

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kenmare Nursing Home 'Tir na nOg'
Centre ID:	OSV-0000239
Centre address:	Killaha East, Kenmare, Kerry.
Telephone number:	064 664 1315
Email address:	nursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tim Harrington
Provider Nominee:	Tim Harrington
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	1

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).

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 September 2017 09:30	12 September 2017 18:30
13 September 2017 07:15	13 September 2017 16:00

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

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

Summary of findings from this inspection

Kenmare Nursing Home 'Tir na nOg' is a 23 bedded nursing home situated approximately two kilometres from Kenmare town. This inspection was carried out in relation to the renewal of the registration of the centre, which included an application to increase the capacity from 23 to 27 residents. On the days of inspection, occupied bedroom accommodation comprised 10 new single bedrooms, each of which was en suite with a toilet and wash hand basin; three single bedrooms in the older part of

the premises; and five twin bedrooms, also in the older part of the premises, two of which were en suite with toilet and wash hand basin. There were two further twin bedrooms in the process of being renovated on the days of the inspection, however, this work was not yet complete.

Staff were observed interacting with residents in an appropriate and respectful manner. Staff addressed residents by their preferred names and spoke in a clear, respectful and courteous manner. The privacy and dignity of residents was respected during care provision. Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Records indicated that these were reviewed at a minimum of every four months and more frequently, if required. Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language, physiotherapy, chiropody and palliative care. GPs visited the centre regularly and there was evidence that residents were reviewed regularly. Out-of-hours GP services were also available.

Some improvements, however, were required. For example, breakfast commenced at approximately 07:00hrs each morning and most residents had their breakfast in their bedrooms at this time. The inspector visited the centre at 07:15hrs on the second day of inspection and observed breakfast being served. The inspector observed a number of residents sleeping soundly and being awoken for their breakfast. Many of the residents returned to sleep after breakfast. Even though there were surveys completed stating that this was the preferred time for most residents to have their breakfast, the inspector was satisfied that this practice reflected institutional conditioning rather than freedom of choice.

While there was significant improvements to the premises as a result of a new extension with 10 new en suite bedrooms, improvements were still required. For example, there was inadequate communal space separate from residents' bedrooms, for residents to meet with visitors in private. Corridors and bathrooms in the older part of the premises were dated and required redecorating and a number of radiators were rusted.

Other required improvements included:

- facilitated training in responsive behaviour and safeguarding
- fire evacuation drills
- emergency signage
- medication management
- end of life preferences

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

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

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure. The person in charge reported to one of the providers who was present in the centre on a daily basis, from Monday to Friday. The person in charge met informally with the provider on a daily basis and formally on a weekly basis. Issues discussed at the weekly meetings included accidents and incidents, complaints, staffing, training, and reports from external organisations.

There was a comprehensive programme of audits on issues such as clinical governance, care planning, fire safety, palliative care, and infection prevention and control. Where required improvements were identified, these were addressed. There was an annual review of the quality and safety of care. The report was largely narrative in format and the person in charge informed the inspector that a new template was being sourced for future reports.

There was evidence of consultation with residents through individual care plan meetings to which relatives were invited. There was also consultation through relatives surveys. Feedback from these surveys was predominantly positive.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
There was a guide to the centre available for residents that included a summary of the services & facilities available, the terms and conditions of residency, the procedure respecting complaints and the arrangements for visits.

Each resident had a contract of care that include terms and conditions relating to residency in the centre and fees to be paid, including fees for additional services. The contract also included the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom.

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 taken up the role in December 2015. Based on a review of documentation, interview, and observations of the inspectors, the centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

The person in charge demonstrated sound clinical knowledge and a good knowledge of the legislation and her statutory responsibilities. She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents and relatives could identify the person in charge. Staff felt supported by the person in charge and residents and relatives were complimentary of the person in charge.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Policies were regularly reviewed, centre-specific and reflected the centre's practice.

Inspectors saw that all records were securely stored and easily retrievable. Copies of HIQA inspection reports and statutory notifications were available in the centre.

Inspectors viewed a selection of staff files and found that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, had been met. However, not all references were verified to validate their authenticity.

