<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Killarney Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000685</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Rock Road, Killarney, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064 663 2678</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:managerkillarney@mowlamhealthcare.com">managerkillarney@mowlamhealthcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes)</td>
</tr>
<tr>
<td></td>
<td>Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mowlam Healthcare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
<td>Type of inspection</td>
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<tr>
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<td></td>
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<tr>
<td>inspection:</td>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 15 July 2014 09:10
       16 July 2014 09:00
To:    15 July 2014 18:30
       16 July 2014 13:00

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

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

Summary of findings from this inspection
Killarney nursing home is two storey premises comprising 56 beds, of which 52 are single bedrooms and two are twin-bedded. The centre had suffered some damage caused by the dislodged roof of an adjacent building during a storm resulting in the temporary evacuation of the residents, however, all repair work had been completed prior to this inspection and all residents had returned to the centre.

During this inspection, which was a renewal of registration inspection, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.
Overall the findings of this inspection indicated that residents received care to a good standard in pleasant and comfortable surroundings and only a small number of improvements were required. The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose that accurately described the service that was provided in the centre and contained all the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**

Compliant

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**Outcome 02: Governance and Management**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

On the days of inspection there was evidence of sufficient resources to support the delivery of care. There was a clearly defined management structure with clear lines of authority and accountability for the delivery of the service comprising a person in charge who was supported in her role by a clinical nurse manager. The person in charge reported to the provider through a regional operations manager.
There was a comprehensive system for reviewing and monitoring the quality of care that included audits of hygiene and infection control, health and safety, falls management, personnel records and care standards. The quality review process also incorporated consultation with relatives through a relative survey and consultation with residents through regular meetings. There was evidence of actions taken in response to issues identified.

**Judgment:**
Compliant

### Outcome 03: Information for residents

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

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<tr>
<td>Governance, Leadership and Management</td>
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</table>

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

**Findings:**
The Resident's Guide contained all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Each resident had a written contract of care detailing the services to be provided and the fees to be charged to the resident.

**Judgment:**
Compliant

### Outcome 04: Suitable Person in Charge

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

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<tr>
<td>Governance, Leadership and Management</td>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre was managed by a registered nurse who worked full time and had the required experience in the area of nursing of the older person. Throughout the days of the inspection the person in charge clearly demonstrated that she had sufficient clinical knowledge and a sufficient knowledge of the legislation and of her statutory
The person in charge was engaged in the day to day governance and operational management of the centre. Throughout the inspection the person in charge was seen to interact with residents and it was evident that residents were familiar with her. The inspector was satisfied that the centre was managed by a suitably qualified and experienced manager.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector reviewed records including a sample of personnel records, a sample of residents' medical and nursing records, the directory of residents, residents' financial records, and operating policies and procedures. Overall, the inspector was satisfied that there was substantial compliance with the Regulations in relation to records management and any issues identified for improvement will be addressed in the relevant outcome of this report.

Records were accurate, up-to-date and were kept secure but easily retrievable. A record was maintained of all visitors to the centre. The Directory of Residents contained all the items specified in Schedule 3 of the Regulations and an insurance certificate was on display indicating that the centre was adequately insured against accidents or injury to residents, staff or visitors.

All of the operating policies and procedures listed in Schedule 5 of the regulations were available, were regularly reviewed and staff members spoken with demonstrated adequate knowledge of the policies and procedures.

**Judgment:**
Compliant
### Outcome 06: Absence of the Person in Charge

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was no period in excess of 28 days when the person in charge was absent from the centre. The person in charge was supported in her role by a clinical nurse manager who would take charge of the centre in the absence of the person in charge.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety

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

**Theme:**
Safe care and support

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

**Findings:**
There was an up-to-date policy on the prevention, detection and response to abuse. Training records indicated that all staff had received up-to-date training on the prevention, detection and response to abuse. Staff members spoken with by the inspector were knowledgeable of what to do in the event of suspicions, allegations or disclosures of abuse. Residents spoken with by the inspector stated that they felt safe in the centre and stated that they could talk to the person in charge if they had any concerns. The inspector was informed that there have been no incidents or allegations of abuse.

The inspector viewed a sample of residents' finances and was satisfied that there were adequate systems in place to safeguard residents' money.

