

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |   |
|---|---|
| <b>Centre name:</b>                                   | Kenmare Community Nursing Unit (Floor 1)          |
| <b>Centre ID:</b>                                     | ORG-0011616                                       |
| <b>Centre address:</b>                                | Kenmare Community Hospital,<br>Kenmare,<br>Kerry. |
| <b>Telephone number:</b>                              | 064 667 9515                                      |
| <b>Email address:</b>                                 | managerkillarney@mowlamhealthcare.com             |
| <b>Type of centre:</b>                                |   |
| <b>Registered provider:</b>                           | Mowlam Healthcare Services                        |
| <b>Provider Nominee:</b>                              | Pat Shanahan                                      |
| <b>Person in charge:</b>                              | Aileen Duffy                                      |
| <b>Lead inspector:</b>                                | Cathleen Callanan                                 |
| <b>Support inspector(s):</b>                          | None  |
| <b>Type of inspection</b>                             | Announced   |
| <b>Number of residents on the date of inspection:</b> | 19  |
| <b>Number of vacancies on the date of inspection:</b> | 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 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.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 27 March 2014 09:30 To: 27 March 2014 14:30

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

|   |
|---|
| Outcome 01: Statement of Purpose  |
| Outcome 02: Contract for the Provision of Services                      |
| Outcome 03: Suitable Person in Charge                                   |
| Outcome 04: Records and documentation to be kept at a designated centre |
| Outcome 05: Absence of the person in charge                             |
| Outcome 06: Safeguarding and Safety                                     |
| Outcome 07: Health and Safety and Risk Management                       |
| Outcome 08: Medication Management                                       |
| Outcome 09: Notification of Incidents                                   |
| Outcome 10: Reviewing and improving the quality and safety of care      |
| 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**

The purpose of this inspection was to register the upstairs section of Kenmare Community Nursing Unit ( Kenmare CNU) which a Health Service Executive (HSE) facility. Kenmare CNU had been registered on 06 June 2013 but the HSE had not applied to register the upstairs portion of the premises so that it did not fall within the scope of that registration inspection. On 13 February 2014, the HSE made the upstairs of Kenmare CNU available to the provider of Killarney Nursing Home, to accommodate residents who had been evacuated following storm damage to Killarney Nursing Home. Given that the emergency period is likely to extend to the end of June 2014 to allow for repairs to Killarney Nursing Home, and the provider Mowlam Healthcare Ltd, has entered into a leasing arrangement with the HSE for that portion of the building, Mowlam Healthcare Ltd. has applied to register the

upstairs portion of Kenmare CNU to regularise the arrangement. This report outlines the findings of an inspection undertaken for that purpose.

As part of the registration process, the provider and person in charge have to satisfy the chief inspector that they are fit persons to provide the service for which registration is requested. The provider and person in charge had already been found fit in respect of Killarney Nursing Home and the inspector was satisfied on the evidence of this inspection and documentation provided to the Authority, that both parties demonstrated fitness in respect of the service being operated from Kenmare CNU.

The inspector met with management and staff and reviewed relevant documentation. Some improvements are required 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. These refer to amending documentation to reflect the occupancy of Kenmare CNU rather than Killarney Nursing Home.

**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 2009 (as amended) 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:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

**Findings:**

A written statement of purpose was submitted to the Authority as part of the application to register Kenmare CNU ( floor one), and the document was readily available in the centre. However, the information in the Statement of Purpose leaned heavily towards the service being provided in Killarney Nursing Home when that facility was not part of the registration application for this centre. This reflected the nature of the service being provided which was perceived by staff and management as a temporary satellite service to Killarney Nursing Home. However, as this temporary facility is required to meet the regulatory requirements independently of any other location, the provider agreed to reconfigure the Statement of Purpose to more accurately reflect the service being provided in Kenmare.

**Outcome 02: Contract for the Provision of Services**

*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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

**Findings:**

The inspector reviewed a sample of the written contracts of care and the documents included detail of the overall services to be provided, the weekly fees to be charged, and any additional charges for services such as hairdressing and chiropody. The contract referred to the residents' tenure in Killarney Nursing Home on the basis that the contract for the provision of services originated there, and it was not intended that residency in Kenmare CNU would extend beyond the end of June 2014. There was substantial compliance with ensuring contracts were agreed within the required timeframe.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

**Findings:**

The person in charge holds a full-time post in Killarney Nursing Home. For the duration of the occupancy in Kenmare CNU, her responsibilities are divided between the two centres with the post in Kenmare been supplemented by the key senior manager there. The person in charge is a registered nurse, holds current registration with the nursing professional body and has the required experience for the post. Based on information supplied to the Authority as part of the application, there was evidence that the person in charge has a commitment to her own ongoing continued professional development as she had attended relevant education and training sessions as well as practice updates. On all inspections to date she has demonstrated a good understanding of her responsibilities with regard to the Regulations and the Standards, and the inspector noted that she approached the needs of the residents with due regard for the inconvenience experienced by their temporary relocation .