There were no volunteers in the centre and all staff had Garda Síochána (police) vetting.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
There were adequate arrangements in place for the absence of the person in charge. The required notification was submitted to HIQA when the person in charge was absent for more than 28 days.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
There were policies and procedures in place for the prevention and detection of abuse. Training records viewed by the inspector indicated that all staff had received up-to-date training in recognising and responding to abuse and also in responsive behaviour. This training, however, was completed online and could be enhanced through the addition of facilitated training.

Staff spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. Where there were suspicions of abuse, adequate measures were taken to ensure that all residents were

safe. Residents spoken with by the inspectors stated that they felt safe in the centre and would have no difficulty in reporting any concerns.

There were adequate measures in place to promote a positive approach to residents that presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable of individual residents behaviours and de-escalation techniques.

The only forms of restraint in place were bedrails and these were only for a small number of residents. There was a risk assessment completed prior to the use of restraint and suitable alternatives were explored prior to the use of bedrails. Records indicated that safety checks were completed while restraint was in place. Two residents identified as at risk of absconding had wander alerts in place.

The centre was pension agent for a small number of residents. Based on information provided to the inspector, the provider was advised to consult with their bank to modify current banking arrangements, so that they would be in compliance with directives from the Department of Social Protection. There were adequate records available of lodgements and withdrawals and receipts for expenditure.

Judgment:
Substantially Compliant

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

Findings:
Appropriate action had been taken to address issues identified on the previous inspection. A risk management policy was in place that addressed the specific areas of risk identified in the regulations. Risk assessments in relation to individual residents were managed separately on personal care plans. There was a current safety statement dated January 2017 on display in the centre. There was an emergency plan detailing what to do in the event of an emergency, including the safe placement of residents in the event of a prolonged evacuation. There was a risk register, however, this required review in relation to a number of environmental risks that were not satisfactorily addressed. These included:

- there were inadequate measures in place to prevent residents from entering the kitchen when staff were not present in the kitchen
- the perimeter fencing around the enclosed external area was not included in the risk register in relation to the risk of residents absconding from the centre
- the door to the laundry room was not locked when staff members were not present in

the laundry.

The fire-safety register demonstrated that daily, weekly and monthly checks took place to ensure effective fire-safety precautions. It was, however, noted on the first day of the inspection that a fire door on the corridor leading to the new wing did not have a door closing device attached to the door; hence the door would not automatically close when the fire alarm sounded. This was not captured in the safety checks. This was corrected on the evening of the first day of the inspection with the attachment of a door closing device. Fire drills were conducted regularly. Records of these drills included information on participants and the duration of the evacuation. Some improvements, however, were required, as the time recorded for the evacuation of residents was in the region of eight to ten minutes. The person in charge stated that this time included some educational activity in order to identify where improvements were required. While this is recognised as good practice, the person in charge was advised that in order to evaluate training, it was also necessary to carry out a drill uninterrupted to ascertain the effectiveness of the evacuation procedure. Improvements were also required in relation to the inclusion of simulated night time staffing levels and night staff in fire drills.

A review of the training matrix indicated that all staff had received fire safety training in 2017 and a number of staff had also attended fire warden training. Suitable fire-fighting equipment was available throughout the centre. Documentation was in place that confirmed equipment was regularly serviced and maintained. Alarms and emergency lighting were regularly tested. Adequate measures were in place to prevent accidents throughout the premises. Grab-rails had been fitted in toilets and showers. There were hand-rails along corridors. Call-bells were fitted in all rooms, where required. Emergency exits were clearly marked and unobstructed; however, the light on one of the fire exit signs was not functioning. Signage to identify the closest exit in the event of an emergency had been removed during renovations and needed to be replaced.

The inspector reviewed records of incidents and accidents, which included details of actions in response to individual incidents to minimise the risk of reoccurrence. This could be enhancing by regular audits of incidents and accidents to identify themes. There were no residents in the centre that smoked at the time of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and

administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were generally safe. There were no controlled drugs in the centre on the days of inspection. The controlled drug cupboard was a locked cupboard within a locked cupboard. Medication requiring refrigeration were stored appropriately and the fridge temperature was monitored and recorded. The person in charge was asked to review the recommended temperature range written on the fridge temperature record, to ensure it complied with the recommendations for temperature range for medications stored in the fridge.

