

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	Kilcara House Nursing Home
<b>Centre ID:</b>	0241
<b>Centre Address:</b>	Duagh
	Abbeyfeale
	Co Kerry
<b>Telephone number:</b>	068-45377
<b>Fax number:</b>	068-45455
<b>Email address:</b>	KilcaraHouse@gmail.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Noel Kneafsey
<b>Person in charge:</b>	Marian Kneafsey
<b>Date of inspection:</b>	11 January 2011 and 12 January 2011
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 09:00hrs <b>Completion:</b> 17:30hrs <b>Day-2 Start:</b> 09:45hrs <b>Completion:</b> 16:45hrs
<b>Lead inspector:</b>	Col Conway
<b>Support inspector:</b>	Cathleen Callanan
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Scheduled</b>  <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

**Registration inspections** are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## About the centre

### Description of services and premises

Kilcara House Nursing Home is a two-storey building that was purpose-built in 1994 and has a lift and stairs between the two floors. It currently provides continuing, convalescent and respite care for up to 35 residents. The person in charge informed inspectors that at the time of inspection that there were nine residents diagnosed with dementia.

Bedrooms consist of 17 single rooms with en suites, six twin rooms, three of which have en suites and two three-bedded rooms which have en suites. All en suites contain a wash-hand basin, assisted toilet and assisted shower.

On the ground floor, additional to en suite facilities, there is one assisted toilet and wash-hand basin and one assisted bathroom with assisted bath, assisted toilet and wash-hand basin. On the first floor additional to en suite facilities, there is one communal bath and shower room that includes a bath, a shower, assisted toilet and wash-hand basin. There is also a separate communal toilet and wash-hand basin.

Communal living space for residents is on the ground floor and consists of two dining rooms, one of which has a conservatory attached, two sitting rooms, a small prayer room and an indoor smoking room. Outdoor space consists of concrete pathways and garden area that is not enclosed. To the front of the building there is a parking area.

### Location

Kilcara House Nursing home is situated in a rural location between the village of Duagh and the town of Abbeyfeale in Co Kerry. The nearest shop, church, post office and public house are two kilometres away in the village of Duagh.

<b>Date centre was first established:</b>	1994
<b>Number of residents on the date of inspection</b>	32
<b>Number of vacancies on the date of inspection</b>	3

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	11	7	8	6

## Management structure

Noel Kneafsey is the registered provider and Marian Kneafsey is the Person in Charge. All staff report to the Person in Charge and she is supported in her role by two senior nurses. The senior nurses are responsible for the operational management of the centre in the absence of the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	* 3	** 8	2	1	1	*** 1

\* one nurse 08:30hrs – 20:30hrs  
 one nurse 08:30hrs – 16:30hrs  
 one nurse 08:30hrs – 14:30hrs

\*\* one care staff 07:00hrs – 19:00hrs  
 two care staff 08:00hrs – 20:00hrs  
 two care staff 08:00hrs – 16:00hrs  
 two care staff 08:00hrs – 14:00hrs  
 one care staff 16:00hrs – 20:00hrs  
 one care staff 16:00hrs – 24:00hrs

\*\*\* Provider

## Summary of findings from this inspection

Kilcara House Nursing Home was inspected by the Health Information and Quality Authority on 25 August 2009 and 26 August 2009. The inspection report included 12 required actions and three recommendations. The inspection report can be found on the Authority website [www.hiqa.ie](http://www.hiqa.ie), centre identification 0241.

This inspection report outlines the findings of an announced registration inspection of Kilcara House Nursing Home. Inspectors conducted a Fit Person interview with the person in charge and reviewed the Fit Person self-assessment documentation along with all the information provided in the registration application form. Inspectors also spoke with staff, residents and their relatives, observed work practices and read operational policies, general health and safety documents, staff rosters and care records.

Inspectors followed up on the actions from the inspection on 25 August 2009 and 26 August 2009 and they found that many of the required actions had been completed within the timeframes that the provider had identified. However, there remained some outstanding actions and these are highlighted in the body of this report.

