<table>
<thead>
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<th>Kenmare Community Nursing Unit</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000753</td>
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<tr>
<td>Centre address:</td>
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<tr>
<td>Telephone number:</td>
<td>064 667 9500</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Kenmare.CNU@hse.ie">Kenmare.CNU@hse.ie</a></td>
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<tr>
<td>Provider Nominee:</td>
<td>Ber Power</td>
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<tr>
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<td>Caroline Connelly</td>
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<tr>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 29 May 2017 10:50
To: 29 May 2017 18:10
30 May 2017 09:20
30 May 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 04: Complaints procedures</td>
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<td>Outcome 05: Suitable Staffing</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. This was the forth inspection undertaken by the Health Information and Quality Authority (HIQA) in the Health Services Executive (HSE) Kenmare Community Nursing Unit. As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
During this inspection the inspector focused on the care of residents with dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in December 2015 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which was submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 7 of the 18 residents residing in the centre with a formal diagnosis of dementia. With two further residents suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that some residents functioned at reasonable levels of independence. The inspector found that residents’ overall healthcare needs were well met and they had very good access to appropriate medical and allied healthcare services. The inspector found that residents appeared to be very well cared and residents and relatives gave positive feedback regarding the premises and aspects of life and care in the centre. The centre was purpose built to a high specification with single en-suite bedrooms, plenty of communal space and safe enclosed gardens. There was a good use of colour in the furniture and fabrics and beautiful art work to create a bright and homely environment. Overall, the inspector found the person in charge; Clinical Nurse Manager 2 (CNM2) and the staff team were committed to providing a quality service for residents with dementia. However residents' social aspects of care were found to require improvement to create an culture where residents with dementia could flourish.

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool. The findings and judgments of the inspector generally did not concurred with the centers judgments with the exception of the Health and Social Care and Complaints which the person in charge and the inspector both assessed as substantially compliant. The inspector assessed one outcome as compliant and the further three outcomes as moderate non-compliant and the person in charge had assessed them all as substantially compliant.

The inspector found that a number of improvements required on the inspection in December 2015 had generally been implemented with the exception of the care planning. Further actions required were identified in relation to premises and privacy and dignity and these are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 18 residents in the centre on the days of this inspection; seven residents had a formal diagnosis of dementia. With a further two residents with a level of cognitive impairment.

There was a local GP practice providing medical services to Kenmare Community Hospital and a GP attended the centre on a daily basis and more frequently if required. Out-of-hours medical cover was available where necessary. The inspector met the GP during the inspection and a sample of medical records reviewed confirmed that resident’s were reviewed on a very regular basis. Staff residents and relatives were all complimentary about the medical services provided. Specialist medical services were also available when required. A consultant surgeon ran an outpatient clinic from the centre and residents were facilitated to attend the clinic if required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and the psychiatrist also visited the centre to review residents if required.

The centre provided in house physiotherapy services. Each resident was reviewed on admission and regularly thereafter by the physiotherapist who worked in the centre and provided a service to the residents one hour per day five days per week. The dietician visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including occupational therapy, speech and language therapy, dental, chiropody and ophthalmology services. The inspector was satisfied that residents health care needs were very well met.

The inspector focused on the experience of residents with dementia in the centre and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, medication and end of life care in relation to other residents. The inspector saw that there were suitable arrangements in place to meet the health
and nursing needs of residents with dementia. On the last inspection the inspector had identified some deficits with the assessment and care planning documentation and the centre were planning on the introduction of new more person centred documentation. Although education on the new documentation has been provided to the nursing staff, the new documentation has not yet been implemented. The person in charge assured the inspector its commencement was imminent.

The inspector did see improvements in that each resident’s needs were determined by a comprehensive assessment with care plans generally developed based on identified needs. The assessment process involved the use of a variety of validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Pain charts in use reflected appropriate pain management procedures. The inspector reviewed a number of care plans for residents and some were seen to be person centred with evidence of residents likes/dislikes daily care patterns and requirements. However the inspector did see a number of core care which had not been personalised or individualised. Assessments and Care plans were up to date. The inspector saw ”my day my way " information that had been completed for residents which included detailed information on residents likes, dislikes, hobbies and interests. Although families were informed of any changes with residents there was little evidence of residents and their families, where appropriate involved in the care planning process. With the exception of end of life care plans which reflected the wishes of residents with dementia. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. Photographic identification was generally in place for residents as part of their prescription/drug administration record chart to mitigate risk, as described in best practice professional guidelines. Controlled drugs were maintained in line with best practice professional guidelines. The inspector conducted a count of controlled medications which accorded with records maintained. Medications were discontinued in line with best practice. Medications that required crushing had not been individually prescribed on the first day of inspection but this was rectified and individual directions were put in place by day two. There was evidence on the medication prescription sheets of regular review of medications by the pharmacist.

