<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kenmare Nursing Home 'Tir na nOg'</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000239</td>
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<tr>
<td>Centre address:</td>
<td>Killaha East, Kenmare, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064 664 1315</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:nursinghome@eircom.net">nursinghome@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Tim Harrington</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Tim Harrington</td>
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<tr>
<td>Lead inspector:</td>
<td>Vincent Kearns</td>
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<tr>
<td>Support inspector(s):</td>
<td></td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>21</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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.

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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 24 January 2017 08:00  
To: 24 January 2017 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a monitoring inspection in which 12 of the 18 outcomes were inspected. This inspection was unannounced and was the eighth inspection of the centre by HIQA. As part of the monitoring inspection the inspector met with residents and staff members including the centre manager and the person in charge. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, the fire safety register, policies and procedures and staff files.

Since the last inspection, there had been a number of improvements for example there were improvements in the governance and management of the centre, care planning and documentation and arrangements for residents communication and consultation. Many of the failings required to enhance regulatory compliance from the last inspection of 17 November 2014 were satisfactorily progressed. However, a total of 11 actions remained outstanding. The inspector noted that construction works in relation to a planned extension to the premises was well advanced.
However, many of the on-going non-compliances identified on this inspection were due to the unsuitable design and layout of the current premise which continued to have a significant impact on resident care provision and the quality of life in the centre.

The inspector was satisfied that the centre was compliant in three outcomes and substantially complaint in a further three outcomes inspected. However, the centre was found to be moderately non-compliant in three outcomes:
- safeguarding and safety
- rights dignity and consultation
- suitable staffing
In addition, major non-compliances were found in two outcomes:
- health and safety and risk management
- safe and suitable premises

The aspects of the service requiring improvements identified by the inspector to enhance the findings of good practice are discussed under each of the outcome statements in this report. The related actions are set out in the actions plan under the relevant outcomes. These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.
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 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a clearly defined management structure in the centre that outlined the lines of authority and accountability. The inspector noted that since the last inspection there had been considerable developments in the organisation of effective management systems in the centre including improvements in the residents' care planning, staffing supervision and appraisal. All staff including housekeeping, catering, health care assistants and staff nurses reported to the person in charge, who in turn reported to the provider nominee. The manager of the centre acted on behalf of the provider nominee and was present in the centre on a daily basis.

There was evidence of good consultation with residents and relatives and there was evidence that residents/relatives' meetings were convened on a regular basis. Minutes reflected that a broad range of topics were tabled and discussed. There was an annual report into the quality and safety of care and the quality of life of residents in the centre covering the period from January 2016 until December 2016. There was evidence of on-going monitoring of falls, the use of bed rails, medication management and administration, the assessment of risk and health and safety. There was also evidence that audit findings were communicated to staff in the staff meetings. A number of policies had been updated and on-going training sessions were provided to staff on the roll out of the policies and procedures.

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.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had been appointed since the last inspection and had worked in the centre since December 2016. She was suitably qualified and experienced and evidence of her current registration with her regulatory body was in place. The person in charge was fully informed of each resident's holistic requirements; she demonstrated sound evidence based nursing knowledge and demonstrated to the inspector that she exercised her role, her professional and her regulatory responsibilities to a high standard.

The person in charge worked full-time and was actively undertaking clinical audits, the development of effective risk management system and staff development within the centre. The inspector was informed by both residents and their relatives that the person in charge proactively worked to ensure residents needs were being met. There was evidence that the person in charge comprehensively engaged with residents and their relatives on an on-going basis. The inspector reviewed recently completed resident and relatives' questionnaires that clearly recorded positive experiences of the care provision within the centre. There were systems in place for the effective communication of residents' care needs and on the morning of the inspection, the inspector joined the morning staff handover meeting. The inspector noted that all staff including the person in charge attended this important meeting; where an update/discussion was provided as required in relation to all residents current needs. Staff, residents and relatives all identified the person in charge as the person who had responsibility and accountability for the service and said she was approachable and that she always made herself available to them whenever they needed to discuss anything with her.

Judgment:
Compliant

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

**Findings:**
There were written operational policies as required under Schedule 5 of the regulations which had been reviewed within the last two years. The centre maintained the records listed under Schedule 2, and 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) regulations 2013. However, there was no employment history, together with a satisfactory history of any gaps in employment for one staff file reviewed. This issue was further discussed in outcome 18 of this report and actioned under this outcome as it is a requirement under Schedule 2 of the regulations.