Inspectors found that the provider and the person in charge understood their responsibilities to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

There was evidence that residents received a good standard of care and were seen by inspectors to be treated with dignity and respect. Staff with whom inspectors spoke were knowledgeable about residents' individual health needs, and this was confirmed by the care practices observed. However, improvements were required in relation to the number of staff rostered to work the weekends, the premises, information in staff files and completion of key documents.

The Action Plan at the end of this report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

### Comments by residents and relatives

The person in charge had circulated questionnaires to some residents and 11 completed questionnaires were received by the Authority with the length of time the residents had been in the centre ranging from three months to 11 years. The written feedback on the questionnaires indicated that these residents felt safe, well cared for and they had someone to talk to if they had a concern or a worry. Some of the written comments included;

- 'since I came to the nursing home I am very happy'
- 'I feel safe because there is always lots of staff and matron and family here [to] help us'
- 'I enjoy my life in this home'
- 'staff are always friendly and helpful'
- 'I am well looked after'.

Some residents talked to inspectors about how they found living in the centre and they indicated that they were satisfied with the service they received, they felt well cared for, they liked the food and they had regular access to their General Practitioner (GP).

The person in charge had also circulated questionnaires to some relatives and nine completed questionnaires were received by the Authority. The written feedback on the questionnaires indicated that relatives were satisfied overall with the service and care their relative received. They indicated that they felt their own relative was cared for in a respectful manner, their relatives health needs were met and they were encouraged to visit. Some of the relatives written comments included;

- 'nursing and domestic staff always willing to help'
- 'mum talks about the art a lot and about the exercises. She enjoys both'
- 'the matron keeps me up-to-date about my husbands health'
- 'he [husband] is given a choice about the morning routine and the night and activities during the day'
- 'his clothes and room are always clean and tidy'
- 'the nurses tell you everything you need to know'
- 'I visit everyday and I can see that she [relative] is cared for with the upmost respect and dignity'
- 'I know that he [resident] is very safe in this centre'
- 'always feel welcome to visit'
- 'feel I could always talk to the matron'.

During the inspection seven relatives spoke with an inspector and they all indicated their satisfaction with the care their relatives received and the approach taken by staff when dealing with their relatives. The relatives said they would have no hesitation talking to the nurse in charge if they had any concerns or queries. They all confirmed they were given regular updates about their relative's progress and they were made to feel welcome by staff and were encouraged to visit the centre.

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The person in charge and the provider demonstrated a good understanding of their responsibilities with regard to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Staff informed inspectors that copies of both the regulations and the standards had been made available to them.

The person in charge demonstrated throughout the two days of inspection an understanding of providing person-centred care for the older person, a clear commitment to the delivery of quality care, to future improvements and completion of key documents.

Inspectors found evidence of appropriate management processes in place, such as:

- a management structure and reporting relationships that were clearly understood by staff with whom inspectors spoke
- a residents' directory with all the required information recorded
- adequate procedures in place to safeguard residents' finances and personal property
- contracts of care in place containing charges and services in detail
- appropriate insurance cover.

There was evidence that some risk management procedures were implemented, such as:

- inspectors read appropriate documentation of managing complaints and incidents including actions taken, outcomes and follow-ups
- a fire safety register checklist, fire equipment and fire suppression system checks up-to-date, and evidence of recent fire safety training.

#### Some improvements required

While the person in charge informed inspectors that six months before the inspection a satisfaction survey questionnaire had been circulated to residents, it was not clear to inspectors what changes had been made from the feedback. The person in charge confirmed there was not a robust quality review process in place to regularly evaluate the quality of general practices and service delivery.

## Significant improvements required

The provider stated to the Authority in the written response to the action plan from the August 2009 inspection, that the statement of purpose and function would be further developed to include all of the required information by February 2010. However, the written statement of purpose and function did not contain all of the required information. Required information that was missing;

- the total staffing complement, in whole time equivalents, for the designated centre with the management and nursing complement given by grade
- the age-range and sex of the residents for whom it is intended that accommodation should be provided
- the type of nursing care to be provided
- any criteria used for admission to the designated centre, including the designated centre's policy and procedure (if any) for emergency admissions
- the arrangements made for consultation with residents about the operation of the designated centre
- the fire precautions and associated emergency procedures in the designated centre
- the arrangements made for dealing with reviews of the resident's plan
- the arrangements made for respecting the privacy and dignity of residents.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Inspectors observed that the required action as requested by the Authority in the action plan from the August 2009 inspection had been implemented in relation to residents' care plans being up-to-date. Inspectors found that residents' needs were reflected in individual written nursing care plans that dealt with the activities of daily living. They identified preferences, capabilities, and the personal care and support that was required. There was written evidence that residents and their relatives read the care plans and there was evidence that the care plans were reviewed at least every three months. There were comprehensive nursing care plans for more complex issues such as wounds, swallowing difficulties and urinary catheters.