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**  
Non Compliant - Minor

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

**Findings:**

There was no standard admissions policy for Kenmare CNU given that all admissions had been on an emergency basis and it was not intended that there would be any additional admissions. Further, the expressed intention of the provider is to return all residents to Killarney Nursing Home on completion of the necessary repair works there.

There was a directory of residents containing the details required by legislation.

The bulk of staffing records were held in the personnel offices of Killarney Nursing Home as staff were rotating between there and Kenmare CNU. There was no attempt to establish a comprehensive administrative centre in Kenmare CNU given that the occupancy was expected to cease within three to four months.

Policies and procedures required by legislation were based on those of Killarney Nursing Home and the provider agreed that those requiring immediate adaptation, such as the risk management policy, would be amended without delay. This issue is further addressed in Outcome 7.

Duplicates of residents' records were available on site including photographic identification and all other relevant details. Records of the use of restraint were also available for inspection.

There was a Resident's Guide readily available but it did not adequately distinguish between the service in Killarney and that in Kenmare. The provider agreed to amend the guide to refer more specifically to Kenmare CNU.

Adequate insurance cover was in place as required by the Regulations.

**Outcome 05: 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:**  
Leadership, Governance and Management

**Judgement:**  
Compliant

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

**Findings:**

The inspector was informed that the person in charge had not been absent for a length of time that required notification to the Chief Inspector. In discussion with senior staff the sharing of responsibilities between Killarney Nursing Home and Kenmare CNU ( floor one) appeared to be viable as an intermediary arrangement.

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

**Findings:**

There was a written policy on residents' personal property and possessions and appropriate procedures were in place to safeguard residents' interests in this respect. In a sample of residents' records reviewed by the inspector, it was noted that there were inventories maintained of each person's personal items. This was supplemented by an inventory of personal items taken to Kenmare CNU for the period of temporary residence. Records in relation to residents' finances were retained in Killarney Nursing Home. Given the high dependency levels of the residents there was a limited demand for on site administrative financial support, but any relevant records in relation to residents' expenditure was available for inspection.

There was a written policy for the prevention, detection and response to abuse which outlined appropriate procedures in the event of an allegation being made. Records indicated that a range of training opportunities had been provided throughout 2013 and 2014. Provision of elder abuse awareness training was confirmed by staff, and those contracted in from external contractors were clear about their reporting responsibilities.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Safe Care and Support

**Judgement:**



Non Compliant - Moderate

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

**Findings:**

Policies and procedures required by regulation were in place and there was evidence that the emergency policy and procedure in particular had been operationally successful in practice, given the requirement to relocate residents and staff following the emergency evacuation of January 2014.

There were Health and Safety and risk management policies in place which, nevertheless, referred to Killarney Nursing Home as the base of operations and required amendment to relate more centre specifically to Kenmare CNU. The provider agreed to amend the policies to more clearly reflect the independence of the location in Kenmare.

The inspector noted that appropriate procedures were in place for the safe management of waste and soiled linen and sluicing facilities were of a high standard. Hand gels were available throughout and latex gloves and plastic personal protective equipment was stored in a manner that made it inaccessible to residents with cognitive impairment.

The inspector reviewed an accident and incident book which was up to date.

The centre was fire safety compliant and there was evidence that all routine fire checks were being completed. Fire training specific to Kenmare CNU had been undertaken since the occupancy of the first floor in February 2014, and included night staff. Staff with whom the inspector spoke confirmed their attendance at training. In addition, there was evidence of training in the call bell system.

Evidence of compliance with the Planning and Development Acts 2000 - 2006 was available as was written confirmation of compliance with all statutory requirements relating to fire safety and building control.

While risk assessments in respect of smoking were available, at the time of inspection no resident smoked.

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

**Findings:**

While in Killarney Nursing Home residents had access to their personal general practitioners (GPs). That option was still available, but, due to the practicalities of the new location, by local arrangement there was one GP routinely available to residents and attended to each of them every morning.

There was a designated clinic room for the storage of medication with restricted staff access. The medication fridge was appropriately regulated and controlled medication was kept in a secure cabinet.

There was a written medication management policy and procedure for the ordering, prescribing, storing and administration of medicines and disposal of unused or out of date medicines. There was evidence that prescriptions were reviewed regularly, and at least three monthly, by a medical practitioner. Tablets for each resident were supplied by the pharmacy in individual pre-packed systems and the inspector observed that they were appropriately stored. Controlled medicines were checked as per professional nursing guidelines and stock levels recorded at the end of each shift. Where transcribing was undertaken it was subject to the signatures of two nurses and the GP countersigned within twenty four hours.

