



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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:	Tim Harrington
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	08 December 2020
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0031383

## 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 27 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 shower, 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.

Admissions to Kenmare Nursing Home are arranged by appointment following a pre-admission assessment. Families and prospective residents are encouraged to visit the Nursing Home prior to admission, however, this is on hold due to the global pandemic.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	25
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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
Tuesday 8 December 2020	10:00hrs to 17:00hrs	John Greaney	Lead
Wednesday 9 December 2020	09:30hrs to 17:00hrs	John Greaney	Lead

## What residents told us and what inspectors observed

At the time of inspection, the designated centre was COVID-19 free and no residents or staff had tested positive for the virus since the start of the pandemic. This inspection was carried out over two days and the inspector spoke with a number of residents. Residents generally reported that they were satisfied with the care they were receiving in the centre, that they were enjoying the activities available to them and that the staff were kind and attentive.

The inspector observed resident and staff engagement throughout the inspection. It was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff. All interactions were conducted in a caring and respectful manner. Residents spoken with were complimentary of the staff and commented that they were responsive to their requests for assistance. Residents confirmed that they felt safe in the centre and that they found staff approachable. Residents stated that they would have no problem in making a complaint and that issues were usually addressed promptly.

Some residents expressed concern at the isolation associated with visiting restrictions due to the pandemic. Most residents spoken to understood the need for restrictions and were adapting to maintaining contact through telephone and video calls.

Residents stated they had choice over how they spent their time and had access to daily activities, daily newspapers, regular entertainment, TV and radio. Residents reported that they were happy with the quality of food and that the catering staff would accommodate special requests, as much as possible.

Overall, most of those residents spoken during the two days were positive about the care and services that they received in the designated centre.

## Capacity and capability

This was an unannounced inspection, which was conducted in order to monitor compliance with the regulations. The provider had submitted an application to renew the registration of the centre that was due to expire in January 2021. Overall, the findings on this inspection were that some improvements were required in relation to oversight of the centre, particularly in relation to preparedness for a potential outbreak of COVID-19.

There was a clearly defined management structure in place, with clear lines of authority and accountability. Care is directed through the person in charge who

reports to a manager. The manager is generally present in the centre each day from Monday to Friday. On the days of the inspection the person in charge was absent from the centre and a notification was submitted to the Chief Inspector, as required, indicating that the absence would extend beyond 28 days. While the provider had appointed a new person in charge on an interim basis, this person did not meet the requirements of the regulations in the context of managerial experience and qualifications.

The inspector acknowledges that residents and staff living and working in the centre have been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. A COVID-19 resource folder was available that included the COVID-19 preparedness plan. While the resource folder contained published guidance on issues related to the prevention and management of COVID-19, some of the guidance was out of date and had not been replaced with the most recently published guidance. The COVID-19 contingency plan reviewed by the inspector did not adequately identify contingency arrangements for staffing should a number of staff need to self-isolate as a result of testing positive for the virus or be considered a close contact. Additionally, while a bed was kept vacant for the purpose of isolating residents that may become symptomatic, adequate consideration had not been given to identifying an area within the centre for isolating residents should a number of residents test positive for the virus. Based on observations, a review of documentation and discussions with staff, the inspector was not satisfied that adequate measures were in place for the prevention and management of a potential outbreak of COVID-19. As a result, an urgent compliance plan was issued to the provider to put in place a detailed contingency plan demonstrating preparedness for a possible outbreak of COVID-19. A referral was also made to the community support team in the HSE identifying the need for clinical support particularly in relation to infection prevention and control.

The inspector observed good communication between staff and residents, and staff were seen to be caring and responsive to residents needs. There were adequate numbers and skill mix of staff to meet the personal and care needs of residents. Housekeeping staff were also responsible for laundry duties and there was not adequate segregation of the duties to minimise the risk of cross contamination.

The annual audit schedule indicated that regular audits were taking place. It was noted, however, that the audits found a significantly high level of compliance and issues identified for improvement on this inspection were not captured by the audits. There was also a need to expand the programme of audits to include regular audits of the environment and also to include high risk areas such as accidents and incidents in the audit schedule.

The centre had appropriate policies on recruitment, training and vetting of new employees. A sample of staff records reviewed indicated that there were robust systems in place for staff recruitment and all files contained most of the required information as per the regulations. Some minor improvements were required as one file did not contain photographic identification for one member of staff.

There was a comprehensive programme of training, and all staff had attended up-

to-date training in mandatory areas, such as manual handling, safeguarding vulnerable adults, responsive behaviors and fire safety. Additional training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE).