Nursing notes were written daily and were comprehensive. There was good integration of all the care records and there was clear evidence of appropriate and thorough written assessment procedures. The person in charge and nurses described to an inspector a key worker system that was in place and the inspector read a list of the nursing staff names and their assigned residents. It was each nurse's responsibility as a key worker to ensure that the needs of each resident assigned to them were assessed and documented regularly, their care plans updated and the needs of the resident communicated to the nursing and care staff team. The way in which the nursing staff described the key worker system correlated with what the inspector read in the nursing care records.

Inspectors observed that the required action as requested by the Authority in the action plan from the August 2009 inspection had been implemented in relation to developing a complaints procedure. Residents had access to an up-to-date complaints procedure as there was one framed in the main entrance area and there was an independent person identified to act as an advocate for complaints. All the relatives and residents that inspectors spoke with said they had no problem talking to the person in charge if they needed to make a complaint.

There was evidence that residents' views were sought as a residents council was established and meetings were approximately every two or three months. An inspector read notes from the meetings and residents had made a number of suggestions which they confirmed had been acted upon.

There was evidence that residents had choice as they were seen choosing what meals they had, what organised activities they would get involved in, what time they got up in the

morning and what clothes they wore. Residents also confirmed that they had the opportunity to vote in elections if they wished to and at the time of inspection, a local politician was canvassing in the centre.

There was evidence that residents' privacy was respected as staff were heard speaking with residents in a courteous manner, doors to bedrooms were kept shut while personal care was being provided and staff were seen knocking on doors before entering rooms. Relatives and residents confirmed that this was the usual approach taken by staff.

Inspectors observed that staff promoted residents' independence by encouraging them to do as much for themselves as possible such as walking and eating their meals. This was also confirmed by residents and their relatives.

Inspectors observed that religious beliefs were facilitated and residents and their relatives confirmed that there were regular religious services and group prayer times. There was a separate prayer room and inspectors read in care records that residents' religious preferences and needs were documented.

There was evidence of appropriate measures in place to protect residents from elder abuse, as there was a written elder abuse policy and documented evidence that staff had attended elder abuse training. Staff with whom inspectors spoke were able to appropriately describe the signs of elder abuse, their responsibilities with regard to reporting an allegation of abuse and the actions to be taken in the event of an allegation of elder abuse. Inspectors also read appropriate Garda Síochána vetting of staff and observed adequate supervision of staff.

Inspectors observed that family contacts were maintained for residents as visitors were seen in the centre at various times of the day. Residents and their relatives confirmed that flexible visiting was usual and that home visits and outings were facilitated as requested. One resident spoke about how it is organised with her family to take her to the hairdresser in a local town to have her hair done and how a social occasion is made of the event.

Inspectors found that residents had access to organised activities that were meaningful and fulfilling as there was a timetable of the group activities for each week that included crafts and exercise. Resident's participation in activities was recorded daily in their individual care records. A staff member was specifically employed to facilitate activities two half days a week and another care staff member also confirmed that she facilitated group reminiscence sessions. There was evidence that residents actually had access to the listed activities as inspectors observed residents partaking in a music session with a musician, and residents and their relatives confirmed that residents had access to a range of activities.

### 3. Healthcare needs

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### Evidence of good practice

Inspectors observed that the required action as requested by the Authority in the action plan from the August 2009 inspection had been implemented in relation to the actual times of medicine administration corresponding with medicine prescriptions. Inspectors read evidence that residents' medications were reviewed by residents' GP's and a local pharmacist at least every three months. Nursing staff were seen to adhere to professional standards in relation to medication management and medicines were appropriately supplied, stored, prescribed, administered and discarded.

