

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Killarney Nursing Home
Centre ID:	OSV-0000685
Centre address:	Rock Road, Killarney, Kerry.
Telephone number:	064 663 2678
Email address:	managerkillarney@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	Pat Shanahan
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	55
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:
18 July 2017 08:45	18 July 2017 18:00
19 July 2017 08:15	19 July 2017 15:45

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	Substantially 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	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Killarney Nursing Home is a purpose-built, two-storey building comprising 52 single bedrooms and two twin bedrooms, all of which are en suite with toilet, shower and wash hand basin. Residents' bedrooms are located on both the ground and first floors, which can be accessed by stairs and lift. The centre is located in the town of Killarney and has adequate car parking facilities.

This was a two-day announced inspection which was undertaken in response to an application to renew the registration of the centre. As part of this inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. The inspector also met the person in charge, the assistant director of nursing and the regional manager who were able to provide clear information to the inspector when requested.

During the inspection, staffing levels were seen to meet the needs of residents. All staff had received relevant staff training including fire safety, manual handling and protection of vulnerable adults. Residents who spoke with inspectors confirmed they felt safe in the centre.

There was evidence that residents had good access to healthcare to meet their identified needs, and staff members were responsive to their changing needs. Residents were assessed on admission, and care was seen to be provided as described in care plans.

There was a clearly defined management structure with defined levels of authority and accountability for the day-to-day management of the centre. The centre was sufficiently resourced to meet the needs of the residents. A new person in charge had recently been appointed.

Some improvements, however, were required. While care plans were personalised to individual residents, they did not always provide adequate guidance on the care to be delivered, such as for residents with diabetes. Additionally, while recommendations of allied health professionals were included in care plans, in one instance the recommendations were not implemented in practice. Other required improvements included:

- the residents' guide did not include terms and conditions of residency
- the contract of care did not include terms relating to bedroom occupancy
- the directory of residents did not contain all the required information
- banking arrangements for residents for whom they were pension agents required review
- there was inadequate signage identifying nearest means of escape.

The action plan at the end of this report identifies where 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 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 describes the service that is provided in the centre. It contained all of the information required by Schedule 1 of the regulations.

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 were adequate resources to ensure the effective delivery of care. There was a clearly defined management structure that identified accountability and reporting structures. The person in charge was supported by an assistant director of nursing (ADON) and a clinical nurse manager (CNM). The person in charge reported to a healthcare manager who had responsibility for six other nursing homes in the southern

region, who in turn reported to a director of care services.

There was a comprehensive programme of audits that included audits on issues such as hygiene, medication management, health and safety, dining experience, and falls. There was evidence of action in response to issues identified. There was an annual review of the quality and safety of care and a copy was made available to residents and relatives.

There were monthly management meetings attended by the person in charge, the ADON, the CNM, nursing staff and care staff. Issues discussed at these meetings included resident profile, clinical documentation, clinical risk, medication management and health and safety.

Feedback from residents was obtained through resident meetings and through resident and relative satisfaction surveys.

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 to residents. The guide included a summary of the services and facilities available in the centre. It did not, however, include the terms and conditions of residency as required by the regulations.

There was a written contract of care that detailed the services to be provided and fees to be charged, including fees for additional services. The contract did not, however, include terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom.

Judgment:

Substantially 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 centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service. The person in charge had recently been appointed to the post and worked full-time in the centre.

The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people including a recently completed management course.

The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

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):

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

Findings:

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

Records were accurate, up-to-date and were kept secure but easily retrievable. A record was maintained of all visitors to the centre. The Directory of Residents contained most of the items specified in Schedule 3 of the Regulations but the residents' gender and address of next of kin was not always recorded. An insurance certificate was on display indicating that the centre was adequately insured against accidents or injury to residents, staff or visitors.

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

Judgment:

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:

Notifications were submitted as required when the person in charge was absent from the centre for a period in excess of 28 days, as required by the regulations.

Adequate arrangements were in place for the management of the centre in the absence of the person in charge.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

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. 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). Training records indicated that all staff had attended training in responsive behaviour. Detailed care plans were in place identifying possible triggers and appropriate interventions that may meet the needs of residents and prevent escalation of the behaviour and distress to residents.

The only form of restraint in place was bedrails and this was 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.

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. The centre held small sums of money on behalf of residents for day-to-day use. There were adequate records available of lodgements and withdrawals and receipts for expenditure. This was audited at the end of each month by two staff members.

