

**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 Unlimited Company
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 November 2018 10:00	12 November 2018 18:30
13 November 2018 08:30	13 November 2018 15:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Non Compliant - Major	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

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 inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to focus on the care and quality of life for residents with dementia living in the centre. Fifteen of the fifty six residents who were living in the centre on the days of the inspection had a formal diagnosis of dementia and a number of the remaining

residents had varying degrees of cognitive impairment but had not been formally diagnosed with dementia.

Overall residents health and nursing care need were met to a good standard. Improvements were required in relation to the provision of meaningful activities to residents and in particular for residents that spent most of their day upstairs or in their bedrooms. There was also a need to ensure that all avenues were explored in relation to enhancing the quality of life of residents that had a communication impairment.

As part of the inspection the inspector also reviewed actions required from the previous inspection and found that they were largely addressed. The one remaining outstanding action related to the routine monitoring of blood sugars for residents with diabetes, but significant improvements had been made since the last inspection.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against 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. The previous table outlines the self-assessment and the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed. Documentation such as care plans, medical records and staff training records were also reviewed.

Residents who spoke with the inspector were positive about the centre and the care provided by staff. A review of care records showed residents' needs were being assessed and reviewed on a regular basis, and changes were made to how care was delivered if residents' needs had changed. The inspector observed good communication approaches to residents throughout the centre. Residents confirmed to inspectors they felt safe, and staff were knowledgeable of safeguarding practices.

There were systems in place to support residents making choices about their daily lives. Residents' were able to provide feedback on the service they received either directly to staff or during residents meetings. If they had complaints to raise the policy was clear, and information about the process was available on the noticeboards throughout the centre.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in upstairs and downstairs sitting rooms. Overall, the inspector observed staff interacting with residents in a positive and caring manner in the downstairs sitting room. This is where most activities were held. However, residents in the upstairs sitting room were left for long periods of time during the observation period with limited meaningful interaction with

staff and no meaningful activation.

A review was required of all fire safety doors to ensure that they provided adequate protection from smoke and flames in the event of a fire. The provider undertook to have the review undertaken in the days following this inspection.

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: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Residents' healthcare needs were met to a good standard and care provision was supported by and adhered to, evidence-based policies and procedures.

Residents were comprehensively assessed on admission using a range of validated assessment tools. Care plans were then developed to identify how the resident's care needs were to be met. Care plans were seen to be personalised, reflected residents' individual preferences and provided good detail, on an individual basis, on the care to be delivered to each resident. Care plans were reviewed regularly using a range of assessment tools to identify if there were any changes in abilities or needs of each resident. The assessments included the risk of developing pressure sores, the risk of falls, the risk of malnutrition, and cognitive state.

There were systems in place for communicating between the resident/families, the acute hospital or public health providers and the centre. Residents who were transferred to hospital from the centre had appropriate information about their health, medications and their specific communication needs included with a transfer letter.

There was access to general practitioners (GP), and out of hour's and acute services, when required. Each new resident was seen by the GP following their admission and regularly thereafter, according to residents' needs. Staff confirmed, and records showed, there was also access to a range of allied health professionals. Residents had been seen by the dietician or speech and language therapist if they had needs relating to weight loss, nutrition, or swallowing difficulties. A physiotherapist visited the centre weekly to carry out assessments for residents who required support with mobility. The physiotherapist also facilitated group exercises for residents. There was good access to occupational therapy, particularly in relation to assessment for suitable seating. There was access to psychiatry, chiropody, dental, and optician services, as required and upon referral. Staff, residents and records examined confirmed that these services had been provided to residents in the centre. It was identified on the last inspection that there was inconsistent monitoring of blood sugar levels of residents with diabetes. While improvements had been made, there continued to be some gaps in monitoring records.

End of life care needs were discussed with residents and relatives on admission, and reviewed according to residents changing needs and wishes. Where residents had a stated preference, this was recorded. If residents' had expressed a wish not to be actively treated, transferred to hospital or to be resuscitated, this was discussed with the resident's GP and recorded in their care plan. Fifty two of the fifty four bedrooms were single rooms, so the option of a single room was usually available. Relatives were supported to remain with the resident at end of life, should they so wish.