There was evidence of health promotion as inspectors observed many residents walking independently and also helped by staff with the necessary equipment. Fresh drinking water was easily accessible and residents were seen taking rests throughout the day. Inspectors observed and staff also confirmed that there was an adequate amount of assistive devices such as hoists, wheelchairs and walking aids.

Inspectors read evidence of general health monitoring as staff recorded residents' blood pressures, pulses and temperatures on a monthly basis. Care records confirmed that residents received rapid medical follow up if nursing staff were concerned about a resident's health or if the resident became unwell.

There was evidence that residents had their dietary needs met as catering staff were aware of individual residents' likes and dietary requirements and there was a choice of nutritious meals offered on the menu. There was evidence of adequate nutritional monitoring as an inspector read records of residents' weight being recorded regularly as well as regular nutritional screening. The person in charge described how a dietician would be contacted if specialised dietary advice was required and there was written evidence of dietician involvement for those residents that required it.

There was evidence that residents had frequent medical assessment as the provider, staff, residents and their relatives informed inspectors that GPs provided a regular service in the centre. This was also confirmed in the medical records that were read by inspectors as there were written accounts of the medical reviews and ongoing assessments of the residents. There was evidence that residents had access to specialist medical services such as gerontology and psychiatry of older age, and multidisciplinary services such as physiotherapy when it was required. There was also written evidence of referrals for residents for assessments by occupational therapy and speech and language therapy.

Written evidence indicated that residents had access to dental services, audiology, chiropody and optician care when required.

## **4. Premises and equipment: appropriateness and adequacy**

**Outcome:** The residential care setting provides premises and equipment that are safe, secure and suitable.

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

### **Evidence of good practice**

Overall there was a good standard of cleanliness and general maintenance was good with furniture, curtaining, lighting and flooring in good condition. Hand-rails were in place in the corridors and records showed that servicing of equipment such as hoists, wheelchairs and the lift were up-to-date.

There were appropriate infection control measures observed by inspectors. These included:

- adequate supply of antimicrobial hand gel dispensers
- adequate supply of disposable gloves and aprons and staff used the personal protective equipment
- correct cleaning procedures
- appropriate waste management.

There was sufficient space for each resident in all of the single and twin bedrooms with adequate storage facilities for personal belongings.

There was sufficient communal living space as residents had a choice of two sitting rooms, a conservatory, two dining rooms, a prayer room and a smoking room. There was also seating provided in some corridors and the centre was decorated with domestic furniture including pianos and bookcases. All of the communal areas were furnished with appropriate seating to meet residents' needs and extra seating was available for visitors.

### **Some improvements required**

The curtaining around one of the beds in bedroom 11 did not fully surround the bed.

There was no call-bell at the bedside for one of the resident's in room four.

### **Significant improvements required**

While there was a health and safety statement in place the person in charge confirmed that there were no regular environmental risk assessments undertaken to identify any hazards.

The provider stated to the Authority in the written response to the action plan from the August 2009 inspection, that a pressure-relieving aid which had not been set correctly was immediately replaced and a replacement pressure-relieving aid was set to the resident's needs. However, an inspector found that some of the pressure-relieving mattresses were not on the correct setting for the residents' weights.

There was an adequate number of communal toilet and washing facilities within close proximity of the sitting rooms, dining rooms and bedrooms for those residents who did not have en suite facilities in their bedrooms. However, the facilities in the communal bath and shower room on the first floor were inadequate;

- the plastic bath surround was worn and chipped and could be a potential hazard to residents
- there was no cold water supply in the wash-hand basin and the temperature of the hot water supply in the wash-hand basin could potentially scald residents
- there was no locking system on the door and there was no curtain or screen around the shower area.

There was a designated internal smoking room for residents to use, however, it was not adequately ventilated to the external air and there was a chair in the room that was not fire retardant.

In bedroom 22, there was an entrance door to the attic, that did not have an adequate locking mechanism and this posed a potential risk to residents.

The provider stated to the Authority in the written response to the action plan from the August 2009 inspection, that a decision from the planning department was expected by February 2010 for the development of laundry and sluice facilities. While the original laundry facility remained in operation and it had a keypad lock door in use to secure any chemicals, at the time of inspection there was no sluice facility or dedicated cleaning as the new extension was not operational.

