



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Kenmare Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Kenmare, Kerry
Type of inspection:	Announced
Date of inspection:	10 December 2018
Centre ID:	OSV-0000753
Fieldwork ID:	MON-0022380

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Kenmare Community Nursing Unit is located on the outskirts of the town of Kenmare. It is registered to accommodate a maximum of 41 residents. It is a two-storey building with lift and stairs access to the upstairs accommodation. It is set out in three units: Sheen House located on the ground floor with 19 residents; Roughty House can accommodate 16 residents and Caha House is a six bedded dementia specific unit, both on the first floor. Residents' accommodation comprises 37 single and two twin bedrooms with en suite shower and toilet facilities. The palliative care family room is adjacent to the palliative care suite bedroom; the family room has a comfortable seating, kitchenette and en suite shower and toilet facilities. Additional assisted bath and toilet facilities are located throughout. Each unit has a dining room, sitting room and quiet rooms for residents to enjoy. Additional seating areas are located in the large foyer and along corridors for residents to rest and look out at the mountains, garden and courtyards. The enclosed gardens and courtyards both upstairs and on the ground floor provide secure walkways, seating and shrubbery for residents leisure and enjoyment. Other resident facilities include a prayer room for quiet reflection, visitors room, physiotherapy gym, occupational therapy room, and hair dressers salon. The community physiotherapist, monthly surgical outreach clinic from University Hospital Kerry, mental health day services are accommodated on site and residents have access to these facilities. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
10 December 2018	09:20hrs to 17:15hrs	Breeda Desmond	Lead
11 December 2018	09:15hrs to 16:45hrs	Breeda Desmond	Lead

Views of people who use the service

Eighteen residents' questionnaires were submitted and the inspector met with several residents and three family members during the inspection. Some questionnaires relayed that staff were very busy, nonetheless, feedback was positive from the residents spoken with regarding all aspects of care, attention, quality of food and the premises. One family member said it was like 'winning the lotto' when their relative was admitted to the centre and spoke of such care and kindness, and always made feel welcome, day and night. Relatives said that family meetings are held all the time to discuss care. Residents relayed how staff try to maximise their independence; there's great banter with staff and their help in decorating their bedrooms for Christmas.

Capacity and capability

There was a clearly defined management structure with identified lines of accountability and responsibility for the service. Monthly meetings regarding quality risk improvements were evidenced. These were attended by the directors of nursing for the Cork Kerry region, the general manager and quality and risk manager. Clinical and non clinical incidents, accidents and hazards were risk rated, trended and discussed at these regional monthly meetings to enhance learnings. Incidents and accidents were logged comprehensively in the centre; the post-falls review log showed that each fall's incident was reviewed and recommendations made to mitigate the possibility of recurrence; for example, the resident's medications was reviewed, medical review, and review of bed type all formed part of the evaluation process. The assessment of medication errors demonstrated a timely proactive response to concerns with change of practice, whereby one nurse was assigned to complete each medication round to mitigate the possibility of errors.

Deputising arrangements were in place whereby the clinical nurse manager (CNM 2) assumed responsibility for the service when necessary. The staff roster was reviewed and it demonstrated adequate staff for the size and layout of the unit opened (Sheen House).

While the centre was registered to accommodate 41 residents, since the centre opened in 2012, just one unit 'Sheen House' (19 beds) was occupied, with the remaining 23 beds unoccupied due to staffing shortages.

Quality improvement programme had significantly improved whereby clinical audits were undertaken on a monthly basis and satisfaction surveys were completed

quarterly; these were trended and analysed and work practices were changed accordingly and this has resulted in improved outcomes for residents. Nonetheless, improvement was needed to include audit of practice to enable further learning to ensure practice was in line with best practice guidelines. While there was an annual review in place, it did not reflect the quality of life audits, residents' satisfaction surveys and relatives questionnaires evidenced.

Information for residents was displayed at main reception including the statement of purpose and the residents' guide. These were updated on inspection to better reflect the centre and the service provided.

