attentive to their needs. On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care, in a supportive environment. The inspector observed a warm, friendly atmosphere throughout the centre.

The inspector interacted with individual residents in the centre throughout the inspection and spoke in detail with a total of six residents. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Residents told the inspector that they felt safe in the centre and that they could freely raise any concerns with the staff. One resident told the inspector that while it had been a very difficult decision to enter the nursing home, the staff had made it easier in the way they supported residents. The resident stated "Once I settled in, I loved it". When chatting with residents, the inspector noted that the residents referred to the staff by name. Residents were very familiar with the team that were supporting them. This familiarity with the care staff positively impacted on the lived experience of residents in the centre. It contributed to the open, friendly atmosphere observed by the inspector.

Throughout the day residents were observed relaxing in the various communal rooms and in their own bedrooms. Residents moved freely around the centre, interacting with each other and staff. Staff supervised communal areas and those residents who chose to remain in their rooms were monitored by staff throughout the day. In the communal sitting rooms, the inspector observed that there were opportunities for residents to participate in recreational activities of their choice and ability. Residents told the inspector that they were supported to spend the day as they wished and described the various activities available to them, including art, music, and bingo. On the afternoon of the inspection, the inspector observed a number of residents taking part in bingo which was a lively event, which they appeared to enjoy.

The inspector observed that residents had a choice of when and where to have their meals. Residents told the inspector that they also had a choice of meals and drinks available to them every day and they were very complimentary about the quality of food. The dining experience at lunchtime was observed to be a social, relaxed occasion and the inspector saw that the food was appetising and well-presented. Residents were assisted by staff, where required, in a sensitive and discreet manner.

Throughout the day, the inspector observed staff providing care to residents in an unhurried fashion. Friendly, respectful conversations between residents and staff could be overheard throughout the centre. The inspector observed that personal care and grooming was attended to a good standard.

Friends and families were facilitated to visit residents, and the inspector observed

visitors coming and going throughout the day.

The centre was a purpose built facility. The living and accommodation areas were spread over two floors which were serviced by an accessible lift. Accommodation was provided for 46 residents and comprised of single and twin bedrooms, all of which were ensuite. On the ground floor there was a memory care unit that can accommodate up to 17 residents with dementia. The centre was clean, tidy and free of clutter. However, multiple bedroom wardrobes and flooring in resident private bathrooms was in a very poor state and required replacement. The poor condition of the flooring and bedroom furniture was known to the provider. This was discussed in the feedback meeting and a commitment was given that appropriate timely action will be taken which will be outlined in the compliance plan response.

In summary, the inspector found a good level of compliance with regulations, with a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected that residents received care in accordance to their assessed needs. While gaps were found in the management of records, the inspector found that the gaps were related to the recording of information and had not negatively impact on the care delivered to the residents. The inspector followed up on the last inspection findings from May 2022 and found that the provider had not taken sufficient action specific to the furnishings of the building to bring the centre into compliance with Regulation 17: Premises.

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This unannounced risk inspection took place over one day. There were 36 residents accommodated in the centre on the day of the inspection and eight vacancies.

Mowlam Healthcare Services Unlimited Company is the provider of this centre. There was a clearly defined management structure in place with identified lines of authority and accountability. The director of nursing, who was the person in charge, facilitated this inspection. They demonstrated an understanding of their role and responsibility and were a visible presence in the centre. They were supported in this role by a clinical nurse manager and a full complement of staff including nursing and care staff, activities, housekeeping, catering, administrative and maintenance staff.

Management support was also provided by a Regional Manager from the Mowlan Healthcare Group.

The governance and management of the designated centre was well organised and the centre was well resourced to ensure residents were supported to have a good quality of life. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of two registered nurse on duty at all times and a team of healthcare assistants. Staff had the required skills, competencies and experience to fulfil their roles. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

There was evidence of weekly and monthly governance and management meetings to provide effective governance and oversight of the service. The quality and safety of care delivered to residents was monitored through a range of clinical and environmental audits. The audits included reviews of care planning documentation, incidents involving residents' falls, wound management and a variety of infection control related audits. Where areas for improvement were identified, action plans were developed and action was taken. The centre held a risk and action register. This document identified that the bathroom flooring and resident wardrobes were in a poor state and required replacement. This had also been escalated to the facilities team within the group. The door coverings and laminate on multiple wardrobes seen by the inspector were held together by tape. Drawers were not opening and closing and so the residents could not use them to store their belongings. This poor state of the furnishings is a repeated non-compliance from the last inspection in May 2022.

Staff files reviewed contained all of the information required under Schedule 2 of the regulations. All new staff go through a process of induction into the centre. The inspector was told that the induction process was completed over a two week period. However, the documentation to support this induction process was not always completed. In addition, the completed forms reviewed were a tick box completed on day one. It was unclear who had supported the new employees as there was no supervisor signature to confirm that the process had been completed.

Staff had access to education and training appropriate to their role. This included infection prevention and control training, fire safety, manual handling and safeguarding training. While there were minor gaps in the training, a plan was in place to address the gaps. In addition, the inspector acknowledges that on the day of inspection, staff responses to questions asked displayed a good level of knowledge.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained. While there were minor gaps in the training, a plan was in place to address this. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Gaps found in the induction processes that ensure staff are appropriately trained and supervised are actioned under Regulation 21: Records.