The provider stated to the Authority in the written response to the action plan from the August 2009 inspection, that storage facilities were planned with the development of the new laundry and sluice facilities. However, at the time of inspection there was inadequate storage space as the new facility was not operational. Equipment such as hoists and wheelchairs were stored in bedrooms and this posed a potential risk.

While all bedrooms were personalised and there were appropriate beds for residents' needs, there were two bedrooms where more than two residents were sharing and there was not at least 7.4m<sup>2</sup> per resident. The size and layout of the three-bedded rooms were not suitable for the needs of residents as recommended in the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

While there was no external access from the centre without staff assistance, residents were not provided with a safe outdoor space as there was some hazardous waste at the back of the centre, such as, rubble, rope and pipes. While there were foot paths and a planted garden there was no enclosed outside area that residents could safely walk that was free from hazards.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Staff spoke knowledgeably about some of the written policies that were available, for example, staff confirmed their understanding of the nutritional policy as they described in detail how they were to observe the nutritional intake of residents as outlined in the policy. Inspectors observed policies reflected in practice, such as; written risk assessments were completed for those residents who chose to smoke as stated in the smoking policy.

Inspectors observed that residents had access to televisions, daily newspapers and a portable phone. There were notice boards with a list of the days scheduled activities and the daily menu. Staff were observed spending time talking to residents and relatives confirmed that this was the usual practice. A relative informed an inspector that the person in charge and staff would try to include family details in their discussions with residents such as the arrival of a grandchild or great grandchild.

There was evidence of open communication between the person in charge, staff, and relatives, as inspectors observed relatives talking freely with staff. Relatives confirmed they had easy access to the person in charge and the staff if they had any concerns about their relative.

There was evidence of good communication between the person in charge and staff as inspectors observed they were very familiar with each other and were comfortable discussing operational issues. Staff confirmed that the person in charge was actively involved in the daily functioning of the centre and she made herself available to staff, residents and their relatives. There was written evidence confirming that the person in charge met formally with staff as a group, as inspectors read minutes of staff meetings and the records indicated that relevant service and practice issues were discussed. Staff members confirmed attendance at the meetings and the topics discussed.

### **Some improvements required**

There was no written policy on temporary absence of a resident as required by the regulations.

While there were written Residents' Guides available to residents, they did not contain all of the information required by the regulations;

- a summary of the statement of purpose that was inclusive of all of the information in Schedule 5 of the regulations
- a standard form of contract for the provision of services and facilities
- the most recent inspection report.

## 6. Staff: the recruitment, supervision and competence of staff

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### Evidence of good practice

Inspectors observed that the required actions as requested by the Authority in the action plan from the August 2009 inspection had been implemented in relation to appointing cleaning staff and ensuring an accurate duty roster that was reflective of all the staff that actually worked in the centre. The duty rosters in the centre were legible, they included the shifts being worked by the person in charge, the grades of all the other staff were clear and written duty rosters for the following three weeks after the inspection were available. An inspector spoke with the cleaning staff and confirmed the duties they performed each week and records confirmed they had received relevant training for the role.

An inspector observed that the required actions as requested by the Authority in the action plan from the August 2009 inspection had been implemented in relation to ensuring current professional nursing registration certificates were in place for all nursing staff as well as staff appraisals. An inspector read documented evidence in staff files of a process in place where staff had been formally appraised by the person in charge.

An inspector observed that the required actions as requested by the Authority in the action plan from the August 2009 inspection had been implemented in relation to ensuring that all staff had access to relevant training and that records of the training were kept on file in the centre. Staff that inspectors spoke with were knowledgeable about care of the older person. Staff files that were read by an inspector had documented evidence that care staff had received relevant ongoing training, such as, manual handling, nutrition and continence assessment. The person in charge confirmed that six out of the 13 healthcare assistants had completed a relevant Further Education and Training Awards Council (FETAC) Level 5 care assistant programme with another four scheduled to commence the programme at the end of January 2011 and another group in September 2011.

Training records showed that nursing staff had access to relevant continued professional development as some of the short courses that some of the nurses had attended were;

- medication management
- dementia care
- management of swallowing disorders
- continence management
- infection control.