A record of incidents occurring in the centre was reviewed by the inspector and found to be well maintained and comprehensive. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner.

#### Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The registered provider paid the annual fee as required by regulation 8(1) and (2) of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was absent for a period in excess of 28 days. A new person in charge had been appointed on an interim basis. However, the new person in charge did not meet the requirements of the regulations in relation to management qualifications and experience. The inspector was informed that the person in charge would be returning to the centre approximately two weeks following this inspection.

Judgment: Substantially compliant

#### Regulation 15: Staffing

Staff members spoken with were knowledgeable of residents' needs. All staff interactions with residents observed by the inspector were respectful in nature. In respect of COVID-19, the staff met were knowledgeable of typical and non-typical presentation of COVID-19 and what symptoms and signs to look out for in residents, should they become unwell.

While the numbers and skill mix of staff on duty were adequate for the number of residents living in the centre on the days of the inspection, a review of staff allocations was required in order to adhere to infection prevention and control

guidance, particularly in light of the COVID-19 pandemic. There was a need to ensure that staff were rostered in a manner that, as far as possible, minimised the number of close contacts should a resident or staff member test positive. This could be achieved by dividing the centre into zones and also by dividing the staff into teams so as to minimise potential close contacts.

There were two housekeeping staff on duty each day. Each day, one member of the housekeeping staff was also responsible for laundering residents' clothing and bed linen, in addition to cleaning duties. While the afternoon was set aside to focus entirely on the laundry, both laundry and cleaning duties were carried out by one member of staff throughout the morning. This posed a risk of cross contamination and does not comply with good infection prevention and control practices.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff confirmed they had training on infection control and on the mandatory topics of fire safety, moving and handling and adult protection. Training in how to put on and take off personal protective equipment (PPE) had been provided in the early stages of the COVID-19 outbreak and staff confirmed that this had been helpful.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files viewed by the inspector were found to well maintained and generally contained the requirements of schedule 2 of the regulations. Records were maintained in a neat and orderly manner and stored securely. All records requested during the inspection were made readily available to the inspector. However, some improvements were required as one file did not contain photographic identification. The management team provided assurance to the inspector that all staff had Garda vetting in place prior to commencing employment in the centre.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Substantially compliant

## Regulation 22: Insurance

A certificate was available indicating that the centre was insured.

Judgment: Compliant

## Regulation 23: Governance and management

While there is a clearly defined management structure with clear lines of authority and accountability for the day to day operation of the centre, improvements were required in overall governance arrangements, particularly in relation to infection prevention and control and preparedness for potential outbreak of COVID-19. In light of the findings of this inspection an urgent action plan was issued to the provider to develop and implement a contingency plan for COVID-19.

The centre's manager and assistant manager are usually in the centre each day and are responsible for day to day operation of the centre. Clinical responsibility for the operation of the centre rests with the person in charge. There was a comprehensive programme of audits conducted on issues such as medication management, care planning, nutrition, and end of life care. However, significant improvements were required in relation to governance and management, including:

- the COVID-19 contingency plan did not demonstrate adequate preparedness for a potential outbreak of COVID-19
- the internal programme of audits demonstrated a significant level of compliance and did not capture many of the issues identified on this inspection
- there was a need to ensure that all members of management and staff are familiar with and comply with up to date infection prevention and control guidelines, including Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities issued by the Health Protection and Surveillance Centre and updated from time to time.

Judgment: Not compliant

## Regulation 3: Statement of purpose

There was a written Statement of Purpose that outlined the facilities available and services provided by the centre. The statement of Purpose contained all of the information specified in Schedule 1 of the regulations, however, a review was

required of bedroom measurements to ensure they were accurate.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of the incident log identified a number of incidents that had not been submitted to the Chief Inspector as required by the regulations. These included incidents involving serious injury to a resident requiring hospital treatment and an incident of unexplained absence by a resident.

Judgment: Not compliant

### Regulation 32: Notification of absence

A notification was submitted of the proposed absence of the person in charge for a period in excess of 28 days, as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy that identified the person on charge as the complaints officer. The policy identified an appeals process and also identified the person responsible for ensure that all complaints were addressed. There was a notice on display outlining for residents and relatives the procedure for making complaints.

A review of the complaints log indicated that complaints were recorded. investigated and improvements put in place in response to complaints, when required.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place and available to staff. The policy on safeguarding adults from abuse and the policy on personal possessions had not been reviewed at a minimum of every three years as required by the regulations. There was also a need to ensure that policies

and procedures were updated to reflect any changes as a result of the COVID-19 pandemic.