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:

There was an up-to-date safety statement that was signed and dated. There was a risk management policy that addressed the risks specified in the regulations. There was a risk register that identified risks and controls in place for the risks identified. Some improvements were required in relation to the management of risk. For example, there was uncontrolled access to the stairs from the reception area, which could pose a risk to residents who were unsteady on their feet and particularly for residents who may have a cognitive impairment. The provider was also asked to review the exit to the enclosed garden from a door on the corridor, due to the presence of a small slope that could pose a risk to residents with mobility impairment.

There was an emergency plan in place for responding to emergencies. A local hotel was identified for the safe placement of residents in the event of a prolonged evacuation. There were arrangements in place for learning from accidents and incidents. Incidents were audited for trends and were discussed at management meetings. There were satisfactory procedures in place for the prevention and control of healthcare associated infections. Hand gels and wash hand basins were located at suitable intervals throughout the premises. There were adequate laundry facilities, however, one of the washing machines broke down on the day of the inspection. The laundry room was adequate in size and there were adequate procedures in place for the segregation of clean and dirty linen.

There were records of the preventive maintenance of fire safety equipment. The fire alarm and emergency lighting were serviced quarterly. All staff had attended up-to-date training in fire safety. Fire drills were held frequently and detailed records were maintained of the time it took to simulate evacuation and also of any learning from the drill. Staff members spoken with were knowledgeable of what to do in the event of a fire, including horizontal evacuation and what to do should a resident's clothes catch fire. There were some emergency signage identifying the layout of the centre, however, the signs were small, difficult to read and did not identify your location in terms of the nearest emergency exit.

There was a smoking room that was ventilated to the external air by natural and mechanical means. Residents were risk assessed for their capability to smoke independently and this was documented in care plans. A fire blanket was located in the room and a fire extinguisher was located adjacent to the room.

Judgment:

Substantially Compliant

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 and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. Residents were facilitated with choice of pharmacy and pharmacists were supported to fulfil their obligations to residents.

Medications were stored securely. Medications requiring special control measures were stored in a locked cupboard within a locked cupboard, as required by relevant guidance. These were counted at the time of administration and at the end of each shift.

Medication administration practices observed by the inspector were in compliance with relevant guidance. Systems had been put in place since the last inspection to ensure that medication delivered to the centre was in concordance with what was prescribed for each resident.

Medications requiring refrigeration were stored appropriately and the fridge temperature and ambient room temperature were monitored and recorded. There were a small amount of stock medications and there were adequate records maintained of what was in stock.

Nurses transcribed prescriptions, however, only the person in charge, the ADON, the CNM and senior staff nurses were permitted to transcribe. Based on a sample of prescriptions viewed by the inspector, transcription practice was in compliance with guidance.

Judgment:

Compliant

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):

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

Findings:

A record of incidents was maintained in the centre. Based on a review of incidents the inspector was satisfied that notifications were submitted 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):

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

Findings:

Staff members were knowledgeable of residents' individual needs and were seen to interact with residents in a respectful manner.

Residents had access to choice of general practitioner (GP) and there was evidence of regular review. There was also access to out-of-hours GP services. There was access to allied health services such as dietetics, speech and language therapy (SALT) and tissue viability nurse through a nutritional supply company. A physiotherapist visited the centre one day each week and carried out group exercises but also did one-to-one assessments.

Residents were comprehensively assessed on admission and at regular intervals thereafter using recognised evidence-based assessment tools for issues such as risk of malnutrition, risk of falling, risk of developing pressure sores and dependency level. Care plans were developed based on these assessments. Care plans were personalised and provided good guidance on the care to be delivered, including individual preferences for personal care. While care plans were detailed and individualised, some improvements were required. For example, care plans for residents with diabetes did not provide adequate detail on the care to be delivered, such as foot care, eye care or the frequency of blood glucose testing. Additionally, blood glucose monitoring was done infrequently for all residents with diabetes and was not based on an individual assessment of needs.

Care plans reflected the advice of allied professionals, however, advice and recommendations had not always been followed up. For example, a dietitian had recommended that a resident's diabetic diet be put on hold due to weight loss and the resident should be given a high calorie diet. This information was not shared with catering staff and the resident remained on a diabetic diet.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available. This included where residents were attending appointment at local clinics or with consultants.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Killarney Nursing Home is a purpose-built, two-storey building comprising 52 single bedrooms and two twin bedrooms, all of which are en suite with toilet, shower and wash hand basin. The centre is located in the town of Killarney and has adequate car parking facilities. The centre was clean, had a good standard of décor, was in a good state of repair and the grounds were well maintained.

