



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

Issued by the Chief Inspector

Name of designated centre:	Kilcoole Lodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Lott Lane, Kilcoole, Wicklow
Type of inspection:	Unannounced
Date of inspection:	23 July 2024
Centre ID:	OSV-0007714
Fieldwork ID:	MON-0038809

About the designated centre

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

Kilcoole Lodge Nursing Home is situated in the village of Kilcoole and is in walking distance of the sea. It is a purpose-built facility which can accommodate a maximum of 89 residents over two floors in 81 single en-suite rooms and 4 twin en-suite rooms. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is Mowlam Healthcare Services Unlimited. The person in charge of the centre works full time and is supported by a senior management team and a team of healthcare professionals and care and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 July 2024	16:00hrs to 20:00hrs	Robert Hennessy	Lead
Wednesday 24 July 2024	08:15hrs to 16:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

Overall, residents living in Kilcoole Lodge Nursing Home were supported to have a good quality of life. All residents spoken with on the day of inspection were content and complimentary of the service provided. The inspector spoke with both visitors and residents throughout the day of inspection and spoke with nine residents in more detail. Residents spoke of being very happy in the centre when it came to the staff and care provided. The person in charge met with the inspector at the beginning of the inspection, there was an opening meeting and then the inspector went on a walk around the centre.

The centre is registered to accommodate 89 residents with 83 residents residing there on the day of inspection. 20 of these beds were allocated to residents who require short term convalescence following an inpatient stay in an acute hospital. The centre is relatively new and is a modern and well kept building. The centre is laid out over two floors connected by a lift and stairs. The majority of rooms were single en-suite rooms with four twin en-suite rooms. Each floor had dining, day rooms and a visitor's room. On the ground floor there was a well equipped and spacious hairdresser's room and an area that was called the coffee shop where residents were able to have coffee with their visitors. The inspector was shown areas that had previously been used for storage and how these spaces had been cleared and used again as residents' space. Residents' bedrooms were spacious with adequate room for residents possessions. Residents were encouraged to personalise their rooms with their own items which many of them had. Residents had access to an outdoor space which was secure which they could freely access throughout the day. This area was well maintained with raise flower beds where residents helped with the garden.

The centre was very clean and bright, it was evident throughout the inspection that there were good systems in place for cleaning and maintaining the centre. Staff had access to good cleaning storage rooms and sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment) to maintain the cleanliness of the centre.

The inspector observed meal times throughout the day including breakfast and lunch. Residents who attended the dining rooms generally had a very social dining experience where many were seen to chat and spend unhurried meal times. The dining areas were spacious, had large menus on the tables with the day's choice of food on them. The dining tables were decorated with flowers and were well laid out for the residents. Residents had snacks and drinks provided throughout the day and on the second day of inspection residents had ice cream cones provided by staff from a trolley.

There was an extensive activity schedule for residents in place with activities taking place both upstairs and downstairs. There were two staff identified to manage the activities of residents. Evidence was shown of outings residents had undertaken in

the last few months such as going to garden centres and going to musical events. On the first day of inspection residents were engaged in art and crafts. On the morning of the second day of inspection residents had an exercise session with a physiotherapist who was present in the centre full time. In the afternoon residents played bingo with one of the residents calling the bingo numbers. One to one activities were provided for residents who did not participate in the bingo session. Artwork and pottery which the residents had made during activities was on display throughout the centre. Residents told the inspector that they made gifts for their families during activities.

Visitors were observed attending the centre and were encouraged to join residents for refreshments and snacks. Most visitors complimented the quality of care provided to their relative by staff, who they described as approachable, attentive and respectful. Visitors were observed calling throughout the day. They were welcomed by staff and staff knew visitors by name and actively engaged with them.

Throughout the day of inspection, inspectors observed staff interacting with residents in a positive and respectful manner. It was evident that resident meetings and resident evaluations were taking place to enable residents to voice their opinion on the running of the centre.

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

Capacity and capability

This was an unannounced inspection over two days, to monitor the centre's compliance with the care and welfare regulations. Overall, findings of this inspection were that Kilcoole Lodge Nursing Home was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Some areas on this inspection, were identified as requiring improvement such as complaints and notifications which is detailed further under the regulations.

