

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Killeline Nursing Home
Centre ID:	OSV-0000423
Centre address:	Cork Road, Newcastle West, Limerick.
Telephone number:	069 22061
Email address:	info@killelinenursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	D.McElligott & P.Kennedy Partnership T/A Killeline Nursing Home
Provider Nominee:	Denis McElligott
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 August 2014 11:50	05 August 2014 19:30
06 August 2014 10:15	06 August 2014 17:15

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced inspection to inform a registration decision. The inspector met with the person in charge, the clinical nurse manager, the provider, residents, relatives, staff and volunteers. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of this inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for

Residential Care Settings for Older People in Ireland. Renew of registration had been applied for by the providers, Patrick Kennedy and Denis McElligott.

The person in charge, in post since June 2013, displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing person-centred care. The person in charge was involved in the day-to-day running of the centre and was found to be accessible to residents, relatives and staff. There was evidence of individual residents’ needs being met and the staff supported residents to maintain their independence in so far as possible. Community and family involvement was encouraged with residents saying their relatives/visitors felt welcome at any time.

The provider and person in charge were proactive in response to the two actions required from the previous inspection. The inspector found the premises, fittings and equipment were of a high standard, were clean and well maintained and there was appropriate use of colour and soft furnishings to create a homely environment. There was a good standard of décor throughout

There were clear lines of authority, accountability and responsibility for the running of the centre. Policies were in place and were well written and easy to follow. Other documentation, such as resident file notes and care plans were well maintained. Staff files examined were complete. Medication management practices were generally good. Care plans were in place, were reviewed regularly in consultation with residents and their relatives and were person centred in their approach. The collective feedback from residents was one of satisfaction with the service and care provided.

This report outlines the findings of the inspection.

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

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The written statement of purpose described a service which aimed to “bring wellbeing, sanctuary and rest” to those residing in the centre. Care was to be delivered in a

manner which promoted "dignity, individuality and independence". The inspector found that these objectives reflected the actual service provided to a diverse resident population. All items listed in Schedule 1 of the regulations were detailed in the statement of purpose

Judgment:
Compliant

Outcome 02: Governance and Management

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

Theme:
Governance, Leadership and Management

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

Findings:

The inspector was satisfied that there was a sound management structure in place and sufficient resources to ensure the consistent delivery of safe, quality care services to residents. The provider and person in charge was supported in her role by a clinical nurse manager, nurses, senior carers, catering, housekeeping and administrative staff. Each of these persons were clear when interacting with the inspector on their respective roles, their designated areas of responsibility and their reporting relationships. All staff spoken with were clear as to the governance structure. They reported enjoying working in the centre and described the provider and person in charge as fair and supportive while setting the required standard of care and service to be delivered to residents. Staff reported that these standards were communicated and reiterated on a daily basis and there were also records of meetings convened between management and staff. There was a reported low turnover of staff; however, at the time of inspection the provider was actively recruiting nurses to fill vacant posts.

There was documentary evidence and staff spoken with described the systems that were in place, for monitoring and reviewing the quality and safety of care and services provided to residents. These included procedures such as the convened meetings, the staff appraisal system and consultation with residents and relatives through a forum. Accident and incidents were reviewed as were the incidence of infection, pressure sores, use of physical restraint, medication error, resident weight loss, residents' pain levels and complaints. In these audits it was seen that action was taken where necessary, to minimise any incidence which effected the quality and safety of life for residents. It was also evident from the audits that the standard of practices were good and maintained at a good level.

In addition to mandatory training, training updates were also provided on nutrition. An

activities co-ordinator had been recruited since the last inspection and she was seen to be very involved in creating interesting ways of communicating and engaging with residents. Other recent developments included the running of a programme to encourage and develop staff awareness and knowledge of the regulations and the standards of care required in a nursing home. Staff reported positively on this initiative.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The residents guide was available and on review it satisfied regulatory requirements. It contained details of the services and facilities provided, a summary of the complaints procedure, the arrangements for facilitating visitors to the centre and the governance structure.