There was a policy in place for managing behaviours that challenge. Based on discussions with staff and a review of residents' records staff had the knowledge and
skills to appropriately respond to and manage incidents of challenging behaviour. There was a policy on the management of restraint and there were risk assessments and records of safety checks when restraint was used.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
</tr>
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<tbody>
<tr>
<td><em>The health and safety of residents, visitors and staff is promoted and protected.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were up-to-date policies and procedures relating to health and safety, including infection prevention and control and food safety. There was an up-to-date safety statement. There was a risk management policy and associated risk register that addressed the risk of and measures in place to control abuse, the unexplained absence of a resident, accidental injury, aggression and violence, and self-harm. The inspector reviewed the accident and incident log and was satisfied that there were adequate arrangements in place for investigating and learning from serious accidents and incidents. There was a safety committee that included representatives from clinical, maintenance and administrative personnel and the safety statement specified that this committee would meet approximately every month or at a minimum every eight weeks and that the meeting quorum would be 75% of members. However, the records indicated that the committee met infrequently and there was not always a quorum in attendance.

There was an emergency plan that addressed emergencies such as loss of power, loss of kitchen, fire, and the safe placement of residents in the event of a prolonged evacuation.

There were satisfactory procedures in place for the prevention and control of infection including a colour coded cleaning system, a cleaning schedule, hand-wash basins and hand hygiene gel located at suitable intervals throughout the centre, and suitable practices for the management of household, food and clinical waste. Cleaning staff clearly articulated sufficient knowledge of cleaning procedures.

Suitable fire equipment was provided throughout the centre. There were records available demonstrating the regular maintenance of fire safety equipment and emergency lighting, however the fire alarm system was overdue quarterly preventive maintenance. There were records of regular fire drills, routine inspection of fire safety equipment, daily inspection of means of escapes and routine sounding of the fire alarm system. All emergency exits were seen to be free of obstruction on the days of
All staff had received up-to-date training in fire safety and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Based on the observation of the inspector, medication administration practices complied with relevant professional guidelines. Medications were stored appropriately, including medications requiring refrigeration, and the fridge temperature was monitored and recorded. There were no residents in the centre who self-administered their medications.

There were regular audits of medication management practices and any issues identified were addressed. Medications governed under the misuse of drugs legislation were stored appropriately, were counted at the end of each shift and the count was verified by two nurses' signatures. There were appropriate procedures in place for the return of unused/out-of-date medicines.

The person in charge informed the inspector that residents would be facilitated to have a choice of pharmacist, where possible, however, records were not available demonstrating that a process was in place to facilitate the pharmacist to meet with residents on an ongoing basis.

Judgment:
Non Compliant - Minor

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Records were available of accidents and incidents occurring in the centre and based on a review of the records, the inspector was satisfied that the Authority was notified of all relevant accidents and incidents within the appropriate time frame.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Overall the inspector was satisfied that residents’ health care needs were met to a good standard through appropriate medical and nursing care. Residents were comprehensively assessed on admission and at regular intervals thereafter using recognised evidence based tools. There was evidence of the development of care plans based on these assessments, however, some improvements were required. Care plans were in the process of being updated and a number of these plans were personalised and outlined, in sufficient detail, the care to be provided based on the assessment and on the expressed wishes of residents. Some care plans, however, were generic and did not provide adequate detail of the care to be provided, such as at end of life, and care plans were not developed for all issues identified on assessment such as pressure sore prevention, communication deficits or falls prevention.

Residents were regularly assessed by their general practitioner (GP) and there was also evidence of access to out-of-hours GP services. There was evidence of referral and review by allied health/specialist services such as speech and language therapy, dietetics, physiotherapy, occupational therapy and chiropody. There were adequate processes in place to ensure that when a resident was admitted, transferred or discharged to and from the centre, that appropriate information about their care and treatment was shared between providers.

Wound care accorded to evidence-based practice with the use of assessment tools for documenting improvements or otherwise of wounds including the use of photography.
Records indicated consultation with a tissue viability specialist for advice in the care and treatment of wounds, when indicated. Residents requiring percutaneous endoscopic gastrostomy (PEG) tube feeding for nutritional support, were clinically assessed and appropriately monitored.

