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Kilcara House Nursing Home, OSV-0000241, 24 May 2022

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

Issued by the Chief Inspector

Name of designated centre:	Kilcara House Nursing Home
Name of provider:	Mertonfield Limited
Address of centre:	Kilcara, Duagh, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0035713

About the designated centre

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

Kilcara House Nursing Home is a family run designated centre set in a rural location within a few kilometres of the towns of Abbeyfeale and Listowel. It is registered to accommodate a maximum of 31 residents. It is a two-storey building with stairs and lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale Duagh and the new wing and upstairs has eight beds. Bedroom accommodation comprises single and twin rooms and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and dining room. There is a secure enclosed courtyard with seating and there is a mature garden with walkways and seating at the front entrance to the centre. Kilcara House nursing home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term, convalescence care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 24 May 2022	09:10hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

There was a welcoming and homely atmosphere in Kilcara House Nursing Home. Residents spoken with on the day of this inspection reported that they were happy living in the centre, and that they felt well-cared for by staff. The inspector spoke with eight residents in detail, and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. All residents who spoke to the inspector were highly complimentary about the service provided, and described the staff as kind, caring and nice to be around. One resident told the inspector the staff "treat us so well here" and another resident praised the personalised care they received. There was a calm atmosphere in the centre and the inspector observed respectful interactions and a warm rapport between staff and residents, throughout the day.

Kilcara House Nursing Home provides long term care for both male and female adults, with a range of dependencies and needs. The centre is situated in a rural area, between the towns of Listowel and Abbeyfeale, in North Kerry. The inspector saw to the front of the centre there are mature gardens with attractive planting, and numerous benches under the trees for residents and families to use. The centre is a two storey facility, which can accommodate 31 residents. Bedroom accommodation comprises 19 single and six twin rooms, all but three with en-suite facilities. There were 28 residents living in the centre on the day of this inspection. On arrival to the centre, the inspector was met by the nurse on duty, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check, were completed prior to accessing the centre. The nurse in charge then guided the inspector on a tour of the premises.

The inspector saw that a number of improvements had been made to the premises since the previous inspection, such as new carpets in the halls, the reconfiguration of a previously twin room to a single room, replacement of furniture, some painting, upgrading of the clinical room and additional storage. The inspector was informed that there was also a plan in place for further improvements in the coming months, which was required, as detailed under regulation 17.

Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspector as the inspector saw that food was attractively presented, and residents requiring assistance were assisted appropriately. However, the dining experience required review, to ensure that mealtimes were social occasion and residents had an opportunity to interact with each other, as some residents were observed remaining on arm chairs for their meals, with tray tables in front of them.

The inspector saw that the centre itself was generally clean throughout, and new cleaning processes had been introduced since the previous inspection. However, the inspector saw that hand hygiene sinks were limited throughout the centre and some other areas pertaining to infection control required to be addressed, these are

discussed further under Regulation 27

The inspector saw that residents had opportunities to participate in a range of group and individual activities. After lunch ten residents were observed in the larger sitting room watching a video of a local drama group play. Residents appeared to be enjoying the fun in a relaxed manner and the activities staff member was respectful of each resident's communication needs and ability to participate. It was evident that staff working in the centre knew residents well and could be heard having good humoured fun with residents, while they were supporting residents and attending to their needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection of October 2021. Overall, this inspection found that there had been improvements in the overall governance and management of the centre. Non-compliance's identified on the previous inspection had been addressed in areas such as fire precautions, staffing, infection control and the premises. A number of systems had been put in place, to ensure that the service provided is safe, appropriate, effective and consistently monitored.

Mertonfield Ltd is the registered provider of Kilcara House Nursing Home, and the company has two named directors, one of whom works in the centre full-time. The management structure in place within the centre, identified lines of authority and accountability. From a clinical perspective care is directed by a suitably qualified person in charge, who works full time in the centre. They are supported in their role by an Assistant Director of Nursing (ADON) and a team of nursing staff, an administrator, care staff, housekeeping, and catering staff. The ADON took charge of the centre in the absence of the person in charge.

Staffing numbers and skill mix on the day of inspection were appropriate to meet the individual and collective need of the residents, and with due regard for the layout of the centre. The provider had increased staffing levels at night following the findings of the previous inspection. Supervision of staff was effective and staff reported that they felt supported in their work. Rosters showed that there was a minimum of one registered nurse on at all times, as required by the regulations.

The inspector examined staff training records, which confirmed that staff had up-to-date training in areas to support them in their respective roles, such as fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had

also attended training in areas such as infection prevention and control practices and cardiopulmonary resuscitation. Although some improvements were noted in the recruitment practices within the centre, since the previous inspection, the systems in place for sourcing references was not maintained in line with Schedule 2 of the regulations, which is discussed further under Regulation 21.

The provider completed a suite of audits on a monthly basis to monitor the care and service delivered and the provider was using this information to implement quality improvements within the centre. An annual review of the quality and safety of care delivered to residents had been completed for 2021.