Residents' bedrooms are located on both the ground and first floors, which can be accessed by stairs and lift. Many bedrooms were personalised with residents' photographs and mementos. Bedrooms were adequate in size for each resident with sufficient room for storage of personal property and possessions.

There was adequate private and communal accommodation. Communal space on the ground floor comprised a large sitting room, a quiet room, and a prayer room. Communal space on the first floor comprised a small sitting room and a smoking room. There was also a large dining room downstairs and a smaller dining room upstairs. There was an enclosed garden that was accessible by residents. The garden was finished to a good standard with garden benches, mature shrubbery and raised flower beds.

There were adequate laundry facilities that facilitated the segregation of clean and dirty linen. There was appropriate equipment available and there were records of preventive maintenance of beds, mattresses, hoists, slings and the lift.

Judgment:

Compliant

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 an up-to-date policy on the management of complaints and the complaints procedure was on prominent display in the centre. There was a nominated person to deal with complaints and an independent appeals process.

The inspector reviewed the complaints log which indicated that all complaints were investigated and the outcome of the complaints process was recorded. The record also detailed whether or not the complainant was satisfied with the outcome of the complaints process.

Residents have access to an advocate and contact details were on display.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an up-to-date policy on the management of end-of-life care and on resident resuscitation status and management. There was evidence of discussion with residents and family members in relation to end-of-life preferences and this was documented in care plans.

Records indicated that residents' care needs were met at end of life to a good standard with appropriate referral and review by palliative care services, where indicated.

Most residents were accommodated in single rooms, so the option of a single room at end of life was usually available. Family and friends were facilitated to remain with

residents at end of life, should they so wish.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures to guide practice in relation to the management of nutrition. There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were assessed for the risk of malnutrition on admission and at regular intervals thereafter using a recognised assessment tool. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements, however, as discussed under Outcome 11, this did not occur for one resident with diabetes.

The inspector found that residents who required modified consistency diets and thickened fluids received the correct diet. Considerable attention was paid to the presentation of meals of modified consistency and these were attractively presented. Residents that were identified as being at risk of malnutrition were assessed by a dietitian and advice was incorporated into care plans.

Most residents had breakfast in their bedrooms but had their lunch and supper in the dining room. However, residents that chose to dine in their bedrooms were facilitated to do so. Breakfast was served for most residents at 08:00hrs, however, residents that wished to have their breakfast at other times were facilitated to do so. Residents spoken with by inspectors were happy with mealtimes and were aware that they could have breakfast at another time should they so wish. Fluids were available throughout the day and tea, coffee and snacks were served between meals and in the evening.

The dining rooms were tastefully decorated and there was good quality tableware. On the day of the inspection there were adequate numbers of staff on duty to assist residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner.

Judgment:

Compliant

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

Theme:
Person-centred care and support

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

Findings:
Residents were consulted through residents' meetings and the minutes of these meetings were available for review. Relatives were consulted through a relatives' survey, and issues raised were addressed, where possible.

Residents had access to a range of activities and residents that did not wish to partake in group activities were facilitated with one-to-one sessions that included discussions of topical issues, hand massage or reminiscence. There were occasional outings to local attractions, however, these were infrequent. The inspector was informed that plans were in place for more frequent outings.

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

Staff were knowledgeable of the various communication needs of residents. Residents had access to daily newspaper, television and radio.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

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

There was adequate storage for residents' personal belongings, including lockable storage. There were adequate arrangements in place for the regular laundering of linen and clothing, and the safe return of clothes.

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:

Based on a sample of staff files reviewed during this inspection, the inspector was satisfied that staff were being recruited and vetted in line with the regulations. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann (the Nursing and Midwifery Board). All new staff had undergone induction training. Volunteers had their roles set out in writing and all had Garda Síochána (police) vetting.

The person in charge was supported by an assistant director of nursing, a clinical nurse manager, senior staff nurses and senior healthcare assistants. An actual and planned roster was maintained in the centre with any changes clearly indicated. Over the course of the inspection, the inspector was satisfied that the needs of residents were being met.