**Judgment:**
Non Compliant - Minor

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
This was a purpose-built, two storey building comprising 52 single bedrooms and two twin bedrooms, all of which were en suite with toilet, shower and wash hand basin. There was adequate private and communal accommodation, including a large dining room downstairs and a smaller dining room upstairs. There was adequate space for residents to meet with visitors in private separate from their bedrooms. Bedrooms were adequate in size for each resident with sufficient room for storage of personal property and possessions. There was a functioning call bell system and the first floor of the centre could be accessed by a number of stairs and a lift. There was a separate kitchen with sufficient cooking facilities, it was well stocked, clean and well organised.

The centre was clean, had a good standard of décor, was in a good state of repair and the grounds were well maintained. Part of the premises had suffered damage from the dislodged roof of an adjacent building caused by high winds in February 2014 resulting in the evacuation of all residents for a number of days, the closure of part of the premises for a number of months and the temporary placement of some residents in alternative accommodation during repair work. Repair work had been completed and all residents had returned to the centre approximately three weeks prior to this inspection.

There were adequate laundry facilities that facilitated the segregation of clean and dirty linen. As outlined in the report of the most recent inspection, the laundry room contained two large industrial type washing machines and two large dryers resulting in the laundry room becoming excessively hot at times. The person in charge informed the inspector that plans were in place to improve ventilation through mechanical means but this work had not yet been completed.
There was appropriate equipment available, including hoists, and there were records of preventive maintenance, however, records of preventive maintenance of beds and mattresses were not available on the days of inspection. Handrails were provided in circulation areas and there were grab-rails in bath, shower and toilet areas.

**Judgment:**
Non Compliant - Minor

### Outcome 13: Complaints procedures

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

**Theme:**
Person-centred care and support

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

**Findings:**
There was an up-to-date policy on the management of complaints and the complaints procedure was on prominent display in the centre. There was a nominated person to deal with complaints and an appeals process. The inspector reviewed the complaints log which indicated that all complaints were investigated and the outcome of the complaints process was recorded. The person in charge informed the inspectors that residents have access to a named advocate from the national advocacy service.

**Judgment:**
Compliant

### Outcome 14: End of Life Care

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

**Theme:**
Person-centred care and support

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

**Findings:**
There was an up-to-date policy on the management of end of life and on resident resuscitation status and management. There was evidence of discussion with some residents and family members in relation to end of life preferences and this was documented in care plans. Where extraordinary measures were not indicated this was
recorded on an emergency summary form which was completed and signed by the resident’s GP and family. Records indicated that residents care needs were met at end of life to a good standard with appropriate referral and review by palliative care services, where indicated.

As discussed in Outcome 11, where residents were in the active end of life phase, care plans did not always address end of life care in sufficient detail. Residents were facilitated with a single room and family and friends were facilitated to remain with the resident.

Judgment:  
Compliant

### Outcome 15: Food and Nutrition

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

**Theme:**  
Person-centred care and support

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

**Findings:**  
There was a comprehensive policy on the management of nutrition and there was evidence that it was implemented in practice. Residents were nutritionally assessed on admission and at regular intervals thereafter using a recognised evidence-based assessment tool. Where issues were identified there was evidence of referral and review by speech and language therapy and dietetics.

During the inspection process the inspector observed breakfast, lunch and tea. Most residents had their breakfast in their bedrooms but had lunch and tea in the dining room. Meal times were observed to be relaxed social occasions and residents requiring assistance with meals were assisted in a respectful manner. The dining rooms were tastefully decorated and there was good quality tableware.

There was a three week rolling menu cycle and all residents were offered choice at mealtimes, including residents on modified consistency diets. Food appeared to be nutritious, was available in sufficient quantities and was presented in an attractive manner. Residents had access to fluids and snacks throughout the day. Staff members spoken with, including catering staff, were knowledgeable of individual resident's personal preferences and prescribed diets.

Judgment:  
Compliant
**Outcome 16: Residents' Rights, Dignity and Consultation**

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

**Theme:**
Person-centred care and support

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

**Findings:**
Residents were consulted through regular meetings and the minutes of these meetings were available for review. Relatives were consulted through a relatives survey, most recently completed in July 2013. Based on a review of records issues raised are addressed, where possible.