At the time of inspection there were no residents self administering medication.

There was a system for the recording of near misses and for the disposal of unused medications.

**Outcome 09: 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

**Judgement:**

Compliant

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

**Findings:**

The provider was compliant with the requirement to submit notifications to the Authority and had kept the inspector informed of progress in relation to the temporary occupancy of Kenmare CNU. There was a central system in place by Mowlam Healthcare Ltd. for the collation and analysis of all incidents.

At the time of inspection the requirement for quarterly notifications to the Authority from the Kenmare base had not arisen.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

**Findings:**

As the centre had only been in operation since 13 February 2014, no centre specific quality review process independent of Killarney Nursing Home had been initiated. However, it was evident that the provider and staff invested considerable time and energy in keeping the arrangement under constant review through meetings with relatives of residents and the residents' forum. Staff were very familiar with residents' views about the temporary arrangements in place, and conscious of the need to minimise any disruption to the residents' normal routine.

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Compliant

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

**Findings:**

While residents were in Killarney Nursing Home a computerised system of care planning

had been in place. On transfer to Kenmare CNU, this system was no longer available and the person in charge had adapted care planning information into paper files to cover the emergency period. There was evidence of the use of a number of assessment tools, and access to allied health care such as physiotherapy and chiropody was still available. The availability of a daily GP service provided a comprehensive oversight of residents' health requirements and there was evidence of good communication between the nursing staff and healthcare staff, and the nursing staff and the GP. It was evident also, that attention was given to oral hygiene and optical assessment as required. Residents were facilitated to attend appointments off site.

The centre had already been equipped with high quality furniture and fittings and assistive devices prior to occupancy. There were electric beds with appropriate mattresses in each room and the use of bed rails was subject to assessment and ongoing review: signed consent was secured where possible. The inspector noted that where restraint was in use, it was checked on a regular basis.

The inspector noted that staff dealt with a minor incident of challenging behaviour with patience and good humour.

There was a range of leisure activities available and the inspector noted that some residents choose to participate and those who did not wish to do so were facilitated accordingly. The residents' forum notes reflected a preference for bingo and there were craft sessions, films, live music and current affairs ( through a newspaper group) regularly scheduled

### **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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

**Findings:**

The Health Service Executive was granted registration for the ground floor of Kenmare CNU on 06 June 2013: no application was made for the registration of the beds on the first floor. The unit was a new build and was constructed and fitted out to a high standard. There is a very spacious lobby area on the ground floor and the design maximises the use of natural light with large glass panels throughout the building. Corridor spaces are wide and rooms sizes are generous as are ensuite facilities.

Access to the first floor is by lift or stairs and some HSE services, such as physiotherapy, operate from this floor. Access to the residential part of the first floor is keypad protected. It comprises two wings, Caha, and Roughty. Caha has six single occupancy rooms and Roughty has thirteen single room and one double.

The centre was clean and well maintained and cleaning functions are contracted to an external provider: the inspector noted that cleaning procedures were in keeping with good practice guidelines.

The centre is on a deeply sloping site and from a number of exit points on the first floor there is access to a roof style garden. At the time of inspection this area had not yet been used due to the high levels of dependency among residents and the inclement weather. However, in the event that the centre would continue to be occupied for any significant period, seating would be required to make this area safe and amenable for residents and, in the event that seating is put in place, a risk assessment in respect of access to the protective exterior wall will be required.

There were communal dining and leisure areas, as well as places for residents to meet visitors independently of their bedroom accommodation.

There was a sufficient number of toilet and washing facilities as well as sluice and cleaning facilities and an isolation room was available should it be required.

### **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

**Judgement:**

Compliant

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

**Findings:**

A written complaints policy was available and the procedures for making a complaint were accessible for residents and/or their representatives: residents also had access to an independent complaints appeals process.

The inspector reviewed the complaints log and noted that a clear procedure was in place. The inspector noted also that, given that relatives of residents were invited to regular updates regarding the temporary occupancy of Kenmare CNU, opportunities were available to them to voice any concerns.

**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

**Judgement:**

Compliant

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

There was a written policy and procedure in place for the management of end-of-life care which was part of the Killarney Nursing Home suite of policies.

On the day of inspection a resident had passed away and the inspector noted the attention given by the staff to the sensitivities of the other residents, and the considerate manner in which the removal of the deceased was managed by the person in charge.

While there was no dedicated room for families on floor one, due to the under occupancy of the beds, space was available for family members to stay overnight if required. There was an oratory / prayer room on the ground floor which was available for the use of anyone visiting the centre. Support from ministers of religion was available as required.