Residents nutritional needs were met to a good standard. A choice of food was available at meal times and requests for alternatives to what was on the menu on a particular day were facilitated. Catering staff were familiar with each residents wishes and needs, and prepared food accordingly. Modified diets were colourful and appetizing in appearance. Residents requiring assistance with their meals were assisted by staff in a dignified manner. Snacks and drinks were provided between meals and in the evening.

There were policies and procedures in place supporting the management of medications. Residents had a choice of pharmacist, even though most medications were dispensed from one pharmacy. Medication management practices were audited regularly and any identified deficits were remedied. A review of records indicated that nursing staff had been administering medications to one resident without a valid prescription. Even though there was a copy of a recent discharge record listing the resident's medications, this did not constitute a valid prescription. This was brought to the attention of the person in charge and the registered provider representative and was addressed prior to the end of the inspection.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

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 measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety.

There was a policy and measures in place for the prevention, detection and response to abuse of residents. Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them. Training records confirmed that all staff had received training in how to safeguard residents. The person in charge promoted dignity and respect of residents in the centre and this was seen to be put in to practice by the

staff team.

At the time of the inspection residents with responsive behaviour were being effectively supported by staff. Relevant training, including how to support residents with dementia and behavioural and psychological signs and symptoms of dementia (BPSD,) had been facilitated for staff. There was a policy in place covering the management of responsive behaviour and where necessary, there were links with the local hospital and psychiatric services.

The provider was committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre had decreased significantly since the previous inspection. Where bedrails were in place there was a clear record of the assessment and decision making process including other less restrictive measures trialled. Decisions were also reviewed regularly to ensure they remained the least restrictive option available.

There were clear records for finances in the centre. Where the provider was a pension agent for residents, there was a separate account to the business account for residents' money.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted on the organisation of the centre. There was evidence that feedback was sought from all residents on an on-going basis, regarding the services provided. Some improvement was required to ensure that residents, including residents with dementia, were empowered and assisted to enjoy a meaningful quality of life in the centre. This was particularly relevant for residents that spend their time upstairs and also for residents that spend considerable time in their bedrooms. There was also a need to review the use of assistive technology and devices for resident that may have a communication deficit.

There was evidence that feedback was sought from residents on an on-going basis, including residents with dementia. Feedback was sought through residents' meetings and also through relative surveys. Records indicated that issues identified through the meetings and surveys were addressed. Residents spoken with by the inspector expressed satisfaction with the service they received and with life in the centre.

There was an open visiting policy in place, but this policy also ensured that mealtimes were protected times for residents. There were a number of rooms available to residents to receive visitors in private.

There was a scheduled programme of activities and the inspector was informed that the programme was reviewed and amended based on the level of participation and the expressed interests of residents. The programme of activities included both in-house activities such as Sonas, bingo and cinema night, and activities facilitated by external providers, such as live music, exercises and arts and crafts. While the inspector observed residents in the downstairs sitting room enthusiastically participating in a live music session, he observed that residents in the upstairs sitting room spent a considerable amount of time unsupervised and with minimal stimulating activity. It was noted that while activities were well executed, there were periods of time during the inspection whereby residents in the upstairs sitting room were not supported to engage in any meaningful activity. This observation indicated that residents' lives were positively enhanced by the activity programme provided, but work was required to ensure the quality was maintained across all areas of the centre.

The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record these interactions at five minute intervals in the upstairs sitting room and the downstairs sitting room. Scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the quality of the interactions with the majority of residents. The total observation period over the two days of the inspection was 130 minutes, divided into five different observation periods, of which 50 minutes were in the downstairs sitting room and 80 minutes in the upstairs sitting room. The inspector concluded that there was predominantly positive connective care in the downstairs sitting, in which most activities were facilitated. However, there was limited interaction by staff with residents in the upstairs sitting rooms and there was predominantly neutral care, when residents went for long periods without any meaningful stimulation.

Throughout the inspection, staff members were courteous and kind when addressing residents and visitors, and sufficiently respectful and discreet when attending to the needs of residents. It was evident that staff were very knowledgeable regarding the residents they cared for. Staff ensured that residents' privacy and dignity were maintained by knocking on bedroom and bathroom doors before entering rooms, and by ensuring doors were closed and screens were pulled while delivering personal care. Residents' right to refuse treatment or care interventions were respected.