Residents had access to a range of activities and residents that did not wish to partake in group activities were facilitated with one to one sessions that included discussions of topical issues, hand massage or reminiscence.

There was adequate communal sitting rooms and also adequate space for residents to meet with relatives in private. The inspector observed visitors coming and going throughout the day and interacting with staff in a manner that indicated familiarity. Residents' religious and spiritual practices were facilitated and respected. The person in charge stated that residents were facilitated to vote in local and national elections.

Staff were knowledgeable of the various communication needs of residents, however, care plans did not always adequately address communication needs where there was evidence of communication deficits. Residents had access to daily newspaper, television and radio.

**Judgment:**
Compliant

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**Outcome 17: Residents' clothing and personal property and possessions**

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

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on residents' personal property and possessions. Residents had adequate storage space in their bedrooms for personal property and possessions and appropriate records were maintained.

There were adequate procedures in place for the regular laundering and safe return of linen and residents' clothing.

Judgment:
Compliant

### Outcome 18: Suitable Staffing

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

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Based on a review of the roster and observations of the inspector over the course of the inspection there were adequate numbers of staff and skill mix to meet the needs of residents.

There was an ongoing programme of training to support staff provide contemporary evidence-based care. Based on records seen by the inspector all staff had received up-to-date training on fire safety, prevention and detection of abuse and manual handling. Other training completed by members of staff included pressure area care, medication management, dementia care and infection control/hand hygiene. Training was scheduled for nutrition and modified diets and the person in charge stated that staff would also be facilitated to attend end of life care training.

Staff were appropriately supervised and there was evidence of a programme of induction for new staff and a staff appraisal system for existing staff. Current registration was available for all regular nursing staff, however, current registration was not available for "bank" staff (nurses that may be called on to work when there was
unanticipated staff shortage). A review of personnel records indicated that most of the requirements of Schedule 2 were met, however, a full employment history was not available for all staff.

**Judgment:**
Non Compliant - Minor

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
<th>Centre name:</th>
<th>Killarney Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000685</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15/07/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>31/07/2014</td>
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Requirements

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The safety statement specified that the safety committee would meet approximately every month or at a minimum every eight weeks and that the meeting quorum would be 75% of members, however the committee met infrequently and there was not always a quorum in attendance.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The health and Safety committee has been reviewed and a meeting is planned for 6th August 2014, a schedule of meetings will be agreed and meetings will be held at a frequency specified in the Safety Statement ensuring that a 75% quorum is in attendance.

Proposed Timescale: 06/08/2014

### Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Current registration was not available for "bank" staff (nurses that may be called on to work when there was unanticipated staff shortage) and a full employment history was not available for all staff.

**Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
The Bank staff nurse is no longer available at short notice and is no longer an employee of the nursing home.

The gap in the employment history of the staff member has been accounted for and documented.

Proposed Timescale: 31/07/2014

### Outcome 08: 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:
The fire alarm system was overdue quarterly preventive maintenance.

**Action Required:**
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.
Please state the actions you have taken or are planning to take:
Service of the fire alarm took place on the 29.07.2014

Proposed Timescale: 31/07/2014

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge informed the inspector that residents would be facilitated to have a choice of pharmacist, where possible, however, records were not available demonstrating that a process was in place to facilitate the pharmacist to meet with residents on an ongoing basis.

Action Required:
Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

Please state the actions you have taken or are planning to take:
In conjunction with the pharmacy a plan is being develop to facilitate the pharmacist to meet with residents on an ongoing basis. Residents and families will be informed in advance of the date and time of the pharmacist visit to the home.

Proposed Timescale: 31/07/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans were generic and did not provide adequate detail of the care to be provided, such as at end of life and care plans were not developed for all issues identified on assessment such as pressure sore prevention or falls prevention.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.
Please state the actions you have taken or are planning to take:
All care plans are being reviewed to ensure that they reflect a more person centred approach to care in line with best practice

Proposed Timescale: 31/10/2014

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of preventive maintenance of beds and mattresses were not available on the days of inspection.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
All outstanding preventative maintenance of the beds and mattresses was carried out on 21.07.2014. Up to date records available in the home.

Proposed Timescale: 31/07/2014