



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Kenmare Nursing Home
Name of provider:	Kenmare Nursing Home Limited
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	15 November 2023
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0040929

About the designated centre

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

Kenmare Nursing home is situated in the region of Kenmare and can accommodate up to 26 residents. It is a single storey facility that accommodates residents in a mixture of single and twin rooms. The centre is divided into three wings. The Iris wing is the most recent addition to the centre and comprises 10 single bedrooms, all of which are en suite with toilet and wash hand basin. The Lily wing has three twin and three single bedrooms as well as offices, bathrooms, dining room and ancillary rooms. The Orchid wing has four twin bedrooms, two of which are en suite with toilet and wash hand basin and the other two have a wash hand basin only in the room.

The centre provides 24 hour nursing care to both Female and Male residents aged 18 and over. It provides care for residents with a range of needs, including care of the older person, respite care, dementia, physical disability, acquired brain injury, convalescence, post-op, palliative care, on a long or short term stay basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 15 November 2023	10:10hrs to 17:40hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

Residents and family members who spoke with the inspector gave positive feedback on their experience of the care provided in the centre. The inspector met with many of the 26 residents living in the centre and met with a number of visitors, who were in the centre, on the day of inspection. Residents told the inspector that they felt safe living in the centre and that staff working there were kind and caring. One resident told the inspector that they were “pampered” by staff.

The inspector arrived unannounced to the centre and was greeted by the centre’s administrator. Following an opening meeting, the inspector walked the premises with the person in charge. The inspector saw that a number of the residents were up and ready for the day’s activities in the day room or were having their personal care attended to. Residents who remained in their rooms were watching TV or listening to the radio. The inspector saw that staff knocked before entering residents’ rooms and greeted residents in a warm and friendly manner. During the day, the inspector saw care staff provide assistance to residents in an unhurried, respectful and gentle manner.

Kenmare nursing home is located approximately three kilometres from Kenmare town and overlooks Kenmare Bay. It is a single storey building with six bedrooms designated as twin rooms and 14 designated as single rooms. Ten of the single rooms and two of the twin rooms had ensuite toilet facilities and hand washbasins, the remaining rooms had hand wash basins only. The centre had four shower rooms for residents.

During the walk around of the premises, the inspector saw a number of renovations had been undertaken since the previous inspection. Windows in one of the twin rooms had been replaced and flooring in three bedrooms had also been replaced. The corridors had also been painted. The curtains had yet to be replaced, but the management team assured the inspector that these were ordered and due in the coming weeks. The inspector saw that the centre was warm, homely and clean throughout. In general, the inspector saw that the premises was generally well maintained, and there was an ongoing programme of maintenance in place. However, some bedrooms were missing chairs and a bed bumper was worn and required review in one of the bedrooms. Issues in relation to the premises that require action are outlined further in the report.

The inspector saw that the provider had added some outdoor potted plants to the railings and bird-feeders to the outdoor spaces to brighten up the view from some residents’ bedrooms. Indoor plants had also placed in some residents’ bedrooms. The inspector saw that many of the bedrooms were personalised with pictures and personal items brought from home. The bedrooms and dayroom to the front of the centre had beautiful views of Kenmare Bay. In one twin room, there was no television and the provider agreed to review this on the day of inspection.

Resident's personal clothing was laundered on-site. Residents were satisfied with the service provided. The inspector saw that new laundry equipment had been purchased for the centre and feedback from the management team was that this was working well. The inspector saw that there was alternatives to bed rails in use in the centre and new crash mats and low low beds were in use.

There was a varied schedule of activities available for residents to enjoy in the centre, which were facilitated by the centre's activity staff and external musicians. Many of the residents spent their day in the day room, where the activity co-ordinator engaged them in a range of activities. The inspector spent time in this room chatting with residents, and observing the interactions between staff. The morning prayers were said in the Irish language and this was followed by a lively game of bingo. The inspector saw pictures of prizes the residents won at the local summer show where their artwork was displayed. After lunch, a proverb session was followed by a lively music and singing session where many of the residents and some relatives joined in. The inspector saw that there was lots of fun and warmth between staff and residents during the day. Some residents were unable to articulate their experience of living in the centre. However, those residents appeared comfortable and relaxed in their environment.

The inspector observed the dining experience at lunch time and saw that it was a sociable experience for residents. A small number of residents chose to eat in their bedroom or to stay in the day room for their lunch. Those residents who needed assistance were provided with it, in a timely and unhurried manner. The lunch time meal appeared appetising and nutritious and residents had choice of main course. Textured modified diets were well presented. The inspector saw that the choices of the day were written on the notice board in the dining room. Residents were complimentary regarding the quality, quantity and choice of food provided. Drinks and snacks were offered throughout the day.

Residents' views of the running of the centre were sought through residents' meetings and surveys. The inspector saw that feedback from these surveys was positive regarding the standards of care and standards of food provided in the centre. Residents were seeking to go on day trips from the centre and the provider told the inspector they were looking at transport arrangements to facilitate these days out.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended) and to follow up on the findings of the previous inspection. Overall, the inspector found that the provider had taken action to address many of the findings of the previous inspection and further action was required as outlined under the relevant regulations in this report.