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

**Findings:**
The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Residents who communicated to and with the inspector said they felt safe and able to report any concerns. There was evidence that safeguarding training was on-going on a regular basis and training records confirmed that most staff had received this mandatory training. However, while further training was planned training records showed that not all staff had received up-to-date training in this area at the time of the inspection. This training was supported by a policy document on elder abuse dated February 2015 which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. There was evidence that allegations of abuse had been recorded, investigated, appropriate action taken and reported to HIQA and other agencies as required.
The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents’ finances which included a review of a sample of records of monies. All lodgements and withdrawals were documented and were signed for by both the centre manager and the administrative staff. However, the centre manager agreed to review this arrangement to enhance and improve the governance by having the person in charge countersigning these records as well as the centre manager.

There was a policy on behaviours that challenge and most staff had been provided with training in the centre on responsive behaviours. However, while further training was planned training records showed that three recently appointed staff had not received up-to-date training in this area. There was evidence that residents who presented with responsive behaviour were reviewed by their General Practitioner (GP) and referred to other professionals for review and follow up as required. The inspector saw evidence of positive behavioural strategies and staff spoken to outlined suitable practices to prevent responsive behaviours. Care plans reviewed by the inspector for residents exhibiting responsive behaviours were seen to reflect the positive behavioural strategies proposed including staff using person-centred de-escalation methods.

There was a commitment to a restraint free environment and person centred care in the centre and there was a policy on restraint which was due to be updated in February 2017. There was evidence that the use of restraint was generally in line with national policy. There were two residents who had personal alarms to minimise the risk of getting lost from the centre and the inspector saw that there was a comprehensive assessment form in place for the use of restraints. These assessments also identified the use of bedrails as restraint and clearly identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method to be used. There were six residents using bedrails on the day of inspection and the inspector was assured by the practices in place and saw for example that alternative measures such as low profiling beds and safety mattress were being used to reduce the use of bed rails when possible. Where bedrails were required for a resident, the inspector saw evidence that there was regular monitoring of residents, discussion with the resident's family and the GP.

The inspector noted that there was one assisted chair that contained an attached table top which the person in charge stated was used periodically to restrain a resident. However, this table top had not been identified as a form of physical restraint or managed in accordance with the centres' restraint policy including the need to consider alternatives to this restraint, or provide a full assessment of the resident prior to the use of this restraint or provide suitable monitoring, recording and reviewing of this restraint.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.
**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 inspector was informed by the person in charge that regular fire drills were conducted in the centre. Records viewed also evidenced that fire drills were undertaken regularly and any actions taken or outcomes of the fire drills were documented in the fire register. The inspector also examined the fire safety records and noted details of all services and tests carried out including fire fighting and safety equipment had been tested in November 2016 and the fire alarm was last tested in October 2016. The fire policies and procedures were centre-specific. All fire door exits were unobstructed and there were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the centre. Staff demonstrated an adequate knowledge and understanding of what to do in the event of fire. Fire training was provided to most staff however, the inspector noted that three recently appointed staff had not received up to date fire training as required by legislation.

The health and safety statement seen by the inspector was centre-specific and dated April 2015. Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of follow-up action in response to individual incidents. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors. There was a risk management policy signed and dated by the person in charge in September 2015 and associated risk register that outlined risks and the control measures in place to mitigate the risks identified. The risk management policy included the requirements of regulation 26(1) and outlined the measures and actions in place to control the risks of abuse; the unexplained absence of a resident; accidental injury to residents, visitors or staff; aggression and violence; or self-harm as specified in the regulations. However, the inspector noted the risk management policy was not adequate as there was no environmental risk assessments completed. For example a number of environmental hazards that had not been risk assessed included a trip hazard at the entrance to the dinning room, the unsuitable storage arrangements for latex gloves in residents' bedrooms and bathrooms, the location/access of the kitchen or the unrestricted storage of a bottle of antiseptic/disinfectant in a bathroom.