Medications were stored in individual locked medication cupboards in each residents bedroom. Medication administration was observed during the two days of the inspection and the inspector found that the nursing staff generally did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. However there was some unnecessary touching and handling of tablets prior to administration. The person in charge said there was ongoing monitoring of medication errors in the centre and medication management was the subject of audit.

There was a policy in place for end-of-life care and this was in date. Spiritual needs
were facilitated with mass held on special occasions; other denominations visited the centre upon request. There was a prayer room for residents located on the ground floor. Residents had access to consultant palliative care and the hospice services. Staff had completed professional development regarding end of life care, palliative care and specialist syringe-driver. One resident was receiving palliative care and care practices observed demonstrated that residents were cared for with the utmost respect. The centre had adopted the let me decide programme and some detailed end of life care plans had been commenced.

There was a policy in place for food and nutrition that included a recognised food and nutrition risk assessment, monitoring and documentation of nutritional status. Staff had completed training in modified consistency food preparation. Residents’ weights were documented on a monthly basis or more often if their clinical condition warranted; dietary intake was recorded when necessary and residents were prescribed supplements when their condition necessitated. Information was relayed by the nurse to kitchen staff on admission of a new resident and following review by the dietician or speech and language therapist with an update of the current status of the residents pertinent to their nutrition. The inspector met the chef who displayed an in-depth knowledge of residents’ likes and dislikes, portion sizes, consistencies, and particular dietary requirements for example, diabetic and renal diets.

Residents had choice at each mealt ime and residents spoken with gave positive feedback regarding the quality of their food. The inspector observed lunch and tea times served in the dining room. Residents requiring assistance with their meals were helped appropriately. Meals were well presented and served in a pleasant atmosphere. Residents had access to fresh water and other fluids throughout the day. Frequent drinks rounds were seen during the inspection.

**Judgment:**
Substantially Compliant

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### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

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

**Findings:**
The policy on elder abuse was up to date and referenced the most recent Health Service Executive policy 'Safeguarding Vulnerable Persons at Risk of Abuse'. Residents with whom inspectors spoke said that they felt safe in the centre. Relatives spoken with had no concerns regarding the quality of care delivered in the centre. Staff spoken with, were familiar with the policy, with different types of abuse, and with what action to take
in the event of an allegation or incident of abuse. Training records confirmed that staff had up-to-date training in the detection and management of elder abuse.

The systems to manage residents' finances were viewed by the inspector. The centre was not a pension agent for residents and there were no additional charges for services. There was only one resident who handed money in for safekeeping in the centre on the day of the inspection. The inspector viewed the system used and saw money was kept in a locked safe. The resident had an individual envelope and a book was maintained where each lodgement or withdrawal was recorded. All transactions were signed by two staff members and by the resident or relative if appropriate. This system was found to be sufficiently robust to protect both the resident and the staff members.

The centre had an up-to-date policy on the management of responsive behaviours. A number of staff had completed a two day dementia course which included responsive behaviour training. The plan is that all staff will undertake this course and the three outstanding staff were booked onto the course. The inspector viewed the care plans of a number of residents with responsive behaviours and found they were comprehensive, they contained resident centred information regarding the triggers and interventions to manage the behaviours to ensure consistent care for the resident.

The person in charge informed the inspector that there were 11 residents out of the current 18 residents using bedrails at the time of the inspection. There were also four residents with lap-belts. The inspector found this was a very large percentage of bedrail and lap-belt usage and required this to be reviewed to promote a reduction in the use of restraint. Although there were some alternatives such as low profiling beds, crash mats and bed alarms in use for some residents, this needed to be extended to move towards a restraint free environment. The centre had a risk assessment tool in place to guide the appropriate use of restraint for residents. However, the assessment did not adequately outline the measures which had been taken/considered to protect residents prior to using bed rails and lap-belts. The inspector saw lap-belts were in place on residents throughout the day despite there being adequate staff available to provide supervision of the residents. The person in charge told the inspector that they would soon be implementing a new restraint risk assessment tool but this was not in place at the present time. The system around restraint required review to ensure it was compliant with the national policy.

**Judgment:**
Non Compliant - Moderate

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**Outcome 03: Residents’ Rights, Dignity and Consultation**

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The centre operated an open visiting policy which was observed throughout the inspection. Relatives spoken with commended staff on how welcoming they were to visitors. The inspector saw good interactions between staff and visitors. There were plenty places to meet visitors in private if residents did not wish to use their bedrooms. There was a quiet /visitors room, there were chairs placed at various locations throughout the centre and in the foyer where visiting could take place. The inspector observed that visitors were plentiful and those with whom the inspector spoke, were delighted with the building and were pleased with the care, in the centre.