Medication administration was observed and staff were seen to predominantly adhere to appropriate medication management practices. However, on one occasion the inspector observed a staff nurse leave the trolley open in the dining room while administering medicines to a resident in the dining room. The trolley was not at all times within view of the nurse and it would be possible for a resident to remove medicines unobserved from the trolley. Medication and prescription charts were legible. Prescription charts were transcribed; however, relevant professional guidance was not followed in relation to signing the transcribed prescriptions by two registered nurses. Where crushed medications were required, this was appropriately prescribed in this format. There were appropriate procedures for the handling and disposal for unused and out of date medicines. At the time of inspection no residents were responsible for their own medication.

A system was in place for reviewing and monitoring safe medication management practices. Medication errors were recorded. The pharmacist was facilitated to meet their obligations to residents. Staff reported receiving good support and a good service from the pharmacist.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
A record of accidents and incidents occurring in the centre was maintained and reviewed by the inspector. Based on a review of these records, all notifications were submitted to HIQA as required by the regulations.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of residents' records, which included comprehensive biographical details, medical history, and nursing assessments.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language, physiotherapy, chiropody and palliative care. GPs visited the centre regularly and there was evidence that residents were reviewed regularly. Out-of-hours GP services were also available.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Records indicated that these were reviewed at a minimum of every four months and more frequently, if required.

Care plans were developed for issues identified on assessment. These were seen to be comprehensive, person-centred and provided adequate guidance on the care to be delivered on an individual basis to residents. There were adequate processes in place to ensure that when a resident was admitted, transferred or discharged to and from the centre, that appropriate information about their care and treatment was shared between providers.

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' is a 23 bedded nursing home situated approximately two kilometres from Kenmare town. This inspection was carried out in relation to the renewal of the registration of the centre, which included an application to increase the capacity from 23 to 27 residents. On the days of inspection, occupied bedroom accommodation comprised 10 new single bedrooms, each of which was en suite with a toilet and wash hand basin; three single bedrooms in the older part of the premises; and five twin bedrooms in the older part of the premises, two of which were en suite with toilet and wash hand basin. There were two further twin bedrooms in the process of being renovated on the days of the inspection, however, this work was not yet complete. There was adequate space in the occupied bedrooms for residents to store personal property and possessions, including lockable storage.

There was a newly constructed dining room which was adequate in size to meet the needs of the proposed number of residents to be accommodated in the centre when all works were complete. A new sluice room and a laundry room had also been built, and were operational. Further renovation was also planned to three former bedrooms to be converted to a sitting room, an office, and a kitchen preparation area. A new call bell system was in place and was seen to be operational.

Communal space comprised a sitting room, situated at the front of the building with pleasant views of the surrounding countryside. On the days of inspection, construction was underway on an extension to the sitting room, however this was not yet complete.

Sanitary facilities in the older part of the premises comprised 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. There was a large bathroom in the new wing containing a shower, toilet and wash hand basin.

While work was underway on some previously identified deficits in the premises, it was not yet complete. Required improvements included:

- there was inadequate communal space, separate from residents' bedrooms, for residents to meet with visitors in private
- a number of curtains were disposable, which did not contribute to a homely environment
- corridors, bedrooms and bathrooms were dated and required repainting due to scuff marks on a number of surfaces
- a number of radiators were rusted
- the sitting room required renovation due to significant stains on the carpet and scuffed paintwork.

The centre appeared to be clean throughout. Residents had access to appropriate

equipment such as hoists, wheelchairs and speciality beds and mattresses and there was evidence of preventive maintenance of this equipment.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had an up-to-date policy and procedure on the management of complaints. The person in charge was the nominated person for managing complaints and the provider was identified as the person responsible for overseeing complaints to ensure complaints were adequately addressed and records were maintained. However, there was not an independent appeals process adequately outlined in the policy or on the notice on display.

Throughout the inspection it was clear that residents were familiar with all members of management including the person in charge, and clinical nurse managers. It was apparent to the inspector that residents would find staff easy to approach with any concerns or complaints.