Judgment: Substantially compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The inspector observed that residents appeared to be well cared and residents spoken with gave positive feedback on life in the centre. While care was provided to residents to a good standard, there was a need to pay closer attention to quality and safety, particularly in light of the COVID-19 pandemic. Improvements were required in the areas of infection prevention and control, the general environment and assessment and care planning.

Residents' needs were being met through access to medical and nursing care and opportunities for social engagement within the limitations of COVID-19 related restrictions. Most residents were comprehensively assessed on admission and regularly thereafter and these assessments contributed to the development of care plans that were, in the main, personalised and provided adequate guidance on the care to be delivered to each resident. However, this was not the case for all residents and it was found that one resident did not have assessments or a care plan developed even though the resident had been in the centre for a number of months.

Significant improvements were required in relation to infection prevention and control. Adequate measures were in place for monitoring residents for signs and symptoms of COVID-19, which included recording residents' temperatures twice daily. Staff temperatures were also being recorded but this was predominantly being done once each day as opposed to the recommended twice daily. The inspector observed that there was good compliance with personal protective equipment (PPE) and hand hygiene guidance. However, the inspector observed that staff were not adhering to physical distancing measures, particularly at staff breaks, which increased to risk of a large number of staff requiring to self-isolate should one member of staff test positive for the virus. Areas of the premises also required review in the context of being able to keep them clean. A number of taps on wash hand basins were covered in lime scale making them difficult to clean. There was also rust on some radiators and on hand rails in some bathrooms.

Renovations to the centre in late 2017 resulted in the addition of 10 en suite bedrooms and a communal bathroom. The new wing had wide corridors, which contrasts significantly with the old wing where corridors are extremely narrow. There is also a contrast in the size of the bedrooms between the older section of the premises and the new wing. Two bedrooms in particular were identified as marginal

in size and a condition was attached to the registration that only residents that did not require assistive devices to transfer from bed should be accommodated in these rooms. On this inspection it was found that even with this condition in place, the size of one bedroom did not allow for adequate furniture in the room, such as a comfortable chair and bedside lockers for each of the residents.

The premises was also in need of redecorating. In addition to there being rust, some parts of the premises required redecorating due to scuffed paintwork and damaged doors to wardrobes and bedside lockers.

There was a scheduled programme of activities and residents were observed to be enthusiastically participating in activities in small groups. Activity personnel also ensured that one-to-one activities were facilitated for residents that did not participate in group activities.

### Regulation 11: Visits

In line with the Public Health advice at the time of inspection, visiting restrictions were in place and no visitors were allowed except in exceptional circumstances. The centre had good WiFi coverage and the inspector was informed that there was good coverage throughout the centre. The centre had a number of electronic tablets and residents were facilitated by staff to have video calls with their relatives. Plans were in place to recommence visiting in line with Public Health advice.

Judgment: Compliant

### Regulation 12: Personal possessions

There were adequate procedures in place for residents to have their clothes laundered and returned to them. Many of the bedrooms were personalised with photographs and memorabilia. While there was adequate space for personal possessions for most residents, some residents only had access to a single wardrobe and a shared chest of drawers. This was because these bedrooms were small and there was insufficient space for larger wardrobes and chest of drawers.

Judgment: Substantially compliant

### Regulation 13: End of life

The inspector found that when a resident was approaching the end of his or her life, the person in charge and staff had made every effort to ensure that appropriate

care and comfort was provided and that religious and cultural needs of the resident concerned were met.

Judgment: Compliant

## Regulation 17: Premises

Kenmare Nursing Home is a 27 bedded nursing home located approximately three kilometres from Kenmare town. It is situated on a raised site with panoramic views overlooking Kenmare bay.

The centre accommodates twenty seven residents in thirteen single bedrooms and seven twin bedrooms. The centre was extended in late 2017 with the construction of a new wing containing ten single bedrooms, all of which are en suite with shower, toilet and wash hand basin. The older part of the centre comprises seven twin bedrooms, two of which are en suite with toilet and wash hand basin and the remaining bedrooms, three single and five twin, have a wash hand basin only in the room.

Two of the twin bedrooms are marginal in size and do not meet the minimum specifications of 7.4 m<sup>2</sup> of floor space for each resident as specified in S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. There is a condition attached to the current registration that only residents that do not require the use of adaptive or assistive equipment can be accommodated in these rooms. The provider was in compliance with this regulation on the day of the inspection. Notwithstanding compliance with this condition, the inspector found that the design and layout of one of these bedrooms meant that residents could not have a locker at their bedside and there was limited space for other furniture such as wardrobes and chest of drawers. One bedroom in particular did not have space for a bedside locker at the side of either bed due to the location of a chair at the bedside. Even if the chair was repositioned, there would not be sufficient space for a bedside locker at both beds.