Mowlam Healthcare Services Limited is the registered provider for Kilcoole Lodge nursing home. The registered provider owns and runs a number of centres throughout Ireland. There were clear lines of accountability and responsibility. The person in charge reported to a regional management team. The person in charge was supported in the role by an assistant director of nursing and by three clinical nurse managers. The management team was supported by staff nurses, health care assistance, activities co-ordinators, housekeeping, laundry, catering, administration and maintenance staff. The staffing levels on the day of inspection were reflective of the centre's statement of purpose. The person in charge held the correct qualifications and it was evident that they were well known to the residents.

Evidence of training for staff was available. Training provided was appropriate to the needs of the staff working in the centre. Training was completed and a monthly plan was in place to ensure that staff training remained up to date.

The inspector had documentation and records made available to them upon request during the inspection. The documents and records were managed and secured in an appropriate manner. Staff files viewed contained all the information required. The insurance policy in place for the centre was appropriate. Contracts of care for residents contained the information required in the regulations. The centre's statement of purpose contained information on how the service was provided, was reviewed regularly and kept up to date.

A record of incidents were maintained in the centre and there was evidence that there was learning opportunities taken from these incidents. Action required in relation to incidents in the centre is detailed under Regulation 31.

Complaints in the centre were recorded in line with the centre's policy. There was evidence that some of the complaints had been managed in a timely manner. However, others were not and action was required in relation to some complaints and this is addressed under Regulation 34.

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They were well known to the residents and staff.

Judgment: Compliant

Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training was well monitored in the centre and all staff mandatory training was in date. There was a plan was in place to ensure staff training remained up to date.

Judgment: Compliant

Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance with the regulations and were made available to the inspector on the day of inspection. A sample of staff files were examined and contained the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre. The insurance certificate was on display on the entrance to the centre near reception.

Judgment: Compliant

Regulation 23: Governance and management

While there was an effective management structure, management systems in the centre required action in the following areas:

- more oversight was required over the submission of three day notifications to the Chief Inspector in relation to incidents that occurred in the centre which were not reported to the chief inspector, which is a required by the regulations (Regulation 31)
- more oversight was required in relation to complaints, there was no evidence available for some complaints on how they were dealt with and the complainants satisfaction of resolving the complaint in line the centre's policy (Regulation 34).

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. These included the services to be provided, terms and conditions, fees to be charged, and the bedroom number and occupancy of the room.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre. The statement of purpose had been reviewed in the previous 12 months.

Judgment: Compliant

Regulation 31: Notification of incidents

While a record of incidents in the centre was maintained, there were two incidents recorded, which were not reported within three working days to the Chief Inspector of the incident's occurrence in accordance with Schedule 4 of the regulations,

Judgment: Not compliant

Regulation 34: Complaints procedure

A complaints log was maintained but there was a lack of evidence to show that three complaints had being investigated and concluded within 30 working days as required by the regulation.

Judgment: Substantially compliant

Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health-care and well-being needs being met by the provider. The inspector found an issue identified in relation to infection control required action as outlined under the relevant regulation.

The centre was well maintained with suitable, homely decoration. There were cleaning schedules in place and the storage in the centre had been improved since the last inspection, which enabled the full cleaning of all rooms in the centre. The outdoor space was secure and well maintained for residents and freely accessible throughout the day. Resident bedrooms allowed for residents to manage their own personal possessions with adequate space available and the centre also had good systems to manage laundry and residents clothing.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian and speech and language, as required. The centre had access to GPs from local practices and the person in charge confirmed that GPs called to the centre. The physiotherapist was seen working with the residents during the inspection and the inspector was informed that the physiotherapist works in the centre every day.

Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. A sample of care plans viewed by the inspector were generally comprehensive and person-centred. Care plans were generally sufficiently detailed to guide staff in the provision of person-centred care.

The centre was visibly clean on the day of inspection. Cleaning checklists were maintained to ensure the centre remained clean. Management of storage in the centre had improved meaning that rooms could be cleaned thoroughly.

The fire safety management folder was examined. Fire safety training was up-to-date for the majority of staff. There was clear signage displayed to direct staff and residents in the event of a fire. Residents had Personal Emergency Evacuation Plans (PEEP's) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, emergency lighting and of the fire detection system. The provider had undertaken fire safety drills and evacuations of compartments with appropriate staffing levels regularly at the centre.