The inspector viewed the complaints log that contained details of a small number of complaints, the investigation of each complaint, the outcome of the investigation and whether or not the complainant was satisfied with the outcome of the complaint.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were written policies and procedures in place for end-of-life care. Staff were supported in the provision of end of life care by the residents' GPs and the community palliative care team.

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes. Practices respected their dignity and autonomy. Individual religious and cultural practices were facilitated, and family and friends were facilitated to be with the resident when they were dying. There were no residents at active end of life on the days of the inspection.

Improvements, however, were required in relation to ascertaining and documenting the expressed wishes of residents in relation to care and treatment at end of life, and in particular in relation to the care and treatment should there be a sudden deterioration of a resident's health status.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures to support the management of nutrition. There were adequate systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were weighed and assessed for the risk of malnutrition on admission and at regular intervals thereafter.

Residents were offered a choice of food at mealtimes, including residents that were prescribed modified diets. Alternatives to what was on the menu were also provided to residents that requested this. The inspector noted that residents prescribed specific diets received the correct diet. Food appeared to be nutritious, was attractively presented and available in sufficient quantities. Fluids were available throughout the day and tea/coffee and snacks were served between meals.

Most residents had their breakfast in their bedrooms, and the inspector had concerns in relation to the timing of breakfast which commenced at approximately 07:00hrs each morning. This is discussed in more detail under Outcome 16 of this report. On the day of the inspection there were adequate numbers of staff on duty to support residents with

their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff.

Residents had access to speech and language therapy (SALT) and dietetic services from a nutritional supply company and there was evidence of referral and review.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

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

Findings:

Staff were observed interacting with residents in an appropriate and respectful manner. Staff addressed residents by their preferred names and spoke in a clear, respectful and courteous manner. The privacy and dignity of residents was respected during care provision.

Residents' religious preferences were ascertained and facilitated. Residents had access to radio, television and newspapers.

At the last inspection it was identified that there were limited opportunities for residents to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. Following that inspection a review of the activities programme was undertaken. The inspector viewed the activities timetable which included a visit by a physiotherapist weekly, bingo, chair exercises and ball games. An activities coordinator that had previously visited the centre as a volunteer was now present in the centre for three hours each day. She had introduced a music based programme designed for residents with dementia and this was in place for a number of residents and there were plans to extend it to all residents. The activities coordinator was in the process of exploring the introduction of other activities such as karaoke.

As stated under Outcome 15, breakfast commenced at approximately 07:00hrs each morning and most residents had their breakfast in their bedrooms at this time. The inspector visited the centre at 07:15hrs on the second day of inspection and observed

breakfast being served. The inspector observed a number of residents sleeping soundly and being awoken for their breakfast. Many of the residents returned to sleep after breakfast. The inspector reviewed mealtime surveys of residents carried out in January 2017 and 13 of the 16 residents surveyed stated that they would like their breakfast at 07:00hrs, two residents requested it at 09:00hrs and one resident said "anytime". All residents said they would like their lunch at 12:30 and their supper at 17:00hrs. The inspector was not satisfied that the practice of waking residents for breakfast at 07:00hrs reflected a homely environment but was more reflective of institutional practice. The results of the mealtimes surveys most likely reflected institutional conditioning rather than freedom of choice and independence.

Judgment:
Non Compliant - Major

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
The centre had a policy on residents' personal property and possessions. Residents appeared well groomed and had adequate storage space for personal belongings in their rooms, including access to lockable storage. All clothes, bedding and linen was laundered on site. Red alginate bags were used to identify contaminated infectious material. All clothes were clearly labelled and residents and relatives seemed happy with the service.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

The inspector observed staff interact with residents in a caring and respectful manner. Residents appeared to be familiar with staff and staff were familiar with residents' individual needs. Where support to eat and drink was being provided, it was done in a discreet way, however, independence was promoted and residents were not in any way rushed to complete activities.

An actual and planned roster was maintained in the centre with any changes clearly indicated. Based on inspection findings, the inspector was satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents and the size and layout of the designated centre during the day and at night. The provider was requested to review staffing in the context of the new design and layout of the centre, and the proposed increase in the number of residents. The provider had previously submitted a plan to increase staffing in support of the application to vary the conditions of registration.