**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

**Judgement:**

Compliant

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

As the catering facility in Kenmare CNU is on the ground floor this was included in the original registration process: the kitchen is fully fitted out to a high standard. An

arrangement has been made between Mowlam Healthcare Ltd and the HSE for the provision of catering supplies and facilities for the residents of floor one. A chef from Killarney Nursing Home has been seconded to Kenmare for the period of the temporary relocation of residents, and their food preparation is his exclusive responsibility. No catering is undertaken on the first floor apart from drinks and snacks which are prepared in a small pantry.

The inspector spoke with the chef who outlined his routine of writing up the menu board every day, and enquiring of residents what they wished to have for each meal. Residents who had a preference for something other than the menu items were accommodated. Hot and cold drinks were available throughout the day. The chef was advised by a dietician as to the dietary needs of residents and there was evidence of good communication in this regard between the staff. The inspector noted that weights were monitored, as was fluid intake if required, and a dietetic support service was available.

The dining room was bright and pleasant and residents had a choice of dining communally or in their rooms. The inspector noted that where assistance was required, staff offered it in a discreet and sensitive manner and residents were encouraged to dine as independently as possible.

#### **Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

**Findings:**

Given the high proportion of maximum dependency among the residents, there were some limitations to their capacity to become actively engaged in the management of the centre. In addition, because this was a temporary arrangement, the inspector was informed by staff that most residents expressed a wish to return to Killarney Nursing Home as soon as possible, and therefore their willingness to invest in the operation of Kenmare may have been limited. However, there was evidence of participation in the residents' forum with some preferences being expressed with regard, for example, to activities.

There was strong evidence that contacts by family and friends was encouraged and

visitors were welcomed at various times of the day. However, this was somewhat compromised by the change of location.

There was a weekly newsletter available which outlined activities for the week as well as any additional information of interest. Newspapers, televisions and radios were available and religious needs were facilitated as required.

The availability of single ensuite rooms promoted privacy and dignity, and staff were observed to be respectful of residents' privacy.

**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

**Judgement:**

Compliant

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

**Findings:**

All laundry, including personal laundry, was contracted out to an external provider. There was ample space in the bedrooms and en suite bathrooms for the storage of personal belongings. Residents who wished to do so had been facilitated to transfer personal belongings from Killarney Nursing Home. A facility was available in each bedroom for residents to secure personal belongings in a locked cupboard.

**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.*

**Theme:**

Workforce

**Judgement:**

Compliant

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



**Findings:**

Of The sample of personnel files reviewed by the inspector, all had the documents as required by Schedule 2 of the Regulations and PIN numbers were up to date for nursing staff. there was evidence of a robust recruitment process with follow up of references.

The inspector reviewed the staff roster and based on the information contained in the planned and actual rotas, and from observation on inspection, concluded that there were sufficient staff on duty to meet the needs of residents. Training and personnel records also indicated that the skill mix was appropriate to the resident profile. There was evidence that staff meetings were held and the minutes of these reflected staff's concern with the welfare of the residents and the demands of managing a temporary facility.

There was an ongoing training programme which included manual handling training and refresher courses, fire training, infection control and managing restraint. In addition, performance management formed a standard part of staff supervision.

Changing and storage facilities were available for staff as were canteen facilities.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

Cathleen Callanan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

|                     |  |
|---------------------|--|
| Centre name:        | Kenmare Community Nursing Unit (Floor 1) |
| Centre ID:          | ORG-0011616                              |
| Date of inspection: | 27/03/2014                               |
| Date of response:   | 14/04/2014                               |

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

#### Outcome 01: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

Failing to provide a Statement of Purpose which outlines clearly the facilities to be provided on a temporary basis in Kenmare Community Nursing Unit.

**Action Required:**

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

A Statement of purpose and Function has been produced for the first floor of Kenmare Community Nursing Unit. A copy of this has been sent to HIQA.

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

**Proposed Timescale:** 14/04/2014

**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:** Leadership, Governance and Management

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

The Resident's Guide does not adequately distinguish between the service being provided on a different site in Killarney Nursing Home and that being provided in Kenmare Community Nursing Unit.

**Action Required:**

Under Regulation 21 (3) you are required to: Ensure each resident has access to information to assist in decision making, including, but not limited to, the information specified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Provide this information in an accessible format, appropriate to each residents individual needs.

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

The residents guide has been updated and is now site specific to the first floor of Kenmare Community Nursing Unit. A copy of same has been sent to HIQA.

**Proposed Timescale:** 14/04/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Safe Care and Support

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

Failing to have an up to date Health and Safety Policy relating specifically to Kenmare Community Nursing Unit.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

The Health and Safety statement has been up dated and refers specifically to the first floor of Kenmare Community Nursing Unit.

**Proposed Timescale:** 14/04/2014

**Theme:** Safe Care and Support

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

Failing to have a risk management policy specifically referring to Kenmare Community Nursing Unit., floor one

**Action Required:**

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

The risk management policy has been updated and refers specifically to the first floor of Kenmare Community Nursing Unit.

**Proposed Timescale:** 14/04/2014