Written policies and procedures as per the requirements of Schedule 5 were in place. These were available on line and were constantly updated regarding legislation and current best practice guidelines.

Registration Regulation 4: Application for registration or renewal of registration

The provider made a successful application to renew the registration of the designated centre. Information as prescribed in Schedule 1 and Part B of Schedule 2 was submitted. The fee to accompany the application to renew registration was paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. She facilitated the inspection and demonstrated adequate knowledge regarding her role and responsibility and was articulate regarding governance and management of the service and quality improvement initiatives to further enhance the service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the care needs of residents and the size and layout of the Sheen House wing opened.

Judgment: Compliant

Regulation 16: Training and staff development

There was 100% attendance for mandatory training of fire safety, managing challenging behaviour, resuscitation, manual handling and lifting, safeguarding, and infection prevention and control and hand hygiene; other training attended included epilepsy and palliative care. Kitchen staff had up to date food preparation and food hygiene training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents had the requirements set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place for all staff and securely maintained.

A sample of staff files was examined. Professional references were not demonstrated for one staff member including a reference from the person's most recent employer; while the professional registration number was in place for all nurses, the documentary evidence of any relevant qualifications and training was not, as required by the regulations.

There were several gaps in the drug administration records, consequently, it could not be assured that all medicines were administered in accordance with professional guidelines to ensure best outcomes for residents.

Judgment: Not compliant

Regulation 23: Governance and management

Quality of care and quality of life formed part of the audit programme; satisfaction surveys were undertaken three times in 2018 and residents dining experience survey was completed in April 2018. Nonetheless, while there was an improvement in the audit programme, practice was not audited to be assured that staff were adhering to best practice. In addition, the quality of life reviews did not form part of the annual review report.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had contracts of care which identified fees; there were no additional fees charged. They were signed and dated appropriately.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the centre, its ethos and facilities. It was displayed in the nurses' station for people to peruse.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers involved in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted. The accident and incident log were reviewed and these correlated with notifications submitted to the office of the chief inspector. The person in charge was aware of her responsibilities regarding notifying the office of the chief inspector of prescribed incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

An easy access complaints procedure as well as a detailed complaints procedure was displayed throughout the centre. The complaints log was reviewed and showed that one issue documented in 2018. This was discussed at the feedback meeting and it was agreed that better records should be maintained to ensure issues were dealt with in a timely matter and mitigate recurrences where possible.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

National policies with supplementary local policies to reflect centre-specific practices were available on line for staff; they were constantly updated to reflect current legislation and best practice guidelines.

Judgment: Compliant

Quality and safety

The centre was warm, bright and comfortable and met the needs of residents. The centre was suitably decorated and well maintained internally and externally.

In general, the inspector observed that the care and support given to residents was respectful, relaxed and unhurried; staff were familiar with residents preferences and choices and facilitated these in a friendly and respectful manner. Safeguarding areas were examined, for example, staff training, and this was up-to-date. While most staff socially engaged with residents and normal conversation was heard, there were occasions where staff did not actively engage with residents and the inspector observed their work practices to be task-oriented.

The range of activities had improved. A designated activities person was part-time in post and she was in the process of completing the creative exchange activities programme to ensure meaningful engagement in accordance with residents' interests and capacities. The remembrance tree in the main reception with the names of residents who passed away during the year was a lovely reminder of people who were part of the centre over the years. People gave positive feedback regarding the activities, and the person in charge described the activities

programme as being a team effort where all staff had the responsibility to socially engage with residents. However, one staff did not see active engage with people as part of a normal working environment so opportunities to add quality and value to residents' lives, was missed.

Minutes of residents' meeting were in place and showed that meetings were convened every three months. These were well attended and issues that were identified were followed up in subsequent meetings. The relatives' forum allowed for relatives to have the opportunity to discuss issues and give feedback regarding the care and running of the service as well as get updates from the person in charge of the proposed quality improvement initiatives.