The inspector viewed evidence that staff were recruited, selected and vetted in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, not all references were verified. This is actioned under Outcome 5. All staff nurses had up-to-date registration with the relevant professional body. There were no volunteers in the centre.

Mandatory training was provided for staff relevant to the area in which they worked and this is discussed under relevant outcomes of this report. Training records indicated that manual handling training was up-to-date for all staff. Staff meetings were organised on a regular basis. Minutes of these meetings indicated issues raised included accidents and incidents, personal care, activities, and other staff related issues.

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:

John Greaney
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

Centre name:	Kenmare Nursing Home 'Tir na nOg'
Centre ID:	OSV-0000239
Date of inspection:	12/09/2017
Date of response:	19/10/2017

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:

Not all references for staff were verified to validate their authenticity.

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 the Chief Inspector.

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:

All have now been verified

Proposed Timescale: 06/10/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Training records viewed by the inspector indicated that all staff had received up-to-date training in recognising responsive behaviour. This training, however, was completed online and could be enhanced through by the addition of facilitated training.

2. 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:

We have organised a trainer who will do in house training for behaviour that is challenging , all current training is up to date and expires 14th October 2018

Proposed Timescale: 14/10/2018

Theme:

Safe care and support

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

The centre was pension agent for a small number of residents. Based on information provided to the inspector, the provider was advised to consult with their bank to modify current banking arrangements, so that they would be in compliance with directives from the Department of Social Protection.

3. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

We have contacted one resident's family to arrange for the pension to be paid to their account and then transferred on to us. The other resident we are in the process of trying to help him set up a bank account.

Proposed Timescale: 12/11/2017

Theme:

Safe care and support

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

Training records viewed by the inspector indicated that all staff had received up-to-date training in recognising and responding to abuse. This training, however, was completed online and could be enhanced through by the addition of facilitated training.

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:

We have organised a trainer who will do in house training for Detection & Prevention of and responses to abuse, all current training is up to date and expires 2nd October 2018

Proposed Timescale: 02/10/2018

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

There was a risk register, however, this required review in relation to a number of environmental risks that were not satisfactorily addressed. These included:

- there were inadequate measures in place to prevent residents from entering the kitchen when staff were not present in the kitchen
- the perimeter fencing around the enclosed external area was not included in the risk register in relation to the risk of residents absconding from the centre
- the door to the laundry room was not locked when staff members were not present in the laundry

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:

The above have been added now to our risk register, there is a notice displayed for all the staff to keep kitchen hatch closed, we do a 15 minute check in the night to ensure no residents enter the kitchen.

Our fence is an anti-climb fencing it is a low risk the gate is open and closed through a keypad. We have two residents who have a high risk of wandering who have a safety wandering system in place which will call staffs attention if the residents try to leave the building it will alarm before the residents reach the perimeter fencing.

The laundry door is now kept locked when staff are not present.

Proposed Timescale: 13/09/2017

Theme:

Safe care and support

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

Some improvements were required in relation to fire drills, for example:

- the time recorded for the evacuation of residents was in the region of eight to ten minutes. The person in charge stated that this time included some educational activity in order to identify where improvements were required. While this is recognised as good practice, the person in charge was advised that in order to evaluate training, it was also necessary to carry out a drill uninterrupted to ascertain the effectiveness of the evacuation procedure
- improvements were also required in relation to the inclusion of simulated night time staffing levels and night staff in fire drills.

6. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Future fire drills will be carried out uninterrupted, night staff are also included in simulated night training during the day time.

Proposed Timescale: 10/11/2017

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Signage to identify the closest exit in the event of an emergency had been removed during renovations and needed to be replaced.

7. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

All rooms now have new signage showing all exits to identify the closest exits in the event of an emergency

Proposed Timescale: 15/09/2017

Theme:

Safe care and support

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

Emergency exits were clearly marked and unobstructed, however, the light on one of the fire exit signs was not functioning.

8. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

To be rectified on 10th October 2017

Proposed Timescale: 10/10/2017

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:

Prescription charts were transcribed, however, relevant professional guidance was not followed in relation to signing the transcribed prescriptions by two registered nurses.

9. 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:

All prescription charts that are transcribed have now been updated showing 2 nurse signatures

Proposed Timescale: 18/09/2017

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge was asked to review the recommended temperature range written on the fridge temperature record, to ensure it complied with the recommendations for temperature range for medications stored in the fridge.

10. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The recommended temperature range on the fridge was reviewed and is being kept between 2° - 8° centigrade

Proposed Timescale: 18/09/2017

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

On one occasion the inspector observed a staff nurse leave the trolley open in the dining room while administering medicines to a resident in the dining room. The trolley was not at all times within view of the nurse and it would be possible for a resident to remove medicines unobserved from the trolley.

11. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

A nurses meeting was held by PiC and all nurses were informed to ensure that the trolley is kept locked when not in use or to ensure that it is within the view of the nurse while administering the medication. Also a one on one nurses meeting was held by PiC and strictly reminded to follow these guidelines. Each day when the PiC is on duty she will supervise the medication round, until she achieves the expected outcome.

Proposed Timescale: 14/09/2017

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:

While work was underway on some previously identified deficits in the premises, it was not yet complete. Required improvements included:

- there was inadequate communal space, separate from residents' bedrooms, for residents to meet with visitors in private
- a number of curtains were disposable, which did not contribute to a homely environment

- corridors, bedrooms and bathrooms were dated and required repainting due to scuff marks on a number of surfaces
- a number of radiators were rusted
- the sitting room required renovation due to significant stains on the carpet and scuffed paintwork.

12. 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:

- Visitors room – works to complete painting, re floor, remove existing sink and built in wardrobe, furnish, completion date 27th October 2017
- Once we have completed building works and decorating we will replace the disposable curtains around the beds in 7 bedrooms
- Repainting of corridors, bedrooms and bathrooms, will commence after the completion of the sitting room, Visitors Room, treatment room,
- Radiators will be either painted or replaced as necessary
- Sitting Room Existing – works left to complete, second coat of paint, move furniture back in, hang curtains / poles pictures, completion date 20th October 2017
- Sitting room Extension – works left to complete, lay flooring, skirting, painting, hang curtains / poles, pictures, completion date 23rd October 2017

Proposed Timescale:

Visitors Room – 27th October 2017

Curtains – 30th March 2018

Painting – 28th February 2018

Radiators – 28th February 2018

Sitting Room – 23rd October 2017

Proposed Timescale: 30/03/2018

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:

There was not an independent appeals process adequately outlined in the complaints policy or on the notice on display.

13. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The complaints policy is now updated with a named advocate.

Proposed Timescale: 14/09/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvements, however, were required in relation to ascertaining and documenting the expressed wishes of residents in relation to care and treatment at end of life, and in particular in relation to the care and treatment should there be a sudden deterioration of a resident's health status.

14. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Expressed wishes of residents are clearly documented in their end of life care plan. The PiC discussed the sudden deterioration of a resident's health status with the residents GPs and the care and treatment of a resident in sudden deterioration plan is under way. Due to unavailability of the doctors at family care plan meetings PiC find it very difficult to arrange this with the family present.

Proposed Timescale: 30/11/2017

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:

The inspector observed a number of residents sleeping soundly and being awoken for their breakfast. Many of the residents returned to sleep after breakfast. The inspector reviewed mealtime surveys of residents carried out in January 2017 and 13 of the 16 residents surveyed stated that they would like their breakfast at 07:00hrs, two residents requested it at 09:00hrs and one resident said "anytime". All residents said they would like their lunch at 12:30 and their supper at 17:00hrs. The inspector was not satisfied that the practice of waking residents for breakfast at 07:00hrs reflected a homely environment but was more reflective of institutional practice. The results of the mealtimes surveys most likely reflected institutional conditioning rather than freedom of choice and independence.

15. 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:

We will no longer wake residents for breakfast, residents will be asked upon waking when they would like their breakfast to be served, shift changes to help with this change will be made after our next staff meeting on the 25th October in order to consult with all our staff.

Proposed Timescale: 26/10/2017