Residents' rights were protected and promoted. Residents could choose how and where to spend their day. Individuals' choices and preferences were seen to be respected. Resident meetings and surveys were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visitors were welcomed in the centre and lots of visitors were seen coming and going on the day of inspection. Information was made available to residents to ensure they were aware of how the centre was run and how they could express their wishes in how the centre operated.

There was a good choice for residents in relation to dining, with well decorated and maintained dining areas available to residents. Residents were happy with food choices available. Snacks and drinks were made available to residents throughout the day.

Regulation 12: Personal possessions

Residents had adequate space for their personal possessions and laundry was outsourced, managed well and was returned to residents regularly throughout the week.

Judgment: Compliant

Regulation 17: Premises

The premises was modern and well maintained. Two secure outdoor areas were available for residents which were also well maintained. Storage in the centre had improved with items no longer being stored on the ground in storage rooms. The oratory was back in place to be used for residents, which had previously been used as an activity room.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a good choice available to residents at meal times. Residents were happy with the choices and the food looked appetising. Residents were assisted as and when required by staff and staff interacted well with residents during meal times. Residents were offered snacks and drinks at regular intervals throughout the day of inspection.

Judgment: Compliant

Regulation 20: Information for residents

The resident information guide contained the details required by the regulations including the arrangements for complaints and advocacy services in the centre.

Judgment: Compliant

Regulation 27: Infection control

While the inspector observed that the centre was generally clean on the day of inspection, action was required in order to ensure procedures are consistent with the national standards for infection prevention control in community services.

- fully compliant hand wash sinks, as identified in previous reports were not yet installed, the inspector was informed there was a plan to do so was in place but these were not in place at the time of this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspector saw that care plans were personalised and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed.

Judgment: Compliant

Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, geriatrician services, psychiatry of old age and physiotherapy services. Physiotherapy services were in progress in the centre on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel present in the centre to facilitate this. Formal residents' meetings took place regularly where relevant issues were discussed and actions taken to address these issues was evident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcoole Lodge Nursing Home OSV-0007714

Inspection ID: MON-0038809

Date of inspection: 24/07/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC), supported by the Healthcare Manager, will screen all incidents and will ensure that all notifiable incidents are submitted to the Authority in accordance with legislative requirements. • We will schedule a Safeguarding workshop for the centre, to be chaired by the Healthcare Manager, Quality & Safety. The workshop will be provided to staff from every department and will include the management team, and will outline the individual roles and responsibilities of all staff in recognising, reporting, investigating, escalating and resolving safeguarding incidents. The aim of the workshop is to promote a safeguarding culture in the centre. • The PIC will ensure that the Assistant Director of Nursing deputises when the PIC is on leave. • The PIC will ensure that there is effective oversight by the management team throughout the centre. <p>The monthly Quality and Safety meetings will continue and will include a review of learning outcomes from incidents and complaints. The PIC will invite the Community Safeguarding Officer to a Quality & Safety meeting.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Since the inspection, the two incidents recorded have since been retrospectively submitted. 	

- The PIC will ensure that all notifiable events are submitted to the Authority within the required timeframe in accordance with legislative requirements
- Where advice or clarification is required regarding the notification, the PIC will consult with the Healthcare Manager prior to submission.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The PIC will ensure that all complaints are reported, recorded, acknowledged, addressed and responded to within appropriate timelines in accordance with the centre's policy on management of complaints; there will be an emphasis on satisfactory outcomes and the implementation of quality improvement plans based on learning from the process.
- The PIC will monitor compliance with the management of complaints in the centre.

Regulation 27: Infection control

Substantially Compliant

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

- The PIC will ensure that the centre is consistently maintained in a clean condition and that all staff are aware of the national standards for infection prevention in community services.
- The PIC will schedule IPC Link Practitioner training for up to four Staff Nurses to enable them to provide leadership and guidance in effective IPC procedures.
- The housekeeping staff will receive Clean Pass accredited training.
- The compliant hand wash sinks will be installed by 31/08/2024.
- The PIC will conduct weekly walkabouts with the housekeeping supervisor and maintenance person to ensure that all facilities are well maintained and in compliance with best national IPC standards and best practice.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs,	Not Compliant	Orange	31/08/2024

	the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	30/09/2024