As previously identified on the last inspection, the inspector was not satisfied that there were adequate measures in place for the prevention and control of healthcare associated infections. For example:  
- there continued to be no dedicated sluice room or adequate sluicing facilities to support the decontamination and disinfection of items such as urinals and commode pans  
- a clinical waste bin continued to be stored in one of the bathrooms where it was accessible by residents which could pose a risk to residents with a cognitive impairment
• a number of wash hand basins had domestic type taps which did not support good
hand hygiene practices
• laundry trolleys with dirty linen were stored in bathrooms
• commodes were stored in bathrooms
• there continued to be mould on some ceilings.

There was a centre-specific emergency plan that took into account emergency situations
and where residents could be relocated to in the event of being unable to return to the
centre. Clinical risk assessments were undertaken, including falls risk assessment,
assessments for dependency, assessments for malnutrition and assessments for
pressure ulcer formation.

Records viewed by the inspector indicated that most staff had received up to date
moving and handling training however, the inspector noted that three recently
appointed staff had not received moving and handling training. This issue was actioned
under outcome 18 of this report.

A visitor’s sign in/out book was readily accessible and there was evidence that persons
entering and leaving the centre signed the book.

Judgment:
Non Compliant - Major

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

Findings:
There were written operational policies relating to the ordering, prescribing, storing and
administration of medicines to residents which were signed and dated by the person in
charge in November 2015. These policies were made available to nursing staff who
demonstrated adequate knowledge of these documents. Staff were observed adhering
to appropriate medication management practices. Medicines for residents were supplied
by a community pharmacy. The medication trolley was secured and the medication keys
were held by the nurse on duty. Nursing staff with whom the inspector met outlined
adequate procedures for the ordering and receipt of medicines in a timely fashion.
Nursing staff with whom the inspector spoke demonstrated knowledge of the general
principles and responsibilities of medication management. Staff reported and the
inspector saw that no residents were self-administering medication at the time of
inspection. Compliance aids were used by nursing staff to administer medicines and
medication administration was observed and the inspector found that the nursing staff
adopted a person-centred approach. There were adequate procedures in the process for the return of unused/out-of-date medicines and medications were disposed of appropriately in line with an Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were observed checking the quantity of medications at the start of the morning shift. The inspector reviewed a sample of medication administration records. Medication administration sheets identified the medicines on the prescription sheet and allowed space to record comments on withholding or refusing medications. The medication prescription charts also included the resident's photo, date of birth, GP and details of any allergy. However, the inspector noted that the times recorded on the medication administration sheet did not match the medication administration sheet.

There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents’ notes. The inspector viewed evidence of a system of ongoing audit and analysis in place for reviewing and monitoring of safe medication management practices. The person in charge outlined to the inspector how she and the nurse on duty ensured that all medications supplied to the centre were correct and as prescribed. Medication errors were recorded and there was evidence that appropriate action was taken as a result of same.

**Judgment:**
Substantially Compliant

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**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:**
Residents’ medical records were inspected and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. The person in charge outlined to the inspector that considerable changes and improvements that had been made to the nursing care planning system over the past year. Such improvements included a more systematic and person centre approach to assessments and streamlining the care documentation to ensure records were maintained in a way to ensure ease and accessibility of information. There was evidence that residents’ healthcare needs were met including allied health services such as physiotherapy,
speech and language and dietetic services which were available as required and all residents were assessed on admission for mobility and falls prevention. All supplements were appropriately prescribed by a doctor. The inspector saw that each resident had a care plan developed within 48 hours of their admission based on their assessed 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. There were care plans in place that detailed the interventions necessary by staff to meet residents’ assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents’ changing needs. There was evidence that residents and their family, where appropriate participated in care plan reviews. Consent to treatment was documented. Nursing notes were completed on a daily basis. Overall the inspector found that the care plans were comprehensive, guided care and were person centred. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date care needs.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. The person in charge confirmed that there were no residents with pressure ulcers at the time of the inspection and there was evidence of suitable assessment of any wounds and suitable care plans were in place.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents’ comments that their daily personal care needs were well met and this was confirmed by both residents and relatives. Residents, where possible, were encouraged to keep as independent as possible and the inspector observed residents moving freely around the corridors and in communal areas often with suitable staff assistance and enjoying the activities going in the centre.