Contracts for the provision of service were in place. Based on a sample reviewed, the inspector was satisfied that the contract detailed the arrangements for meeting the residents care and welfare in the centre, the services provided, the fee to be charged including the arrangements for the administration of state support schemes and other services that residents may avail of but were not included in the basic fee. Where services such as hairdressing or chiropody were availed of they were invoiced and paid for privately by the resident or their family.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The post of person in charge was full time and the person in the post was a nurse with experience in the area of nursing of the older person. The person in charge demonstrated clinical knowledge to ensure suitable and safe care. For example, attention was given to hydration, nutrition and mobilisation.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector saw that the records required under Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place, were retrieved with ease for the purposes of inspection and were maintained in a secure, accurate and up to date manner. Policies and procedures were kept under review and. Overall practice was largely congruent with policy. There was documentary evidence that records pertaining to residents, such as plans of care and financial records, were accessible to residents. There was evidence that the provider had appropriate insurance cover.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge worked fulltime and was supported in her role by a clinical nurse manager (CNM) who also worked full time. The inspector met with the CNM during the inspection and noted her commitment to providing quality person-centred care to the residents. Deputising arrangements for the person in charge were covered by the CNM who demonstrated clinical knowledge to ensure suitable and safe care.</p> <p>Given the complexity of resident needs there was scope to augment the governance structure further with the appointment of a senior nurse or clinical nurse manager with expertise across all the different specialities catered for in the centre. This was discussed with the provider who stated he would actively progress this matter.</p>
<p>Judgment: Compliant</p>

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector viewed records maintained of recent attendance by staff at elder abuse awareness training. Staff confirmed this training took place and stated it augmented the information they already had on this subject. However, the records provided indicated that for many of the staff it was over three years since they had an update on this subject. Staff interviewed demonstrated an awareness of what to do if an allegation of abuse was made to them and told the inspector there was no barrier to them to report any concerns they might have in relation to this.</p> <p>In general, staff were skilled in managing behaviours that challenge. The inspector noted a calm atmosphere throughout. Several members of staff had received specific training on this subject.</p> <p>Residents' finances were safeguarded by the policy on the management of residents' accounts and personal property. The administrator explained the manner in which</p>
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records of money and valuables were kept in safekeeping for residents, along with a list of all withdrawals or lodgements which were signed by two staff members. In addition all residents had lockable storage space in their bedrooms. Invoices were issued to residents or their representative on a monthly basis outlining the detail of the fees charged.

Judgment:

Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A health and safety statement was in place in the foyer and had recently been updated. A health and safety committee had not been formally convened but a member of staff was assigned the duties of health and safety representative. Risk assessments were in place and were specific to the premises. They identified the hazard, the risk and the corrective action taken. The risk management policy was reviewed since the last inspection.

Accidents and incidents were recorded and a comprehensive root cause analysis was carried out for each occurrence. A care plan was then put in place to prevent a re-occurrence. Learning outcomes from the root cause analysis included the need to purchase extra beds which lowered to the floor, the need to continue with assigning a staff member to providing drinks to residents and the need to refer to tissue viability experts where indicated.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place throughout; wash hand basins were easily accessible; notices with regards to proper hand washing technique were in place and a contract was in place for the disposal of infected waste. The person in charge had completed a train the trainer course and provided in house infection control training.

There was a procedure for the safe evacuation of residents and staff in the event of fire. It was prominently displayed. Arrangements were in place for alternative accommodation should the premises need to be evacuated. Reasonable measures were in place to prevent accidents. For example, handrails were on corridors, grab rails were in toilets, the floor covering was safe.

Staff were trained in moving and handling of residents. Records were maintained of this and practices observed were satisfactory. There were three hoists in the centre; two sit

to stand hoist and one full hoist.

Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to ensuring exits were unobstructed. Arrangements were in place for reviewing fire precautions such as ensuring the alarm panel was working and the testing of fire equipment. The fire alarm was serviced regularly and all fire equipment was serviced on an annual basis. Staff received training in fire safety and fire safety issues were regularly discussed at the morning staff reports.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written policies and procedures in place relating to medication management. Staff spoken with articulated a sound understanding of safe medication management practices. The management of controlled medications was in line with legislative requirements and procedures were in place for the safe verified disposal of unused or unwanted medication.

The inspector observed medication being administered and was satisfied that nursing professional guidelines were adhered to. Nurses reported they were comfortable with the safety of the medication system in place. At the time of inspection no resident was managing his own medication.

Staff spoken with described supportive and collaborative working relationships with other stakeholders such as the General Practitioners (GP) and the pharmacist, both of whom attended the centre on a weekly, monthly and quarterly basis to review residents' prescribed medications. Records were maintained of reviews including monitoring of therapeutic levels and the review of prescribed dosage.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Records were maintained of incidents and accidents occurring in the centre and based on the records reviewed, the inspector was satisfied that all notifiable events had been notified to the Chief Inspector. Each record seen was detailed and satisfied the requirements of Schedule 3 of the regulations. Each event was reviewed by the person in charge as it occurred so as to identify any contributing factors or risks and prevent a re-occurrence.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that residents' healthcare and social care requirements were met to a good standard. Residents confirmed this to the inspector and in the questionnaires that they completed. While a small percentage of relatives questioned if there was enough staff on duty all stated they were satisfied with the care provided. The general feedback from relatives was captured in one person's comment when she stated "I've never seen my mum so happy". Staff spoken with described a pre assessment process that was in place and documentary evidence confirmed this. Each resident had a plan of care devised and implemented within 48 hours of admission that was reflective of their assessed needs and reviewed and updated in line with their

changing needs. The care plans, which were hand written, were detailed and individualised. There were person centred in there tone and they were reflective of practice.