### **Some improvements required**

The provider stated to the Authority in the written response to the action plan from the August 2009 inspection, that job references and curriculum vitae would be included in staff files by February 2010. However, in the sample of staff files that were read by an inspector there were not always full employment histories, three written references or evidence that the staff member was physically and mentally fit for the purposes of the work that they were to perform.

While there was a dedicated staff toilet there was no separate staff facility for the purpose of changing and there were no dedicated staff storage facilities. The provider informed an inspector that when the new extension was complete it would include the required staff facilities.

### **Significant improvements required**

Inspectors observed during the two days of inspection a suitable skill-mix and number of nursing and care staff on duty to meet the needs of residents. However, inspectors were not satisfied with the nursing and care staff numbers rostered on duty at the weekends as it was significantly reduced from the numbers rostered to work Monday through to Friday.

**Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, person in charge, one nurse and one care staff to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

**Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

***Report compiled by:***

Col Conway

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

21 January 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
25 August 2009 and 26 August 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Kilcara House Nursing Home
<b>Centre ID:</b>	0241
<b>Date of inspection:</b>	11 January 2011 and 12 January 2011
<b>Date of response:</b>	7 February 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider and the person in charge has failed to comply with a regulatory requirement in the following respect:

An adequate number of staff was not rostered to be on duty in the weekends during the day and evening time to meet the needs of residents.

#### Action required:

Review staffing resources to ensure at all times the number and skill-mix of staff are appropriate to the assessed needs of residents and the size and layout of the centre.

#### Reference:

Health Act 2007  
Regulation 6: General Welfare and Protection  
Regulation 16: Staffing  
Standard 23: Staffing Levels and Qualifications  
Standard 26: Health and Safety

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Rota has been adjusted as recommended. Completed following week after inspection. Will continue to monitor the situation.</p>	17 January 2011

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
<p>There was not a regular identification of any risks or hazards in the centre and the required precautions to be put in place to control them.</p>	
<b>Action required:</b>	
<p>Ensure that a comprehensive risk management policy is implemented that covers the identification and assessment of risks throughout the centre.</p>	
<b>Reference:</b>	
<p>Health Act 2007  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Risk assessment management policy is currently in progress. Completion is due at the end of July 2011.</p>	30 July 2011

<b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
<p>Some of the pressure-relieving mattresses were not at the correct settings for residents' weights.</p>	
<b>Action required:</b>	
<p>Ensure all the pressure-relieving mattresses are at the correct settings for residents' weights.</p>	
<b>Reference:</b>	
<p>Health Act 2007  Regulation 30: Health and Safety  Regulation 31: Risk Management Procedures</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Contacted company regarding air mattresses and information received which contained evidenced-based workings of the mattresses. A daily record is now maintained.	Completed

<p><b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The physical design and layout of the premises does not meet the needs of each resident as the size and layout of the three-bedded rooms occupied by residents were not in accordance with the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>.</p> <p>The premises lacked:</p> <ul style="list-style-type: none"> <li>▪ suitable facilities in the combined bath and shower room on the first floor</li> <li>▪ a sluice facility and a cleaning room</li> <li>▪ an adequate locked door to the attic in bedroom 22</li> <li>▪ adequate ventilation in the smoking room and only fire retardant chairs</li> <li>▪ provide external grounds which are suitable for, and safe for use, by residents</li> <li>▪ adequate storage facilities</li> <li>▪ adequate curtaining around one of the bed spaces in bedroom 11</li> <li>▪ a call-bell at one of the bed spaces in bedroom four.</li> </ul>
<p><b>Action required:</b></p> <p>Residents must be accommodated in bedrooms where the size and occupancy of which meets the requirements of the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>.</p>
<p><b>Action required:</b></p> <p>Provide suitable facilities in the combined bath and shower room on the first floor.</p>
<p><b>Action required:</b></p> <p>Provide a sluice facility and cleaning room.</p>
<p><b>Action required:</b></p> <p>Ensure there is an adequate lock on the attic door in bedroom 22.</p>
<p><b>Action required:</b></p> <p>Provide adequate ventilation and fire retardant chairs in the smoking room.</p>

