



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Kenmare Nursing Home 'Tir na nOg'
Name of provider:	Kenmare Nursing Home 'Tir na nOg'
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	10 December 2019
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0028297

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; it is a ground floor bungalow with 3 single rooms, 10 single en-suite rooms, 5 double rooms and 2 en-suite double rooms and can accommodate up to 27 residents. In Kenmare Nursing Home we provide 24 hour Nursing Care. We can accommodate both Female and Male residents aged 18 and over with the following care needs: General care, Care of the Older Person, Respite care, Dementia, Alzheimer's, Physical Disability, Acquired Brain Injury, Convalescent, 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 of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Families and prospective Residents are encouraged to visit the Nursing Home prior to admission. On admission we will have a working care plan drawn up within 72 hours, this will be reviewed on an ongoing basis. We will attempt to preserve and maintain dignity, privacy and individuality within a caring atmosphere and in doing so will show sensitivity to the Residents changing needs. In Kenmare Nursing Home we operate an open visiting policy between the hours of 09:00am and 10:00pm, visiting outside of these hours is permitted by prior arrangement. Visitors who arrive during the mealtimes are to wait in the sitting room until the meal is finished, unless by prior arrangement. To protect our Residents we ask that all visitors sign in and out in our visitor's book on entering and leaving and partake in precautionary infection control measures, as appropriate. All Care Staff in Kenmare Nursing Home provide holistic care to cater for all aspects of Nursing Care and individual needs in the Care of the Elderly. The following therapies/ services are provided for a fee: reflexology, massage, hairdresser, chiropodist, physiotherapist, speech & language therapist, occupational therapist and dietician. In order to enhance the care provided and enable you to fulfil your personal, social and psychological needs the following services and activities are available within Kenmare Nursing Home: Mass every month and holy communion weekly on a Sunday, arts and crafts, card games, music, ball games, movies, bingo, etc. Kenmare Nursing Home will promote programmes of activities to encourage, stimulate and assist residents to meet their full physical and mental potential, promoting mental awareness and self-esteem. Residents will be accompanied for walks around the nursing home ground when they wish. Physiotherapist led exercises are twice weekly and Sonas sessions twice weekly with residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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How we inspect

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 10 December 2019	11:30hrs to 17:00hrs	Noel Sheehan	Lead

Capacity and capability

This inspection was carried out in response to the failure of the registered provider to pay 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. As this is the second incidence of non-compliance with the Act, and regulations made there under, with regard to the above named regulation, the registered provider was also issued with a warning letter. This inspection provided assurances regarding the financial viability and day-to-day running of the centre.

Finances reviewed showed that staff wages were up to date; other invoices such as food and gas were paid up to date to the start of December 2019. The kitchen stock was examined and all fridges and freezers were full of produce; the dry goods stock was also plentiful including specialist dietary requirements such as gluten free and diabetic foods.

The Inspector noted that the majority of actions required to address areas of non compliance regarding staffing, the premises, fire safety and notification of incidents noted in the report of 09 and 10 April 2019 had been satisfactorily addressed.

The service was appropriately resourced with appropriate staffing levels. An actual and planned roster was maintained in the centre, with any changes clearly indicated. There was a regular pattern of rostered care staff. In addition to the person in charge, there was one staff nurse on duty each day. There were four healthcare assistants on duty each morning, three in the afternoon, two in the evening and one at night. There was also a chef, two housekeeping staff, a manager, an administrative staff member and a maintenance staff member. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty at all times. A registered nurse also worked in the centre every night to administer the night time medications and provide any nursing support required. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Maintenance records were in place for equipment such as fire-fighting equipment, hoists etc. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks were also readily available and effectively maintained.

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

The registered provider had failed to pay 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. As this is the second incidence of non-compliance with the Act, and regulations made there under, with regard to the above named regulation, the registered provider was also issued with a warning letter.

Judgment: Not compliant

Regulation 15: Staffing

Following a review of staffing rosters and the staff on duty during the inspection, the inspector found that staffing levels and the current skill-mix were sufficient to meet the assessed needs of the residents.

However, the inspection occurred during the absence of the person in charge for a period of 26 days. This absence was not filled on the roster for the time of absence and the staff nurse on duty, in addition to their routine duties, was also carrying the duties of the person in charge. Induction procedures were not in place for all newly recruited staff.

Judgment: Substantially 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 as requested during the inspection were made readily available to the inspector. However, some improvements were required as two satisfactory references were not on file for all newly recruited staff. The management team provided assurance to the inspectors 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

There was evidence that the centre had current insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure. The person in charge reported to centre manager and the registered provider who was present in the centre on a daily basis, from Monday to Friday. There was a comprehensive programme of audits on issues such as clinical governance, care planning, fire safety, palliative care, and infection prevention and control. Where required improvements were identified, these were addressed. There was an annual review of the quality and safety of care.