Residents’ meetings were held on a regular basis and minutes from these meetings suggested that feedback was actively sought from residents on an on-going basis on the services provided to them. The last meeting was held in May 2017 and was chaired by the administrator who had a duel role in providing activities. Minutes of the last meetings were viewed by the inspector who saw that issues discussed included activities, food and outings. Residents stated they enjoyed having transition year students visiting, they would like more live music in the centre. External advocacy services were available to residents and information on this service was displayed, on notice boards. The advocate had visited the centre and met residents, relatives and staff. The person in charge said they had also commenced a relatives’ forum to facilitate relatives to advocate for residents with dementia. The first meeting was held in May 2017. The centre had also elicited resident's views via a satisfaction comment card. The results were very positive and there was evidence of follow up on any issues raised that required action.

The person in charge met with residents and relatives on a daily basis. The inspector observed that staff appeared approachable and kind to residents. Residents had access to telephones and mobile phones, in the centre. Televisions were located in the bedrooms and in the communal rooms. Residents' privacy and dignity was respected and the inspector observed staff knocking on bedroom doors prior to entering.

There were a number of staff that assumed the role of providing social activities for residents. The administrator had the main activity role and provided art/crafts groups for residents twice per week. She also provided other group activities including games and newspaper reading. A nurse had undertaken Sonus training and care staff were allocated to group and one to activities with residents. During the inspection the inspector saw a sing song taking place, art and crafts in the activity room and a bingo session. The inspector viewed the programme of activities. However, most of the activities were scheduled for the morning and the inspector saw that on both days of the inspection there was little evidence of any social activity except for TV or video's on in the afternoon. A large number of residents returned to their bedrooms in the afternoon and stayed there for the remainder of the day and the night until the next morning.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during an art and bingo activity group and also in the afternoon. These observations took place in the day room and in the activity room.
Overall, observations of the quality of interactions between residents and staff during the art and bingo sessions indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. However the observations in the day room in the afternoon were of a neutral nature and in fact for long periods of time there was no interaction between staff and residents. Four residents were in the day room, two residents were in chairs with lap-belts in situ. There was a music DVD on and when it finished it went on a repeat loop. It took five minutes before a staff member came in and changed it. When staff were present there were positive interactions seen but there were periods when no staff were present. The inspector saw that a large number of the residents spent long periods of the day in their bedrooms, either in bed or on a chair at their bedside. This meant that some residents had few opportunities to meet, interact and engage with each other on a social basis. The inspector formed the view that not all residents with dementia, had access to regular activities and there was a lack of activities and social stimulation in the afternoons for all residents.

**Judgment:**
Non Compliant - Moderate

### Outcome 04: Complaints procedures

**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 and procedure in place for the management of complaints dated February 2015. This identified the person in charge as the complaints officer. The HSE complaints procedure ‘Your Service, Your Say’ was displayed and a copy was included in the Resident’s Guide. The complaints process was displayed around the centre but it was a generic process and did not clearly identify who residents and relatives could complain to locally.

The person in charge informed inspectors that she monitored the complaints of all residents and relatives and these were discussed at staff meetings. Residents, spoken to, stated that they could raise any issue or concern, with the person in charge or staff. The complaints log was reviewed and complaints were recorded in line with the regulations, including the outcome of whether the complainant was satisfied with the outcome. The person in charge monitored complaints and endeavoured to resolve issues as soon as they arose. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

**Judgment:**  
Substantially Compliant
**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
There was a clear management structure in place. Staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities, which ensured appropriate delegation and supervision. The inspector spoke with staff members, from all areas of the care setting, during the two day inspection. They were found to be knowledgeable of residents' needs and the responsibilities of their respective roles. The inspector reviewed staffing rotas, staffing levels and skill mix, which correlated with the information provided by the person in charge and were found to be at good levels.