Residents' communication care needs were assessed and documented in care plans. Staff were aware of each resident's communication needs, particularly the needs of residents with dementia. While communication needs were clearly set out in care plans, it was not evident that the needs of all residents with communication needs were met or that there was an adequate exploration of the availability of assistive devices or support agencies that may enhance the quality of life for residents with a communication impairment.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was an effective policy and procedure in place for the management of complaints, including an appeals process. A summary of the complaints process was displayed at the entrance to the centre.

The person in charge was responsible for dealing with complaints and a second nominated person was responsible for ensuring that all complaints were appropriately recorded and responded to.

A complaints log was maintained in the centre, which was made available to inspectors for review. The log was found to contain all of the information required by the Regulations, including details of the investigation into the complaint, and the outcome of the complaint. All complaints were addressed in a timely manner. There were a number of open complaints at the time of the inspection and these were in the process of being addressed.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

On the days of the inspection the inspector found that there was a sufficient number of staff with the appropriate skills, qualifications and experience to meet the assessed needs of all residents, including those with dementia. Staff were observed to interact with residents in a kind, respectful and dignified manner.

There was a planned and actual staff rota in place, and the inspector noted that staffing levels were planned in line with size and layout of the building and the dependency levels of residents. A registered nurse was on duty at all times to provide nursing care as required to residents.

There were procedures in place for the recruitment, selection and vetting of staff. The inspector reviewed a sample of staff files, predominantly new staff, and found that they contained most of the information as required by Schedule 2 of the Regulations, including Garda Síochána vetting disclosures. From the sample reviewed, not all references were from the person's most recent employer and one of two references for one member of staff was a character reference rather than an employer reference. This was addressed by the staff member concerned prior to the end of the inspection. Evidence of up-to date professional registration for nursing staff was also provided.

Training records were maintained in the centre, and indicated that all staff had completed up-to-date training in fire safety, moving and handling practices, the prevention, detection and response to abuse, and responsive behaviour. A variety of education and relevant training was also made available to staff to support their professional development and to deliver care in line with evidence-based practice, including dementia care. Staff who spoke with inspectors were able to accurately describe various aspects of the training they received.

There was a robust induction programme for newly-recruited staff and annual appraisals were also completed with all staff.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

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. The inspector viewed a number of occupied bedrooms and it

was evident that residents were supported to personalise their bedrooms with photographs, mementos and items of furniture. Bedrooms were adequate in size for each resident with sufficient room for storage of personal property and possessions.

There was a call bell located by each bed and in the en-suite for residents to call for assistance. Most windows had been designed to provide good levels of sunlight and views outside even when the resident was in bed. All bedroom doors had a clear number and if residents chose they could have a picture on the door also.

The centre had sufficient sitting and dining room space. There were sitting and dining rooms located on both floors and residents could choose to remain on the first floor, if they wished, or they could spend their day downstairs. There was adequate comfortable seating in the sitting rooms. The corridors were sufficiently wide to allow for residents to walk or mobilise with their mobility aids unimpeded.

On the day of the inspection the centre was a comfortable temperature, well lit and ventilated. There were handrails on both sides of corridors and grab rails in bathrooms that were of contrasting colour to the sanitary wear. Flooring was seen to be non slip and free from trip hazards. There were aids and adaptations available in the centre to meet the needs of the residents and storage arrangements to put them away, when not in use.

There was a central courtyard for use by residents that was accessible from the main downstairs sitting room and also from a link corridor. These doors, however, were locked and residents could only access the courtyard with the assistance of staff. The courtyard was finished to a good standard with garden benches, mature shrubbery and raised flower beds.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk 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:

This outcome was assessed in the context of fire safety, based on the observations of the inspector during a walkabout of the premises, conducted on the first day of the inspection. The provider and person in charge were requested to arrange for a review of all fire doors in the context of the ability of doors to adequately contain smoke and fire in the event of a fire. The inspector noted that there was a considerable gap between the doors, which would impact on the capacity of the door to prevent the spread of

smoke and flames in the event of a fire. Some fire doors had damaged smoke seals and it was not clear if heat seals were in place in all relevant doors. Doors affected included doors along the corridor between fire safety compartments, the door from the kitchen to the dining room, the door from the downstairs sitting room to the main corridor and the door from the corridor to the lift area upstairs.