Communal facilities comprise a large sitting room and a large dining room. There is also a small visitors room, however, this is now being used by staff due to visiting restrictions. There is an enclosed patio to the rear of the centre with garden furniture. In addition to en suite toilets, sanitary facilities comprise three bathrooms with shower, toilet and wash hand basin and two bathrooms with toilet and wash hand basin.

Some additional issues identified for improvement included:

- the housekeeping room and sluice room are combined as one and pose a risk for cross contamination. This is further discussed under Regulation 27, Infection Control
- the shower in one of the bathrooms was broken on the day of inspection and

the shower was being used to store linen skips

- taps on the wash hand basins in some rooms were coated in lime scale, making it difficult for them to be cleaned
- in general some parts of the premises required redecoration with scuff marks on paintwork, some radiators were rusty, the doors on some wardrobes and bedside lockers did not close properly, the lock on one of the bathrooms doors was broken and there was also rust on some toilet handrails.

Corridors are narrow in the older part of the premises and if a resident was using assistive equipment such as a walking frame, it would be extremely difficult for another resident to get by, should they meet on the corridor. Some bedrooms were personalised with photos, memorabilia and artefacts. Handrails were available in all circulation areas throughout the building, and grab rails were present in all toilets and bathrooms.

Judgment: Not compliant

### Regulation 18: Food and nutrition

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 weighed and assessed for the risk of malnutrition on admission and at regular intervals thereafter, using a validated tool. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspector found that residents on diabetic diets, modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served.

Breakfast was served for most residents from 08:30hrs but a small number of residents had breakfast in their bedrooms earlier. Choice of food was available at mealtimes, including for residents on a modified diet. Meals appeared to be nutritious and were attractively presented by catering staff.

Judgment: Compliant

### Regulation 27: Infection control

Overall, there were not adequate systems in place to ensure that standards for infection prevention and control were met and that Public health guidelines were consistently implemented in the centre.

Staff had completed infection control training and demonstrated good knowledge in

respect of hand hygiene. However, the inspector identified a number infection control concerns, which posed a risk to the welfare of the residents accommodated in the centre.

Some of the issues identified on this inspection included:

- there is only one small staff changing facility, which is also the staff bathroom, and no consideration had been given to the need for additional staff facilities should there be an outbreak
- consideration had not been given to rostering staff in teams to minimise the number of close contacts should one member of staff test positive
- staff were not social distancing at mealtimes
- while there was a small table between residents' chairs in the sitting room, residents continued to sit close together and no thought had been given to creating pods
- the sluice room and housekeeping room are combined in one small room
- while there was a wash hand basin in the sluice room, there was no soap, alcohol gel or hand drying facilities
- the wash hand basin in nurses station is not hands free
- house keeping staff are also responsible for laundry duties and the tasks are intermingled throughout the morning
- staff temperatures were not always recorded twice daily

Judgment: Not compliant

### Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff. There were records of regular fire drills that included the simulation of night time staffing levels.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines. All residents had photographic identification in place. The supply and administration of scheduled controlled drugs was checked and was correct against the drug register, in line with legislation. Two nurses checked the quantity of these medications at the start of each shift. The

nurse, spoken with by the inspector, displayed a good knowledge of the requirements in the area of controlled drugs and the responsibilities of the registered nurse to maintain careful records.

Prescription and medication administration records were in place for all residents and prescriptions were reviewed on a regular basis. Medications in the centre were supplied in a monitored dosage system. There was a system of reconciliation to ensure that what was delivered matched the prescription.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The daily narrative reviewed showed really good monitoring of care needs as well as monitoring residents responses to interventions including pain management. Risk assessments reviewed showed oversight of areas such as falls, pressure sore prevention, and nutritional status. Residents were closely monitored for any deterioration in their health and well-being or any indication of infection.

Care plans were developed to inform the care supports and assistance each resident needed. The information in the sample of residents' care plans examined by the inspector was predominantly person-centred and clearly described the interventions staff must complete informed by each resident's individual preferences and wishes regarding their care.

There was one resident in the centre for whom no assessments had been completed and for whom a care plan had not been developed, despite the resident being admitted to the centre in excess of three months prior to this inspection.

Care plans indicated residents' preferences in relation to end of life were in the process of being discussed with residents and their families and documented, however, this was not yet in place for all residents.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that the provider had generally ensured that residents had access to appropriate medical and health care to support their well being. Medical reviews were predominantly conducted remotely through telephone calls. GPs did visit the centre to review residents when it was determined that a remote consultation was not adequate.