A social assessment was carried out and both nurses and carers were involved in assessing, documenting and planning appropriate care for each resident. Care plan reviews were conducted in consultation with the resident or their relative, as appropriate. Each care plan, while supported by evidence based risk assessments, was personalised.

A number of General Practitioners (GP) attended to the medical needs of residents. They visited the centre at least weekly and medical records supported that GP review was timely and responsive. There was evidence of referral and access to other healthcare in line with resident's needs; including physiotherapy, speech and language therapy, dietetics, occupational therapy, psychiatry, social work and chiropody.

There was documentary evidence that where a resident refused treatment, refusal was respected, recorded and brought to the GP's attention. Records showed there was a low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions, including pressure relieving equipment and nutritional support, were implemented. The services of a tissue viability expert was available to support care and practice.

Restraint use was at a minimum and assessed before used. Alternatives such as beds which lowered to the ground, bed alarms and chair alarms were used as alternatives to bedrails. Overall the inspector found a good standard of evidenced-based nursing care and the provision of appropriate medical and multidisciplinary healthcare.

The inspector observed lively well attended activities taking place on the days of inspection. These sessions were part of the social and recreational programme organised by the recently appointed activities coordinator. Activities involved the local community and outings to such places as a Wildlife Park, a shopping centre and a local cafe. Emphasis was placed on residents enjoying the secure outdoor areas. For example, they were well maintained, had adequate seating and had planted boxes.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' independence and wellbeing. Storage facilities were adequate. There was a functioning call bell system in place and there was suitable storage for residents' belongings. The centre maintained a safe environment for resident mobility with hand-rails in circulation areas and corridors kept clean and tidy. There was appropriate lighting, signage and colour schemes. The decoration throughout was of a good standard. Adequate space was available for privacy. There was a variety of communal space available. Heating and ventilation was suitable as was water temperature.

A system was in place where maintenance issues were recorded in a book. A member of the office staff contacted the maintenance person as the need arose.

The room dimensions met the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland for existing centres and the size and layout of bedrooms were suitable to meet the needs of residents. Each bedroom had an en suite shower, toilet and wash-hand basin. There were a sufficient number of other toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Equipment was maintained and stored to a safe standard. Records were maintained of servicing.

There was a well equipped and well stocked kitchen. Satisfactory environmental health officer reports were available. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Written operational policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated

they had no difficulty in speaking with staff and felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions taken. Also included in the complaints documentation were details of actions taken to enable future learning. An independent person was available if the complainant wished to appeal the outcome of the complaint.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated, and family and friends were facilitated to be with the resident when they were dying. Overnight accommodation was available for families. Residents had the option of a single room and access to specialist palliative care services.

Prior to this inspection the provider had completed a self assessment questionnaire on both nutrition and end of life care as part of the thematic approach to inspections. The information submitted was used by the inspector to inform this inspection. The policy in place promoted the pro-active assessment of and planning for end of life care from the time of pre-admission. Staff spoken with confirmed one resident was in receipt of end of life care at the time of this inspection. Staff spoken with clearly described the provision of end of life care that was respectful and dignified, it was also evident from resident care plans that arrangements were in place, such as discussions between residents and staff or staff and relatives to elicit and record end of life needs, preferences and choices.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' nutritional needs and requirements were met to a good standard. Practice was guided by policy and staff had received training on relevant areas including the application of a validated nutritional assessment tool, the management of dysphagia and nutrition in older age. The inspector saw that meals were freshly prepared and cooked daily, that the menu was prominently displayed and offered choice and staff ascertained residents' individual preferences daily. There were formal systems of communication between catering staff and nursing staff on specific dietary requirements such as diet of a modified consistency, low-fat or sugar controlled diets; staff spoken with readily relayed this information.

The inspector saw that the social dimension of meals was encouraged and that some residents were facilitated to eat in their private accommodation if they so wished. There was adequate staff supervision and assistance, where required, was discreet and unhurried. The inspector joined residents for supper and saw that residents enjoyed their food.