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, safeguarding vulnerable persons. Specific training on enhancing and enabling the well-being for the person with dementia, which included management of responsive behaviours had been undertaken by most staff. The three outstanding staff were booked onto the next two day course. Other training provided included infection control, end of life, hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including venepuncture, care planning, palliative care training, "let me decide", wound care and recognising and managing the acutely unwell patient. The inspector saw and staff confirmed that there was a good level of ongoing professional development training and staff were encouraged to attend training and education sessions. A number of staff that were involved in providing activities had undertaken activity training including art therapy and Sonus therapy.
A sample of staff files were reviewed by the inspector. Staff files were easily accessible and stored securely. Registration details, with An Bord Altranais agus Cnaimhseachais na hÉireann, were available for nursing staff. The staff files were found to contain the regulatory information, required under, Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013 with the exception of Garda Vetting. The centre had in place HSE Garda Vetting Liaison Officers Garda vetting report confirmation forms for staff. However, this is not a disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The premises is a purpose built two-storey building which accommodated an out-patient physiotherapy department, a mental health day service as well as Kenmare Community Nursing Unit. The premises were very clean, bright and well maintained, with adequate space to ensure privacy, dignity and autonomy of residents. There was lift and stairs access to the upstairs. Downstairs accommodation, Sheen House, comprised one twin bedroom with en suite facilities and 17 single en suite bedrooms. Within the unit communal space included a quiet sun room, day room and dining room; comfortable seating areas were located along the wide corridors. Within the main foyer of the premises there was a prayer room, family overnight accommodation and a family meeting room. Clinical rooms were secured to prevent unauthorised entry. Upstairs accommodation comprised two units; Caha House which was a secure self-contained six-bedded unit with a dining room and a day room and a large foyer with comfortable seating areas; the second unit was Roughty House with accommodation for 16 residents with 14 single en suite bedrooms and one twin en suite bedroom. Additional assisted toilets and bathrooms were available in each unit.

The property was built on an elevated site, consequently, residents upstairs had access to their own secure outdoor space. Caha House (six bedded unit) had a large secure walled garden with walkways and seating. There was a secure garden also in Roughty house with access via the dining room. The unit downstairs, Sheen House, was a rectangular shape and build around a secure garden. Residents also had access to unsecured walkways around the entrance to the building. Overall the inspector found the premises and garden areas to be of high quality, well
decorated with good use of colour and art work. Signage was available throughout the building.

The inspector saw evidence of the use of assistive devices, for example, ceiling hoists in bedrooms and bathrooms, wheelchairs, walking aids, clinical monitoring equipment and specialist seating was provided for residents’ use. There was a functioning call-bell system in place. Service records showed that all equipment was serviced and well maintained.

Closed-circuit television cameras (CCTV) were in public areas. There was a sign to inform residents, staff and visitors that CCTV was in operation. There was a policy in place it to support the use of CCTV.

The centre is registered for 41 residents however there were only 18 residents in the centre on the days of the inspection and currently only the downstairs unit Sheen House is in operation. This is despite there being a waiting list of residents wanting to reside in the centre. The six bedded unit upstairs was to provide secure accommodation for residents with dementia and unfortunately this service was also not in operation.

Judgment:
Compliant

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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Providers response to inspection report

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<td>OSV-0000753</td>
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<td>29 and 30 May 2017</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.

All registered providers should take note that failure to fulfill your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not always evidence of review and discussion of care plans with residents and relatives where appropriate.

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
We have commenced the introduction of new Person Centred Nursing Documentation. All nurses have been trained on the use of the new documentation and understand the importance of including the resident and/or family in residents nursing review

Proposed Timescale: Immediate

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**Proposed Timescale: 19/06/2017**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some core care plans were seen to be in place which had not been personalised to residents individual needs.

2. **Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
New Person Centred Nursing Documentation has been introduced in the Unit, which has been developed to promote person centred care and needs. Nursing Documentation/recording training has been provided for all nursing staff

Proposed Timescale: Immediate

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge informed the inspector that there were 11 residents out of the current 18 residents using bedrails at the time of the inspection. There were also four residents with lap-belts. The inspector found this was a very large percentage of bedrail and lap-belt usage and required this to be reviewed to promote a reduction in the use of restraint.
3. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
Management and Staff will immediately review the use of bedrails and lap belts in the Unit with a view to promoting a restraint free environment. New bedrail assessment and documentation is included in the new Nursing Documentation.

Proposed Timescale: Immediate

**Proposed Timescale:** 19/06/2017

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**Outcome 03: Residents' Rights, Dignity and Consultation**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a lack of activities for residents

4. **Action Required:**
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**
Management will review and revise the current Activity Programme in the Unit. Management will also review staff roles and emphasise the importance of residents’ exercise and social inclusion as part of their role, also highlighting the need for an increase in resident’s activities in the afternoon.

Proposed Timescale: 3 months

**Proposed Timescale:** 19/09/2017

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**Outcome 04: Complaints procedures**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints procedure on display was a generic HSE process and did not clearly identify who was the local complaints officer and local process to follow.

5. Action Required:
Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
Immediately after inspection the Local Complaints Procedure was placed in a prominent position in the Centre.

Proposed Timescale: Immediate.

Proposed Timescale: 19/06/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre had in place HSE Garda Vetting Liaison Officers Garda vetting report confirmation forms for staff. However, this is not a disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations.

6. 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 issue of disclosures being held on site is a National HSE / HR and HIQA issue which was recently being negotiated. Once agreement has been reached and direction has been given by the HSE, disclosures will be sought for staff files.