The person in charge was also requested to review the storage of oxygen, as a number of oxygen cylinders were stored on the floor in the treatment room and there was no signage to alert staff or visitors that oxygen was stored here. There were electrical sockets close to the oxygen, and while there were no electrical devices plugged in, they presented a risk of combustion..

There were records available to indicate that the fire alarm and emergency lighting had preventive maintenance on a quarterly basis and fire safety equipment was serviced annually. There were regular fire drills and it was evident that there was a high degree of fire safety awareness among staff. The person in charge was requested to review the fire drills in the context of providing assurance that all residents in a compartment could be evacuated safely in the event of a fire.

Judgment:

Non Compliant - Moderate

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

Action Plan

Provider's response to inspection report¹

Centre name:	Killarney Nursing Home
Centre ID:	OSV-0000685
Date of inspection:	12/11/2018
Date of response:	14/12/2018

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

It was identified on the last inspection that there was inconsistent monitoring of blood sugar levels of residents with diabetes. While improvements had been made, there continued to be some gaps in monitoring records.

1. 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,

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

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:

To ensure consistent monitoring of Blood Sugar levels of residents with Diabetes, the responsibility has been delegated to a named nurse, who will ensure monitoring, documentation and follow up is completed as documented in residents care plan. A weekly audit to ensure compliance will be undertaken by the PIC.

Proposed Timescale: 28/11/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was limited interaction by staff with residents in the upstairs sitting rooms and there was predominantly neutral care, when residents went for long periods without any meaningful stimulation.

2. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

To enable staff, engage with residents in meaningful activities a Pool Activity Level Assessment (PAL) has been commenced by the activities co-ordinator for all residents to ensure activities are meaningful and appropriate to individual resident's and are integrated in to day-to-day care provision of the resident. The assessment will also provide information on individual resident's strengths and abilities.

The Activities Co-ordinator has the responsibility of co-ordinating a person-centred activity programme supported by all staff on both floors.

A weekly review and evaluation of the programme will be undertaken by the PIC and Healthcare Manager.

Proposed Timescale: 25/01/2019

Theme:

Person-centred care and support

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

While communication needs were clearly set out in care plans, it was not evident that the needs of all residents with communication needs were met or that there was an adequate exploration of the availability of assistive devices or support agencies that

may enhance the quality of life for residents with communication impairment.

3. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

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

- A review of the resident's communication needs has been undertaken and the residents care plan has been updated to accurately reflect the resident's abilities and requirements.
- A multidisciplinary review to include Speech and Language Therapist, Occupational Therapist, Physiotherapist and representative from the local National Council for the Blind of Ireland branch has been arranged.
- A Pool Activity Level Assessment to ensure activities are meaningful and appropriate for the resident has been completed and a specific person centered care plan has been developed and implemented.

Proposed Timescale: 18/01/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

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

From the sample reviewed, not all references were from the person's most recent employer and one of two references for one member of staff was a character reference rather than an employer reference.

4. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A complete audit of all Staff Files has been completed to ensure all appropriate documentation including references are in place in line with Regulation 21(1).

Proposed Timescale: 30/11/2018

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

A review was required of all fire doors in the centre to ensure they were capable of containing smoke and flames in the event of a fire.

5. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

- Appropriate signage has been placed on the door of the treatment room to alert residents, staff and visitors of the storage of oxygen cylinders in the room.
- A suitable storage container has been sourced to store excess oxygen cylinders outside the building.
- A full review of all fire doors was carried out on the 14/11/2018. Remedial works are underway to improve the fire seals.

Proposed Timescale: 28/02/2019

Theme:

Safe care and support

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

Fire drills were being conducted regularly, however, the provider was requested to provide assurance that all residents in a compartment could be evacuated in a timely manner in the event of a fire.

6. Action Required:

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

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

Killarney Nursing Home currently conducts day time fire drills monthly and night time fire drills quarterly.

This schedule has been updated to include the full real/simulated evacuation of an entire compartment quarterly.

A full real/simulated evacuation of the largest compartment which facilitates 13 residents was undertaken at 13.30 on the 07/12/2018. Outcome – evacuation of the complete compartment was completed in 10.58 mins x 4 staff members.

Proposed Timescale: 07/12/2018