Judgment: Compliant

Regulation 21: Records

Not all records requested, that are required by the regulations under Schedule 2, 3 and 4 were available for review. For example:

- Advanced care planning for all residents was not clearly recorded and documented in individual care plans.
- An accurate, completed record of all training given to staff during the induction process

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was

effectively monitored.

There was an annual review of the quality of the service provided for 2022 which had included consultation with the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. There was a comprehensive record of all complaints.

A review of the records found that complaints and concerns were promptly managed and responded to, in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents. As previously stated, the inspector found that the provider had failed to come into compliance with Regulation 17: Premises. In addition, findings from this inspection found that action was also required to ensure full compliance with regulation 28: Fire precautions.

The provider had systems in place to monitor fire safety precautions and procedures within the centre. Fire drills were completed. Records documented the scenarios created and how staff responded. In the main, staff spoken with were clear on what action to take in the event of the fire alarm being activated. Appropriate

documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. Annual fire training had taken place in 2022. However, the arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate. The inspector observed two fire doors that had a significant gap between the under surface of the door and the floor. This gap compromised the doors ability to contain smoke in the event of a fire.

The centre had a comprehensive COVID-19 contingency plan in place which included the guidance from Health Protection Surveillance Centre (Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities). Housekeeping staff who spoke with the inspector were very knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place. The person in charge had completed multiple infection prevention and control, environmental and hygiene audits. Some identified issues had been addressed and completed, while others had been reported to the senior management team and were awaiting action. For example; the bathroom linoleum flooring that was lifting and was damaged beyond repair and posed a risk as the surfaces were not amenable to cleaning. This risk was identified and escalated to the senior management team, but appropriate timely action had not been completed. This non-compliance is actioned under Regulation 17: Premises.

The inspector reviewed a sample of resident files. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including skin integrity, falls risk, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre and reviewed as changes occurred. While the inspector was told that residents are part of the review process there was no evidence to support this. The documentation in place to guide care in end of life and advanced care planning evidenced gaps and the steps to take in the event of sudden deterioration was not clearly documented. The inspector acknowledges that the care plans reviewed by the inspector were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided to residents. For example, pictures of wounds evidenced that as a result of clinical intervention and frequent dressing changes, healing had occurred.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The centre had a 17 bedded unit that accommodates resident with varying degrees of dementia. The inspector reviewed the use of restrictive practices and found that the centre does not have any bedrails in use. Psychotropic medications were only administered as required and only as a last resort. This medication was part of the residents' overall treatment plan and was recommended following referral and review by specialist services.

There were regular residents' meetings held which provided residents with opportunities to consult with management and staff on how the centre was run. Minutes of recent meetings showed that relevant topics were discussed. Residents had access to an independent advocacy service. Friends and families were facilitated to visit residents, and the inspector 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.

Judgment: Compliant

Regulation 17: Premises

Action was required to bring the centre into compliance with Regulation 17: Premises. This was evidenced by:

- Multiple resident bedroom wardrobes were in a very poor state of repair.
- a small number of equipment that was marked as clean and ready for use with the next resident was visibly unclean
- the floor covering in multiple bathrooms was lifting and in a poor condition.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The electronic nursing documentation system in place generates a transfer letter when required. Further specific detail is then added by the care staff. The inspector found that sufficient detail was captured in the documentation and met with the requirements of the regulation.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

The gaps found in the cleanliness of a small amount of resident equipment and with the cleaning of resident bathroom flooring is actioned under Regulation 17: Premises.

Judgment: Compliant

Regulation 28: Fire precautions

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate. The inspector observed two fire doors that had a significant gap between the under surface of the door and the floor. This gap compromised the doors ability to contain smoke in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. Care plans reviewed were person-centered and guided care. Clinical assessments of need were completed and informed the care plans. While the inspector found some gaps in the information, these gaps are actioned under Regulation 21 Records as they did not directly impact on the standard of care.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by an Gardai Siochana prior to commencement of work in the centre. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Independent advocacy services were available.

Judgment: 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 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilrush Nursing Home OSV-0000452

Inspection ID: MON-0039030

Date of inspection: 18/01/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • The PIC will ensure that all residents have a resuscitation record in place that is signed by the GP and documented in the individual resident's record as part of end-of-life care. • The resuscitation status of each resident will be included as part of daily handover. • The PIC will ensure that staff induction is signed off as it occurs over the duration of the Induction period. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • There is a scheduled programme of works to replace the areas of damaged flooring in some of the corridors and resident bedrooms. • The PIC will conduct an audit of all furniture in the home, identifying which items are to be repaired and which item are to be disposed of, and will liaise with the Facilities Manager to ensure that replacements are provided as necessary. • The PIC will ensure that there is a system in place that bedpans are wiped clean before placing on storage rack. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

- The PIC will ensure that Fire doors are checked as part of daily walkabout and any deficiencies are escalated so that they can be addressed by the Facilities Team.
- There is a scheduled programme of works to repair the gaps to the two Fire doors highlighted during inspection.

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(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	31/03/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2023