Care plans and assessments had pre-admission assessments completed to ensure the service could provide suitable care and support. On-going assessments and care plans for residents showed significant improvement with a person-centred approach. Residents' life-stories and photographs were part of the creative exchange programme approach.

The inspector observed that dinner was pleasantly served and residents gave very positive feedback regarding their meals and food served. Nonetheless, all residents had their breakfast in bed and most had their tea in their bedrooms as routine practice rather than choice. Weekly meetings were held with the chef and CNM 2 to ensure information was relayed regarding updates from speech and language and dietician reports. The chef spoke with residents on a regular basis to get feedback and menus choices were adjusted accordingly. There was signage at the main entrance requesting visitors to be mindful of mealtimes, nonetheless, the inspector observed open visiting and people were made feel welcome to the centre. The medical officer attended the centre on a daily basis and documentation showed that medications were regularly reviewed. Residents gave positive feedback regarding their health needs being met and access to community health services in accordance with their needs.

Current fire safety certificates were in place. Evacuation notices were updated on inspection to indicate point of orientation. All staff had up-to-date fire safety training. Daily and weekly checks were available but these were not comprehensively completed in the area by the kitchen when the head chef was off duty.

Staff had up to date training regarding infection prevention and control and hand hygiene and best practice hand hygiene practices were observed.

Regulation 11: Visits

While there were notices displayed requesting protected meal times, people were seen visiting throughout the day and were welcomed by staff. Family and friends

visited residents in their bedrooms and in dining and sitting rooms. Private quiet rooms were available for residents to receive their visitors in private if they choose.

Judgment: Compliant

Regulation 12: Personal possessions

Resident accommodation comprised one twin bedroom and all the others in Sheen House was single occupancy. Bedrooms had a range of furniture to store their personal property, possessions, and could retain control over their clothing. Adequate storage was provided in the way of double wardrobe, bedside locker and some had chest of drawers. Laundry was done off site and residents had the option of availing of this service.

Judgment: Compliant

Regulation 13: End of life

Staff had completed training in palliative care and end of life care. Care plans in place contained person-centred information of residents wishes and preferences for end of life. Residents had access to palliative care specialist services; the medical officer facilitated ongoing care for residents with palliative care needs and the attending pharmacist provided additional support regarding prescription needs. A review of care was undertaken following a resident passing away to enable learning and records demonstrated quality improvement initiatives following these reviews.

Judgment: Compliant

Regulation 17: Premises

The premises was comfortable, warm and bright and pleasantly decorated. Enclosed gardens with walkways, shrubbery and seating were available both downstairs and upstairs for residents' enjoyment.

Specialist chairs and shower chairs and shower trays were available to enable residents easy access to bathe or shower. There were hoists in each bedroom and bath rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a genuine person-centred approach to meal preparation and presentation including specialist and textured diets. Residents were offered a choice with all meals. Breakfasts were served in bed and staff brought the hot serving trolley around so that residents were served when staff were available, this ensured that food and drinks were served hot. Snacks were offered to residents in their bedrooms and in day rooms and this was individualised and person-focused. Some residents chose to stay in their bedrooms for their mid-day meal and others dined in the Christmas decorated dining room.

Judgment: Compliant

Regulation 20: Information for residents

The resident's guide was displayed at the main entrance. It contained the requirements listed in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' notes demonstrated that all relevant information was provided when transfer to and from services. Discharges were planned in a structured manner to ensure best outcomes for people.

Judgment: Compliant

Regulation 26: Risk management

There was a national risk management policy in place with a local addendum to reflect centre-specific risk management. It contained the specified risks as listed in the regulations.

Judgment: Compliant

Regulation 27: Infection control

Best practice hand hygiene was observed throughout the inspection. All staff had up to date hand hygiene and infection prevention and control training. Cleaning practices were in line with best practice guidelines and the premises was cleaned to a high standard.