Kenmare nursing home limited is the registered provider for Kenmare nursing home which is registered to accommodate 26 residents. Since the previous inspection, the office of the Chief Inspector was notified of changes to information supplied for registration purposes as required under Regulation 6 of S.I 61 of 2015 Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). The information provided outlined that there were three new directors for the registered provider arising from a change of ownership. The three incoming directors were also notified as Persons Participating in Management (PPIM) for the centre. One of these directors acted as the person representing the provider and was actively involved in the operational management of the centre. It was confirmed to the inspector that this director worked in the centre three to four days a week with the remaining directors providing on call and onsite support as required.

The inspector found that in general, the governance and management arrangements, required by regulation, to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. The person in charge remained unchanged and worked full-time in the centre. The person in charge was supported by a part-time assistant director of nursing, a team of nursing, caring, housekeeping, catering and maintenance staff. Staff and residents were familiar with staff roles and their responsibilities. The inspector was informed that the assistant director of nursing had submitted their resignation was due to leave the centre at the end of the month. The provider assured the inspector that recruitment was in progress to fill this position. One of the centre's previous directors had stayed on as an administrator in the centre to help with the transition involved with change of ownership. This role had been reduced to part-time at the time of the inspection.

The person in charge was employed in the centre since 2015 and had good oversight of residents' care needs. There was a system in place for monitoring of key risks to residents such as infections, falls, pressure ulcers and weight loss. The person in charge had a schedule of audits in place to oversee the quality and safety of care provided to residents.

The provider had scheduled regular governance and quality meetings between the registered provider and the person in charge. Templates had been implemented for recording these meetings. From a review of these minutes, while it was clear that some areas for improvement to the home had been actioned, they could be enhanced by ensuring findings from audits and monitoring of recorded clinical indicators were reviewed and actioned as needed. This is outlined under Regulation 23; Governance and management.

In general, the inspector found that staffing in the centre remained stable with the change of ownership. Recruitment was ongoing in the centre and recruitment of a registered nurse and two care staff was underway to ensure that staffing levels were maintained as outlined in the centre's statement of purpose. On the day of inspection, there was an adequate number and skill mix of staff on duty to meet the assessed needs of the 24 residents present in the centre as two residents were in hospital.

The person in charge closely monitored the uptake of mandatory training in the centre and ensured that all staff attended mandatory training which was available both through online and face-to-face programmes. A sample of staff files reviewed indicated that they were maintained in line with Schedule 2 of the regulations

There was evidence that the registered provider ensured adequate resources were available to ensure the care and welfare of residents. Flooring had been replaced in a number of residents' bedrooms, windows had been replaced in one bedroom, and a new bed pan macerator had been purchased as well as new laundry equipment. The provider was also in the process of implementing an electronic health care record system. Staff were provided with training in this system and plans were in place to have full implementation by January 2023.

A record of incidents occurring in the centre was reviewed by the inspector and found incidents were recorded and action taken where necessary to prevent reoccurrence. The inspector saw that while in general, required notifications were submitted to the chief inspector, one required notification had not been reported as outlined under Regulation 31 Notification of Incidents.

Complaints were investigated promptly by the person in charge and complainants were informed of the outcome and it was recorded if they were satisfied with the response to the complaint. The centre's complaints procedure was displayed, but required updating to reflect the recent changes to the regulation as outlined under Regulation 34 Complaints procedure.

There was evidence of consultation with residents in the planning and running of the centre. Residents and their families were surveyed to seek their feedback. A sample of responses reviewed by the inspector were positive. Family and residents meetings were also held to seek residents' views.

Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate to meet the assessed needs of residents on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that there was a schedule of face-to-face and online mandatory training available for staff in relation to safeguarding vulnerable adults, responsive behaviours and care of residents living with dementia and fire safety training. The person in charge maintained oversight of staff's uptake of mandatory training.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that while the registered provider was implementing new governance structures, action was required to ensure that management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. This was evidenced by the following;

Minutes of the clinical and corporate governance meetings held in the centre between the registered provider and the person in charge did not consistently reflect that key quality indicators and outcomes from audits, complaints and incidents were reviewed and actioned at these meetings.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While the majority of required notifications were submitted, the inspector found that an incident as set out in paragraph 7(1)(a) of Schedule 4 was not notified to the Chief Inspector, within three days of its occurrence as required by the regulations. The person in charge submitted this following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector saw that the complaints' procedure required updating to meet the requirements of recent changes to the regulation. The policy available did not outline the required time lines for the review process and the required inclusions when sending a written response.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were supported and encouraged to have a good quality of life where their rights and choices were respected. There was evidence of consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector found that some action was required in relation to the management of premises and personal possessions to promote residents' wellbeing.

There was evidence of good access to medical care with regular medical reviews by general practitioners and referrals to specialist services as required. A physiotherapist attended the centre once a week to provide assessment to residents who required them. Residents were assessed using validated tools and care plans reviewed by the inspector were person centred and contained sufficient information to direct residents' care. The centre was in the process of implementing an electronic resident care record system with a planned implementation date for January 2023. There was a low incidence of pressure ulcer development within the centre.