Judgment:
Compliant

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:
Kenmare Nursing Home 'Tir na nOg' was a 22 bedded nursing home situated approximately two kilometres from Kenmare town. Bedroom accommodation comprised of six single and eight twin bedrooms. Communal space comprised of a sitting room, situated at the front of the building with pleasant views of the surrounding countryside, and a conservatory to the rear of the building, which was used as the dining room.

Sanitary facilities comprised of two toilets, each one containing a wash-hand basin; three shower rooms, each one containing an assisted shower, toilet and wash-hand basin; two of the twin bedrooms were en suite with a toilet and wash-hand basin; and there was also a staff toilet.

Significant improvements continued to be required since the last inspection in relation to the design and layout of the premises, which has been identified on previous inspections but had not yet been addressed. The inspector noted that there were extensive building works had commenced since the last inspection and that these works were intended to extend and renovate the existing premise. The inspector was informed by the centre manager that these building works were due to be completed by the end of March 2017 and that this extension would be a significant improvement in resident accommodation. In addition, the centre manager stated that an application would be submitted to HIQA in the next couple of days to very conditions of registration to include this extension. However, at the time of the inspection the premise continued to be inadequate due to the following: three of the twin bedrooms are not adequate in size to facilitate the free movement of staff or equipment, for example, to reposition residents, assist with personal hygiene or to assist them out of bed. The beds in these rooms were arranged perpendicular to each other so that the head of one bed was in close proximity with the side of the other bed. This did not support the privacy and dignity of residents sharing these rooms. It was also difficult for residents and staff to access wash hand basins and wardrobes in these rooms and it would not be suitable for residents with a mobility aid. There were no chairs for use by residents in these rooms and inadequate room for chairs.

In addition, three of the single bedrooms were internal rooms and did not have a window view of the exterior. The windows in two of the bedrooms overlooked the dining room and the window of the other room overlooked the entrance hallway. There was an adhesive film attached to these windows creating a mirror effect from the dining room however, the rooms were dark with no access to natural light. Two of these bedrooms were not adequate in size to facilitate free movement of staff and equipment, as the beds were positioned against the wall and extended to the full length of the bedroom. The bed in one of the rooms was positioned against a radiator and posed a potential risk of burns to the resident.

Other issues previously identified and continued to be inadequate in relation to the premise included:
- the was no sluice room or suitable sluicing facilities
- there was inadequate communal space, separate from residents' bedrooms, for residents to meet with visitors in private
- there was inadequate storage facilities for equipment, resulting in hoists and
- wheelchairs, laundry trollies, commodes being stored in shower rooms and bedrooms
- residents did not have access to lockable storage for personal possessions
- curtains did not extend all the way around some beds to support privacy
- a number of curtains were disposable, which did not contribute to a homely environment
- there was mould on the ceiling of some bathrooms

The centre appeared to be generally clean throughout. Residents had access to appropriate equipment such as hoists, wheelchairs, assisted chairs and speciality beds and mattresses. Maintenance records were available demonstrating a programme of preventive maintenance. Handrails were provided in bath, shower and toilet areas and handrails were provided on corridors.

**Judgment:**
Non Compliant - Major

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

**Findings:**
There was a complaint policy in place dated January 2016 and the complaints' procedure was prominently displayed in the main entrance hallway. The person in charge was the designated complaints officer and the centre manager was identified as the person to ensure that all complaints were appropriately responded to and that the complaints officer maintained suitable complaints' records, as required.

Staff spoken with were familiar with the procedure for receiving and recording complaints. Residents and relatives spoken with said that they had no cause to complain but if they had, they would complain. The inspector reviewed the complaints log and noted that there was only two complaints recorded in 2015 and one complaint recorded for 2016. The person in charge agreed to review this low level of recorded complaints.

The inspector noted from a review of the complaint log that details were recorded of any investigation into complaints and the outcome of the complaint. However, the complaint record did not record whether or not the resident was satisfied as required by regulation.

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

Findings:
There was evidence of good consultation with residents through residents/relatives' meetings and/or residents/relatives questionnaires. From a review of these questionnaires and from speaking with residents and relatives it was evident that residents were communicated with and consulted with in relation to residents' care needs. Many residents/relatives reported being happy with the care provided and were particularly satisfied with the staff in the centre. Efforts were made to ensure respect for residents' privacy and dignity was promoted were possible for example staff were observed knocking on doors and getting permission before entering bedrooms however, as stated previously in outcome 12 of this report due to the unsuitable design and layout of the premise there were inadequate facilitates to allow residents to meet with visitors in private.