<b>Action required:</b>	
Provide external grounds which are suitable for, and safe for use, by residents.	
<b>Action required:</b>	
Provide adequate storage facilities.	
<b>Action required:</b>	
Ensure there is adequate curtaining around the bed spaces in bedroom 11.	
<b>Action required:</b>	
Ensure there is a call-bell at all the bed spaces in bedroom four.	
<b>Reference:</b>	
<ul style="list-style-type: none"> <li>Health Act 2007</li> <li>Regulation 19: Premises</li> <li>Regulation 31: Risk Management Procedures</li> <li>Standard 16: End of Life Care</li> <li>Standard 25: Physical Environment</li> <li>Standard 26: Health and Safety</li> </ul>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Our engineer's report shows that each of the three-bedded rooms are one metre short in total of the Health Information and Quality Authority recommended 7.4m<sup>2</sup> for each resident. As an interim measure we have rearranged the layout of the beds and we intend to fit sliding doors into the en suites so that the en suite doors will no longer open into the space around residents' beds.</p> <p>We plan to apply for permission and build additional bedrooms so that we can reduce the occupancy of the three-bedded rooms down to twin bedrooms.</p> <p>Combined bathroom will be refurbished on first floor by 31 May 2011.</p> <p>New extension will contain new sluicing facilities and cleaning room. This is ongoing and will finish 30 May 2011.</p> <p>Lock on attic door in bedroom 22 has been installed.</p> <p>Electric ventilation will be installed by 30 February 2011 and the one non fire retardant chair was removed. Any resident smoking is</p>	<p>30 June 2011</p> <p>September 2013</p>

<p>always supervised and written risk assessments are completed.</p> <p>We have commenced an enclosed external grounds area which will be landscaped. Completion date 30 March 2011.</p> <p>Storage facilities will be provided on completion of the new extension by end of May 2011. This will free up extra storage space.</p> <p>New curtains have been arranged for bed spaces in bedroom number 11. Portable folding screen in use at present.</p> <p>Call-bell was working on wall on the day of inspection but lead was missing. Signed daily checks of all call-bells now in place.</p>	
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<p><b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was no written policy on temporary absence of a resident as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p><b>Action required:</b></p> <p>Develop a temporary absence policy that is specific to the centre.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 27: Operating Policies and Procedures  Standard 13: Healthcare  Standard 29: Management Systems</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Temporary absence policy now in place.</p>	<p>2 February 2011</p>

<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The statement of purpose and function does not contain all of the information that is required.</p>
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<b>Action required:</b>	
Provide a written statement of purpose that includes all of the required information and make it available to residents upon request.	
<b>Reference:</b> Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Statement of purpose to be updated by the end of February 2011.	  28 February 2011

<b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The Resident's Guide did not contain all of the required information.	
<b>Action required:</b>	
Produce a written Resident's Guide that contains all of the required information.	
<b>Reference:</b> Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Residents' Guide will be updated by the end of February 2011.	  28 February 2011

<b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Full employment histories, three written references and evidence that the staff member was physically and mentally fit for the purposes of the work that they are to perform were not available for all staff.	

<b>Action required:</b>	
Provide the required documents for every staff member as specified in Schedule 2 of the regulations.	
<b>Reference:</b>	
Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
All staff files will be completed by the end of March 2011.	31 March 2011

<b>9. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
The centre lacked suitable staff changing facilities and staff storage facilities.	
<b>Action required:</b>	
Provide suitable staff changing and storage facilities.	
<b>Reference:</b>	
Health Act 2007 Regulation 19: Premises Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Staff facilities will be provided in the new extension which is ongoing.	31 May 2011

<b>10. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
There was no regular review or evaluation of overall care practices, service delivery or quality of life of residents.	

<b>Action required:</b>	
Establish and maintain a system for reviewing the quality and safety of care and the quality of life of residents.	
<b>Reference:</b>	
Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Plans are being put in place for quarterly reviews of care practices, quality of life and service delivery.	31 March 2011

**Any comments the provider may wish to make:**

**Provider's response:**

Kilcara House Nursing Home would like to thank the Health Information and Quality Authority inspection team for their courteous and professional manner they showed us throughout our inspection. We are committed to working with the Health Information and Quality Authority, residents, relatives and staff to ensure best practices are in place for the betterment of the residents' needs.

**Provider's name:** Marian and Noel Kneafsey

**Date:** 7 February 2011