The person in charge was working to promote a restraint free environment and there was evidence of alternatives to bedrails such as crash mats and low-low beds in use in the centre. There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way.

The inspector saw that the centre was clean and residents who spoke with the inspector were satisfied with the cleanliness of their rooms. The person in charge had facilitated residents to avail of seasonal vaccinations. There was a schedule of audits in place to oversee environmental and equipment hygiene in the centre.

The inspector saw that there was a system in place to ensure residents' clothes were laundered and returned to them in a timely fashion. The provider had recently

purchased new laundry equipment to support this practice. While the majority of residents had adequate storage space for their clothes and belongings, the inspector saw that residents shared a chest of drawers in one twin room. This is outlined under Regulation 12 Personal possessions.

The inspector saw that a number of renovations were in place since the previous inspection. Flooring had been replaced in three bedrooms and windows replaced in one residents' twin room. Outdoor plants and bird feeders had been purchased to brighten up the view from residents' bedrooms. A number of the corridors had been freshly painted. However some further action was required in relation to the premises as a bed bumper was worn and required replacement, some furniture was worn and required review. These findings are outlined under Regulation 17 Premises.

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the firefighting equipment, fire detection system and emergency lighting. The provider had undertaken fire safety drills and evacuations of compartments with simulated night time staffing levels regularly at the centre.

Residents had access to independent advocacy services when required. Radios, newspapers and televisions were available in the centre. Mass was celebrated in the centre by a local priest once a week. There were two activity co-ordinators working in the centre who ensured that residents had access to facilities for occupation and recreation in accordance with their interest and capacities. Residents were consulted with through residents meetings and surveys. Visitors were welcomed in the centre and a number of visitors were coming and going on the day of inspection.

Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

Regulation 11: Visits

The inspector saw visitors coming and going on the day of inspection and residents and their relatives confirmed that there were no restrictions on visiting.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that in a twin room, residents shared a chest of drawers which did not promote residents' dignity and autonomy and did not allow them easy access and adequate space for their personal possessions as required by the regulations.

Judgment: Substantially compliant

Regulation 17: Premises

Although the inspector found that a number of the issues in relation to premises identified in the previous inspection had been addressed. The inspector observed the following issues in relation to premises, that required action;

- Some furniture in residents' bedrooms required repair and painting
- Paint on some walls in residents' rooms was chipped and required action
- Privacy curtains and window curtains were worn, the provider assured the inspector that new curtains were on order and were due to arrive in the coming weeks.
- A resident in a shared rooms did not have access to a television, the provider agreed to address this.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of residents' files indicated that when they were discharged from the centre on a temporary basis all relevant information, pertaining to the resident, was provided to the receiving hospital in line with regulations.

Judgment: Compliant

Regulation 27: Infection control

The inspector saw that the centre was clean and adequate resources were available to ensure cleaning of the environment and equipment was in place. There was a schedule of daily and deep cleaning in place for residents bedrooms. The provider

had purchased a new bedpan macerator and new washing and drying equipment for the laundry.

Judgment: Compliant

Regulation 28: Fire precautions

The system had adequate arrangements in place to protect against the risk of fire including regular testing of fire equipment, emergency lighting and fire detection systems. Staff who spoke with the inspector were knowledgeable regarding action to take in the event of a fire. Fire training was up to date for staff. Simulations of evacuations of the largest compartments in the centre with minimum staffing levels were undertaken. The registered provider had taken action to address the findings of the previous inspection. The provider assured the inspector that a competent person would be consulted to ensure all elements of the fire safety risk assessment had been actioned.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans it was evident that care plans were updated in line with regulatory requirements or when residents needs changed. The person in charge facilitated family meetings, where appropriate, to consult with residents' relatives regarding residents care plans. Care plans reviewed were person centred.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' overall health care needs were met and that they had access to appropriate medical, nursing and allied health care services. There was evidence of regular medical reviews for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector saw that the person in charge was working to reduce the level of restrictive practices in the centre with evidence of alternatives being trialled. New crash mats and where required low low beds were used as an alternative to bedrails and risk assessments were in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents had access to independent advocacy services if required. Residents had access to Internet, radio, newspapers and television. Residents were supported to engage in activities that considered their interests and capabilities. Residents and their relatives were surveyed to seek their views on the running of the centre and responses reviewed by the inspector were positive.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kenmare Nursing Home OSV-0000239

Inspection ID: MON-0040929

Date of inspection: 15/11/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have updated our Governance Meeting Template to cover key quality indicators and outcomes and actions from audits, complaints & incidents	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: We have updated our Governance Meeting Template to cover key quality indicators and outcomes and actions from audits, complaints & incidents	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We have updated our complaints procedure the required timeline for the review process and required inclusions when sending a written response	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: We have added another chest of drawers to the room in question</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Furniture painting is completed and bedroom walls have been started. We are expecting delivery of the curtains. New TV has been installed.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	20/11/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/01/2024
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	18/11/2023

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	16/11/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	20/11/2023
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20	Substantially Compliant	Yellow	20/11/2023

	working days after the receipt of the request for review.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	20/11/2023