There was access to allied health services such as speech and language therapy and

dietetics. Wound management records detailed dressings and wound progress with photographic records in line with best practice guidelines.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were a number of residents residing in the centre who had been diagnosed with dementia. In a sample of care plans reviewed by the inspector comprehensive care plans were in place for the management of the behaviour and psychological symptoms of dementia (BPSD).

In excess of 50% of residents had bed rails in place. There was a risk assessment conducted prior to the use of bed rails and safety checks while bed rails were in place. The assessments, however, did not always detail alternatives trialled prior to the use of bed rails. It was also clearly stated in incident records that bed rails were being used as a falls prevention measure, which does not comply with national guidance on the use of restraint.

Judgment: Substantially compliant

### Regulation 8: Protection

There had been no allegations of abuse. Residents spoken with by the inspector stated that they felt safe and were complimentary of staff and the care they provided. The Inspector reviewed residents finances and found that the provider had clear processes in place to protect residents' finances. The provider was not pension agent for any residents on the days of the inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

It had previously been determined that residents' meetings had been ineffective as a process for obtaining feedback from residents' views on life in the centre. These had been replaced with family meetings, whereby a meeting was arranged with residents and their families every six months. In addition to reviewing the resident's care plan at these meetings, it was also used as an opportunity to obtain feedback in relation to day to day operation of the centre. This process was now underway remotely and staff made contact with residents' families via telephone.

Activities were available for residents seven days a week. The programme of activities included one to one activities for those residents that did not wish to spend much time away from their bedrooms. Each resident had a completed key to me assessment that detailed their hobbies, past interests, relevant dates in their personal calendar. Activities were tailored to resident's needs and abilities. Residents reported that staff treated them with kindness and that their privacy was respected.

Residents had access to newspapers, TV, radio, and Wifi and many commented on how invaluable the use of social media and video calls had been during the lockdown to enable them to maintain contact with their families. Residents' lived experiences of residential care were diminished due to the COVID-19 pandemic restrictions, however, staff, as far as was practicable implemented a social care programme to meet the individual needs of residents.

Advocacy services were available to the residents and the inspector saw evidence that one resident was currently being supported by an independent advocate.

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
<b>Capacity and capability</b>	
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kenmare Nursing Home OSV-0000239

Inspection ID: MON-0031383

Date of inspection: 09/12/2020

## 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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Our PiC will be back to work by the 26th February 2021.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have reviewed and amended staffing allocations and have divided the center up into zones and changed our roster to reflect these changes.  Cleaning & laundry duties are no longer "intermingled"	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: This had been filed incorrectly and is now in staff members file.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Our contingency plan has since been updated and submitted to HIQA.  We have examined the ways our audits were being completed in order to ensure they are completed more accurately.  We will ensure that only the most up to date information is available for all staff.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>All bedrooms have been re-measured and our statement of purpose has been updated to reflect this and re-submitted to HIQA</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We will ensure that all incidents as required by the regulations are reported to HIQA</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All policies and procedures have been updated to reflect any changes as a result of COVID – 19.  We have made sure that all policies and procedures have been reviewed and where relevant updated at least 3 yearly or as a change occurs</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We will purchase where needed more wardrobes / chest of drawers to ensure all Residents have sufficient space for their belongings</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have removed housekeeping products from the sluice room.  We have arranged for the broken shower to be repaired.  We are in the process of replacing taps with lime scale.  We are in the process of repainting the whole building and replacing handrails were appropriate.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Housekeeping supplies are no longer kept in the sluice room.  Facilities have been installed for hand hygiene in the sluice room.  Staff temperatures will always be taken twice daily  Laundry and housekeeping duties are longer "intermingled"  Our contingency plan has been updated and submitted to HIQA</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  The care plan has now been completed</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  All staff continue to receive training in behaviours that challenge and restrictive practice. Side rail usage was reviewed for all Residents, one was replaced with alarm system. 4 Residents have requested the use of bedrails for their own comfort.</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	31/01/2021
Regulation 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social	Substantially Compliant	Yellow	26/02/2021

	care area.			
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Substantially Compliant	Yellow	04/02/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	26/12/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	11/01/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the	Not Compliant	Orange	31/01/2021

	residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	04/02/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	24/12/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	01/01/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	11/01/2021

	purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
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.	Not Compliant	Orange	09/12/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	28/12/2020
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before	Substantially Compliant	Yellow	28/12/2020

	or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	28/12/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	11/01/2021