Processes were in place to ensure that residents did not experience poor nutrition or hydration through regular assessment, the completion of intake records and monitoring of body weight. Intervention, including GP referral and/or dietetic review, was made as appropriate. Staff spoken with confirmed and there was documentary evidence that residents were referred and had access to other healthcare services as required including speech and language therapy, dietetics and occupational therapy. Nutritional supplements were given only as prescribed but their use was minimised with an emphasis on the provision of diet that was nutritious and wholesome and in line with each resident's requirements. The use of modified diets was monitored and only used where there was a clear indication for same. At the time of inspection 12 residents required a diet in a modified format.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

The person in charge and/or the CNM met with residents on a daily basis and sought feedback. Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. The choices facilitated their independence. For example, residents were facilitated to exercise their political rights, and voting in elections was accommodated in the centre. Residents' religious rights were facilitated through regular visits by the clergy and the facilitation of services such as mass, rosary and sacrament of the sick.

Residents' capacity to exercise personal autonomy was respected. For example, provision was made for adequate storage space for clothing and personal possessions; lockable storage was provided and residents had a choice of when to get up and go to bed. Residents were enabled to make informed decisions about the management of their care through being consulted about their care plans. Facilities for recreation were good and included in-house activities such as music, cards, baking and art. Outdoor activities included gardening activities and outings to places of interest. A secure garden area was available for residents. Community activities included the intergenerational project involving residents talking with pupils from a local school about their life histories.

The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Most practices in the centre ensured this; for example, residents doors were closed and staff knocked before entering. Residents spoke of being satisfied with the respect they were shown by staff. Residents could access telephone facilities in private. A room was available for residents to receive visitors in private. There were no restrictions on visits except when requested by the resident or when the visit or timing of a visit was deemed to pose a risk.

Staff showed awareness of the different communication needs of residents and systems were in place to meet the diverse needs of residents. For example, residents with a cognitive impairment were provided with reminiscence therapy and soothing background music; residents in the acquired brain injury unit were attended to by staff who were of a suitable disposition for this type of work. The clergy visited regularly. Residents had

access to radio, television, newspapers and information on local events.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place outlining the centre's procedures for the management and safeguarding of residents' personal property and possessions and the practice seen was compliant with the policy. The inspector saw that residents were facilitated to retain control over their personal property through the provision of adequate storage space that included the provision of segregated storage space for each occupant of shared bedrooms and lockable units in each bedroom. There were adequate facilities and arrangements in place for the regular laundering and safe return of clothes to residents.

A laundry was provided and the inspector was satisfied that staff with responsibility for the management of the laundry were diligent and fully aware of their responsibility to respect and safeguard resident property. This was reflected in the commentary received from the majority of residents and relatives.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Based on observations, staff spoken with and the review of staff rosters, the inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of the residents by day but that the nursing compliment at night was insufficient. The provider was actively recruiting to ensure two nurses were on duty each night. At the time of inspection there were a number of nights per week when only one nurse and three carers were on night duty of 60 residents with a variety of complex needs.

The inspector saw that good staff presence and supervision was maintained and staff were readily available to residents. Either the person in charge or CNM were on call at all times. A staff rota was maintained for all persons working in the centre.

The provider, CNM and nursing staff were seen to be visible, accessible, known to residents and relatives, and actively involved in the supervision and monitoring of care and service delivery. In addition, there was documentary evidence that staff received structured induction training on commencement of employment and there was a formal system of staff appraisal.

All staff with whom the inspector spoke with had received mandatory training, albeit that some were in need of updating their training. There was a safe and robust recruitment process. The provider or the person in charge satisfied themselves as to the authenticity of staff references by telephoning the referees. The documentation required for each staff member as per Schedule 2 of the Care and Welfare Regulations was kept in a secure file. Those staff files examined were seen to be complete.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Killeline Nursing Home
Centre ID:	OSV-0000423
Date of inspection:	05/08/2014
Date of response:	11/09/2014

Requirements

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

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Not all staff had received appropriate updates in relation to the detection, prevention and management of abuse.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

There are 43 staff for refresher course on elder abuse, which I plan to do on 16th, 17th, 18th, and 26th Sept. There are also 4 new staff which will be included on one of those sessions.

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

Proposed Timescale: 26/09/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The number of nurses on night duty was not appropriate to the needs of the residents and the size and layout of the centre.

Action Required:

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

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

Since our inspection visit we have interviews and appointed 3 full time Nurses.

Nurse A: JP Commence duty on the Monday 8th September

Nurse B: S.D. will Commence Duty On the 6th October.

Nurse C. N.S. Will Commence Duty on the 6th October

Proposed Timescale: 06/10/2014