There was an ongoing programme of training to support staff provide contemporary

evidence-based care. Based on records seen by the inspector all staff had received up-to-date training on fire safety, prevention and detection of abuse and manual handling. Other training completed by members of staff included medication management, dementia care, infection control, and food hygiene.

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:	Killarney Nursing Home
Centre ID:	OSV-0000685
Date of inspection:	18/07/2017 and 19/07/2017
Date of response:	01/08/2017

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

The residents' guide did not include the terms and conditions of residency, as required by the regulations.

1. Action Required:

Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

centre.

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

The residents' guide is currently being updated, to include Terms and Conditions for residents under regulation 20 (2) (b). The revised copy will be distributed to all residents.

Proposed Timescale: 31/08/2017

Theme:

Governance, Leadership and Management

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

The contract did not include terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom.

2. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

The contract of care will be updated to include the terms on which the resident shall reside in the centre, i.e. terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom.

Proposed Timescale: 31/08/2017

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:

The Directory of Residents contained most of the items specified in Schedule 3 of the Regulations but the residents' gender and address of next of kin was not always recorded.

3. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

The Residents Directory will be updated to include all residents' gender and the name, address and telephone number of the next of kin, as required under Regulation 19(3),

in accordance with the information specified in paragraph (3) of Schedule 3.

Proposed Timescale: 15/08/2017

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:

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.

4. 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:

The provider is currently in contact with the bank to modify residents' banking arrangements to ensure all banking arrangements are in line with the Department of Social Protection requirements.

Proposed Timescale: 31/08/2017

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:

Some improvements were required in relation to the management of risk. For example:

- there was uncontrolled access to the stairs from the reception area, which could pose a risk to residents that were unsteady on their feet and particularly for residents that may have a cognitive impairment
- the provider was also asked to review the exit to the enclosed garden from a door on the corridor, due to the presence of a small slope that could pose a risk to residents with a mobility impairment.

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 Risk Register has been updated to include the risks associated with:

- The uncontrolled access from the stairs to the reception area; this risk assessment will take account of the risks associated with residents who have poor mobility or those with a cognitive impairment. The risk register will be revised by 10/08/2017.
- The exit to the enclosed garden from a door on the corridor; the small slope will be reviewed by the facilities team by 30/09/2017, to ensure safe exit/entry to the garden.

Proposed Timescale: 30/09/2017

Theme:

Safe care and support

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

There were some emergency signage identifying the layout of the centre, however, the signs were small, difficult to read and did not identify your location in terms of the nearest emergency exit.

6. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

The emergency signage identifying the layout of the centre will be replaced with a larger version identifying the location in terms of the nearest exit.

Proposed Timescale: 31/08/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

While care plans were detailed and individualised, some improvements were required. For example, care plans for residents with diabetes did not provide adequate detail on the care to be delivered, such as foot care, eye care or the frequency of blood glucose testing.

7. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plans have been reviewed to ensure all specific care requirements based on the individual assessed need of the resident are identified, consistently documented, delivered and monitored in a timely manner. The Person in Charge will ensure that specific care needs associated with chronic medical conditions, such as diabetes will be clearly outlined, including foot care, eye care and the frequency of blood glucose monitoring.

Proposed Timescale: 31/08/2017

Theme:

Effective care and support

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

Care plans reflected the advice of allied professionals, however, advice and recommendations had not always been followed up. For example, a dietician had recommended that a resident's diabetic diet be put on hold due to weight loss and the resident should be given a high calorie diet. This information was not shared with catering staff and the resident remained on a diabetic diet.

8. Action Required:

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

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

A review has been undertaken to ensure specific information relating to resident's care is communicated to the appropriate departments, followed up and evaluated as required. The Person in Charge will monitor care plans to ensure that the advice of allied healthcare professionals is recorded as part of the nursing care plan, adhered to and evaluated in a timely manner.

Proposed Timescale: 31/07/2017

Theme:

Effective care and support

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

Blood glucose monitoring was done infrequently for all residents with diabetes and was not based on an individual assessment of needs.

9. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

The schedule of blood glucose monitoring has been revised to include appropriate frequency, based on the individual assessed care needs of the residents. The Person in Charge will ensure that appropriate medical and health care is provided to all residents, including a high standard of evidence-based nursing care, in accordance with NMBI professional guidelines.

Proposed Timescale: 31/07/2017