The registered provider had failed to pay 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. The governance and management of the centre were open and forthright with the regulator providing information to the Chief Inspector regarding the late payment of fees. There was no evidence that the care and welfare of residents was negatively impacted at this time.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each contracted included details of the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

Policies and procedures which complied with legislative requirements including an independent appeals process were in place for the management of complaints. Complaints could be made to any member of staff and the person in charge was the designated complaints officer. Residents were aware of the process which was on public display near the main entrance. On review of the complaints log there was evidence that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied. All complaints were reviewed regularly to identify any learning or changes that were required.

Judgment: Compliant

Quality and safety

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly. An emergency plan had been developed and an appropriate response was in place for emergency situations. All residents had personal emergency evacuation plans, identifying the most appropriate means of evacuation both day and night. Fire drills were conducted frequently and there were good records maintained of the scenarios simulated. The records of fire drills showed timed actions and analysis of the drills and remedial actions taken. However, there was no evidence that fire drills and evacuations were undertaken with staff that worked on weekend or night duty only.

Routines and practices supported resident' choice and facilitated them to have control over their daily routine. Residents were assisted to get up in the morning at a time of their choosing and were seen to arrive in the dining rooms throughout the morning for breakfast. All residents were well dressed, in a manner similar to their dress sense prior to admission to a nursing home.

There were systems in place for the management of residents' finances. The inspector was informed that the provider was not pension agent for any resident.

The procedures in place were reviewed and the inspector found that satisfactory records were maintained.

Residents were consulted about how the centre is planned and run. The person in charge held 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.

Overall, residents appeared to have a good quality of life. Care was delivered in a calm and unhurried manner. Residents were observed having lunch in the main dining room, and some residents had lunch in their bedrooms. The activities programme was limited on the day of inspection. The centre manager explained that this was due to staff training that was taking place on site.

Regulation 17: Premises

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The building was well constructed and maintained. Provisions were in place to address health and safety hazards including call-bell systems and grab rails where necessary. Parking adequate to the service was available on site. The premises was noted to be warm and well maintained. There was evidence that all equipment had up to date maintenance as evidenced by appropriate documentation. The centre had undergone numerous renovations and additions to provide a homely environment for the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Mealtime was observed and this was a social affair for residents and assistance was provided appropriately, when necessary. The centre manager advised that deliveries of food including fresh meat were at least weekly and this was evidenced. Residents had choice of two different main meals, for example, on the day of this inspection, there was bacon and cabbage and fish; there were a choice of dessert options. However, as evidenced on the previous inspection, staff were observed to mix all the food together for residents that were prescribed a modified texture diet, which is not in keeping with promoting dignity.

Judgment: Substantially 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 and although staff had attended some fire drills, regular detailed fire drills were required at different times of the day and simulated at night when staffing levels are substantially reduced.

Judgment: Substantially compliant

Regulation 8: Protection

There had been no allegations of abuse. 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

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the management team and staff. There was evidence of consultation with residents and relatives through a meeting with person in charge on a bi-annual basis. The inspector noted that generally issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response.

A programme of appropriate activities were available. However, the programme of activities was limited on the day of inspection. Training was provided to the staff and care plans reflected resident's likes, dislikes and wishes.

Judgment: Substantially 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	
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kenmare Nursing Home 'Tir na nOg' OSV-0000239

Inspection ID: MON-0028297

Date of inspection: 10/12/2019

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
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people: The fee has since been paid, in future we will make all invoices payable to HIQA a priority.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We will ensure that all new staff have their induction procedures signed for and completed once their orientation is completed.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We will ensure that we will receive 2 written references and these will both be validated via phone or email before a new staff member commences employment.	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: We will ensure that foods with a modified texture will be kept individual and not mixed together</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will do regular simulated fire drills to reflect night time staffing ratios.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: In future when scheduling training we will ensure that this not impact our activity schedule.</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
Registration Regulation 8(1)	The fee payable by a registered provider is €183 in respect of each resident for a full calendar year	Not Compliant	Orange	18/12/2019
Registration Regulation 8(2)	The annual fee is payable by a registered provider in three equal instalments on 1 January, 1 May and 1 September each year in respect of each four month period immediately following those dates and each instalment is payable not later than the last day of the calendar month in which the instalment falls due	Not Compliant	Orange	18/12/2019
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Substantially Compliant	Yellow	11/12/2019

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	11/12/2019
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	11/12/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be	Substantially Compliant	Yellow	31/01/2020

	followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/01/2020
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	11/12/2019