Judgment: Compliant

Regulation 28: Fire precautions

Weekly and monthly fire safety checks were comprehensive, however, there were gaps in some daily fire safety checks.

Records of fire drills showed that comprehensive narrative regarding actions and times of fire drills completed. Fire drills were completed at suitable intervals to provide assurances regarding fire safety management.

Appropriate fire safety management certificates were evidenced.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

All medications were securely maintained in the centre. Regular audits were completed by the pharmacist with records maintained in residents' notes of recommendations and advice to facilitate better outcomes for residents. The pharmacist from University Hospital Kerry attended the centre once a week. She was responsible for medication management reviews, stock control, ordering and delivery of medications for residents. She was involved in discharge co-ordination regarding medications to ensure positive outcomes for residents. Each resident had individual locked medicines unit in their bedrooms and the pharmacist had oversight of the stock maintained in these individual units as well as stock in the secure clinical room. Medication management was conducted in conjunction with the CNM and attending medical officer.

Nurses signature list for 2018 was in place in line with professional guidelines.

Judgment: Compliant
Regulation 5: Individual assessment and care plan
There was significant improvement in care plans for residents. Narrative was person-centred and showed good insight into residents and their care needs as well as quality of life matters that were important to them. Appropriate assessments including risk assessments were completed and updated in accordance with regulations.
Judgment: Compliant
Regulation 6: Health care
Medical officer attended on a daily basis. Residents had access to the on-site specialist services such as physiotherapy, community mental health, and consultant clinics. Other services available to residents upon referral included the dietician, speech and language therapist, occupational therapist, dentist, optician, audiology and palliative care. On-call GP services were available.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The inspector observed that most staff recognised when residents with communication needs required active engagement, however, some work practices were task-oriented. The inspector observed that a member of staff did not see engagement as part of de-escalation of potential challenging behaviour.
Judgment: Not compliant
Regulation 8: Protection

The inspector observed that while most staff understood the importance of normal social engagement with residents, a staff member did not. Their practice was that of a task-oriented model of care and institutional practices rather than a social model with active engagement with residents.

Judgment: Not compliant

Regulation 9: Residents' rights

While there was significant improvement in affording people their rights, more attention was required so as to have regard for each person's ability and afford people choice in their daily lives to enable better outcomes for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kenmare Community Nursing Unit OSV-0000753

Inspection ID: MON-0022380

Date of inspection: 11/12/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Staff nurse has been requested to provide a reference from her previous employer. All staff have been requested to provide documentary evidence of any relevant qualifications and training.</p> <p>All medication charts will be audited every month; nurses are aware that all cells should be filled, this will be highlighted at handover meetings for the next month and audit results will be available for staff to review.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A comprehensive assessment of the annual review will be undertaken to reflect the quality and safety of care delivered to the residents in the designated centre in accordance with relevant standards In addition quality of Life reviews (using the WCCAT observation tool) will form part of the annual Review report for 2018</p> <p>The Audit programme for 2019 will outline staff adherence to best practice.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All complaints resolved at point of contact will be recorded in the Complaints Log in a timely manner to mitigate recurrences where possible .</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All Staff have received guidance and direction on the importance of maintaining daily weekly and monthly Fire Safety checks. An Audit system has been put in place in order to ensure compliance.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: All staff have been trained in the management of Responsive Behavior. A staff member has commenced training as Person Centered Care facilitator and will be encouraging staff to engage meaningfully with residents.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The inspector commented in the feedback that "one" staff member not "some" staff did not socially engage with residents. A focus on Person Centered Care rather than task oriented will become a priority in the Unit.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A satisfaction survey has been carried out with the entire residents to ensure service is affording each resident their rights, needs and preferences. New activities schedule has been devised based on the residents preferences and abilities which also allows protected time for one to one activates with residents who do not wish to engage in group activates</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall 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.	Not Compliant	Orange	31/01/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/01/2019

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	22/01/2019
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	22/01/2019
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	22/01/2019
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	22/01/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	22/01/2019

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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