The privacy and dignity of residents was respected during care provision, insofar as the premises would allow, however, as also identified on previous inspections due to the inadequate size of three of the twin bedrooms and the close proximity of beds to each other, residents' privacy was significantly compromised. This particular issue was addressed under outcome 12 of this report.

Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. The inspector noted that residents were treated with respect and heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards residents. Residents whenever possible, choose what they liked to wear.

Residents' religious preferences were ascertained and facilitated. Residents had access to radio, television and newspapers and voting in local and national elections was facilitated. Residents were facilitated to exercise their civil, political and religious rights.
The inspector observed that residents’ choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room.

Numerous visitors were observed throughout the day of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and the person in charge informed the inspector that she has encouraged all visitors to use the visitors book. Visitors said that if they any concerns they could identify them to the person in charge or staff and were assured they would be resolved.

A small selection/range of activities were facilitated, for example, newspapers, prayers/mass, exercises, hairdressing, music and crosswords. The person in charge informed the inspector that there were considerable plans for the development of meaningful activities in the centre however, the inspector observed that the current arrangements for activities were not adequate as there were currently limited opportunities for residents to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities.

**Judgment:**
Non Compliant - Moderate

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**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:**
Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delivery of person-centred care to residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have good knowledge of residents' needs as well as their likes and dislikes.
An actual and planned roster was maintained in the centre. Based on observations in the centre, from speaking to residents, relatives and staff and a review of the staff rosters, the inspector noted that there were adequate staffing arrangements in place.

From speaking to the person in charge and a review of documentation; staff appeared to be supervised appropriate to their role and responsibilities. The person in charge discussed staff issues with the inspector and proper protocols and records were seen to be in place where concerns had been identified. Staff attended training in areas such as the prevention of falls, infection control, the management of dysphagia (difficulty swallowing), dementia and medication management. Mandatory training was on-going and most staff had attended a number of trainings. However, not all staff had completed mandatory training in fire training, the detection and prevention of and responses to abuse and responding to and manage behaviours that were challenging which were discussed and actioned under outcome 7 and 8 of this report. In addition, three recently appointed staff had not received mandatory training in moving and handling.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2016 for nursing staff were seen by the inspector. However, there was no employment history, together with a satisfactory history of any gaps in employment for one staff file reviewed. This issue has been action under outcome 5 of this report.

**Judgment:**
Non Compliant - Moderate

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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:**

Vincent Kearns  
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 report¹

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kenmare Nursing Home 'Tir na nOg'</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000239</td>
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<tr>
<td>Date of inspection:</td>
<td>24/01/2017</td>
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<tr>
<td>Date of response:</td>
<td>15/02/2017</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 fulfil 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 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:
To ensure that the records set out in Schedules 2 are kept in a designated centre and are available for inspection by the Chief Inspector.

1. 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

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:
Our Statement of Purpose has now been updated and now includes the arrangements of the person for the management of the designated centre during the absences of the Person in charge will be done by a suitably qualified Staff Nurse.

**Proposed Timescale:** 25/01/2017

### Outcome 07: Safeguarding and Safety

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that all forms of restraint used in a designated centre is only used in accordance with national policy as published on the website of the Department of Health from time to time.

2. **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:
We removed the table top from this Resident’s assisted chair and have put a side table beside said Resident. This was not used to restrain the Resident and was used only during mealtimes, and for reading newspapers.

**Proposed Timescale:** 25/01/2017

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received up to date training in to respond to and manage behaviour that is challenging.

3. **Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
This training had been booked before the inspection took place and was completed after the inspection on the 10/02/17 by 2 newly appointed staff members, 1 newly appointed part time staff member will complete this training once they come back to
work after a few months as is on leave for personal reasons

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<td>Safe care and support</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that all staff are trained in the detection and prevention of and responses to abuse.

4. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
2 Staff members completed the training on the 02/02/17 and 1 office Staff member will have it completed by 28/2/17 and 1 newly appointed part time staff member will complete this training once they come back to work after a few months as is on leave for personal reasons

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Outcome 08: Health and Safety and Risk Management

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre including environmental hazards.

5. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
This is currently being compiled.
The inspector was not satisfied that there were adequate measures in place for the prevention and control of healthcare associated infections. For example:

- there was no dedicated sluice room or adequate sluicing facilities to support the decontamination and disinfection of items such as urinals and commode pans
- a clinical waste bin was stored in one of the bathrooms where it was accessible by residents which could pose a risk to residents with a cognitive impairment
- a number of wash hand basins had domestic type taps which did not support good hand hygiene practices
- laundry trolleys with dirty linen were stored in bathrooms
- commodes were stored in bathrooms
- there was mould on some ceilings.

6. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
The mould which was in the bathroom has been cleaned and the area re-painted. After consultation with our Builder he has said that our new sluice room and new laundry room will be completed by the 31/03/17 this will address the above issues. In the interim the clinical waste bin is still being stored in the same place but now behind a locked door.

**Proposed Timescale:** 31/03/2017

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To make arrangements for all staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

7. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
2 newly appointed staff members will have this training completed on the 20/02/17
1 newly appointed part time staff member will have this training completed on the 03/03/17

**Proposed Timescale:** 03/03/2017
**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:**
To ensure that all medicinal products are administered in accordance with the directions of the prescriber including the time of administration.

**8. Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
Kardex times are being changed to be the same times as medication administration chart, to be signed by GPs.

**Proposed Timescale:** 01/03/2017

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**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:**
To ensure that the premises of a designated centre was appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**9. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
These rooms will not be used as bedrooms once new bedrooms are completed

**Proposed Timescale:** 31/03/2017

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**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
The premises did not conform to the matters set out in Schedule 6 of the regulations including:
- three of the twin bedrooms were not adequate in size for two residents sharing
- three of the single bedrooms did not have a view of the exterior and did not have access to natural light
- two of the single bedrooms were not adequate in size
- the was no sluice room or suitable sluicing facilities
- there was inadequate communal space, separate from residents' bedrooms, for residents to meet with visitors in private
- there was inadequate storage facilities for equipment, resulting in hoists and wheelchairs, laundry trollies, commodes being stored in shower rooms and bedrooms
- residents did not have access to lockable storage for personal possessions
- curtains did not extend all the way around some beds to support privacy
- a number of curtains were disposable, which did not contribute to a homely environment
- there was mould on the ceiling of some bathrooms

10. 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:
A. All bedrooms are being rectified in our new extension, Sluice room & storage will also be rectified
B. Curtains in room four will go around beds when room is extended
C. Disposable curtains - we will endeavour to consult with our residents to enhance the homeliness in our nursing home to in time, change from disposable curtains to ordinary curtains
D. Mould has been cleaned and area repainted

Proposed Timescale: A.31/03/17 B. 31/04/2017 C. January 31st 2018  D.24/01/2017

Proposed Timescale: 30/04/2017

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the nominated person maintains a record of all complaints including details of whether or not the resident was satisfied.

11. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person
maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
In our complaints book we have now added concerns and issues, also an area for Resident/Family satisfaction. All staff were informed of this in a Staff meeting and will ensure that they document all concerns, complaints and issues.

**Proposed Timescale:** 28/02/2017

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**Outcome 16: 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:**
To provide adequate design and layout of the premise to ensure that each resident may undertake personal activities in private.

12. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
We are planning to do individual activities as per the Residents capacity. Activity Assessment is being done and according to Residents capacity these activities are categorised in four groups – Planned, Sensory, Reflex & Exploratory. 5 staff members have been trained to do meaningful activities. We have also drawn up a new activity plan placed in a prominent place for Residents / Family to see. We are starting Music and Memory Training on the 14/02/17

**Proposed Timescale:** 28/02/2017

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To provide adequate facilities for residents to undertake suitable occupation and recreation.

13. **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:**
Once extension is completed this issue will be addressed

**Proposed Timescale:** 31/03/2017

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To provide adequate design and layout of the premise to ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

14. **Action Required:**
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**
When building is completed there will be more room for private personal activities

**Proposed Timescale:** 31/03/2017

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
To ensure that staff have access to appropriate training including moving and handling training.

15. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
3 newly appointed staff members had this training completed on the 11/10/16, 17/11/16 & 20/1/17 previous to the inspection taking place but our training matrix had not been updated.

Proposed Timescale: COMPLETED

**Proposed Timescale:** 15/02/2017

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