A record of incidents occurring in the centre was maintained. All but one incident had been reported to the Chief Inspector, as required under the regulations, within the required time period. There was a complaints management system in place, with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome, as per regulatory requirements.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time, since the onset of the global pandemic. The centre had experienced and outbreak of COVID-19, affecting both staff and residents, in November 2021. The management team had been in regular contact with the public health team and the Health Service Executive in regard to the management of the outbreak.

Regulation 15: Staffing

On the day of this inspection the inspector found there were sufficient staff on duty in the centre, to meet the assessed needs of residents. Improvements were noted in staffing levels at night, in response to the previous inspection. The provider had increased staffing numbers from two staff to three staff at night in the centre, which was more appropriate, having regards to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff had attended mandatory training in areas such as fire safety, safeguarding residents from abuse, manual and people handling and responsive behaviour. Improvements were noted in the completion of an induction programme for new staff and yearly performance appraisals, since the previous inspection.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed four staff files. One of these did not contain all information required, as per Schedule 2 of the regulations. It was noted that it had statements of employment as opposed to two references, the regulatory requirement is to have two written references.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place, which was displayed on entering the premises. This provided insurance against injury to residents and loss or damage to residents property, which is a regulatory requirement.

Judgment: Compliant

Regulation 23: Governance and management

Improved management systems had been implemented and would require ongoing development and review, to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector noted that one notification was not submitted as required by the regulations to the Chief Inspector, this was submitted following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Improvements were noted in the management of complaints since the previous inspection. The centre had a complaints policy that was in line with regulatory requirements. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were documented and investigated in line with the centres policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required as per Schedule 5 of the regulations were in place and updated on a three yearly basis, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Kilcara House Nursing Home. The inspector found that residents reported to be satisfied with the service and care they received. Residents' health, social care and spiritual needs were well catered for. However, this inspection found that some further areas required to be addressed pertaining to infection control, care planning, the premises, the dining experience and investigation of safeguarding incidents. Each of these findings will be discussed in more detail, under the relevant regulation.

Care planning documentation was available for each resident in the centre. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. All care plans reviewed were updated four monthly or as needs changed, which is required by the regulations. However, some care plans reviewed were generic and therefore were not sufficiently detailed to direct care. Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as a dietitian and tissue viability, as required.

There was a live risk register maintained and updated regularly and the inspector was assured that incidents involving residents were being reviewed and learning identified. Improvement were noted in fire safety since the previous inspection. Staff were knowledgeable and clear about what to do in the event of a fire, and what the

fire evacuation procedures were. Additional evacuation equipment had been purchased for residents residing upstairs, and was accessible in the event of an emergency. Fire exits were clearly visible and free from obstruction. Fire safety training and evacuation drills were carried out regularly. Personal evacuation plans were in place for each resident. As found on the previous inspection advisory signage was not in place in the centre, which required to be addressed.

Residents spoken with on the day of this inspection stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and courteous. The provider was not a pension agent for any residents living in the centre. There were adequate arrangements in place for the management of residents personal monies, held for safekeeping. There was, however, a need to ensure that the policy on safeguarding residents from abuse was implemented if required. This is discussed in more detail under regulation 8.

Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions. Residents were consulted with and had opportunities to make choices in their daily life and they participated in the organisation of the centre. Residents attended meetings with management and the inspector saw that minutes of these meetings and attendees were documented. The outcomes were clearly identified and action plans in place. Advocacy services were available to all residents that requested them. Residents were supported and encouraged to visit their families at home and go on trips outside the centre.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. There was evidence of effective communication between the designated centre and families regarding visiting arrangements.

Judgment: Compliant

Regulation 17: Premises

The inspector acknowledges that the provider had improved the premises since the last inspection of this centre, seven months previously. However, parts of the premises did not conform to the matters set out in Schedule 6 of the regulations, for example;

- flooring in some area was damaged and worn and could not be cleaned. This was particularly in relation to bedrooms that were carpeted.
- some walls and wood work was scuffed and required repair and painting, as

it could not be easily cleaned.

The registered provider had a schedule of works to address these issues but this had been delayed due to the COVID-19 pandemic.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place that included the information as set out in Schedule 5 of the regulations. There was an associated risk register that set out risks and control measures in place, to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

Action was required to address the following areas:

- although cleaning schedules were in place, the inspector identified that in some instances these had not been appropriately completed during the month of this inspection, therefore, the inspector could not be assured that these areas had been cleaned.
- there were an inadequate number of clinical wash hand basins, at suitable locations, to support effective hand hygiene.
- the one clinical hand wash basin in place, in the clinical room, did not comply with the recommended Health Building Note 00-10: Part C standards.
- dispensers containing alcohol gel were topped up and refilled. It is recommended that disposable single use cartridges or containers should be used, to reduce the risk of contamination.
- an open wound dressing tray was observed to be left exposed in a residents bedroom which could lead to cross contamination.
- a hoist was inappropriately stored in a bathroom.
- a commode in use was rusted, therefore, effective cleaning could not be assured.

Judgment: Not compliant

Regulation 28: Fire precautions

There was not signage on display, within compartments, indicating where you are in the centre, and the evacuation procedures to be followed in the event of a fire. This signage was also an area to be actioned following the previous inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Not all care plans reviewed contained detailed information specific to the individual needs of the resident and were sufficiently detailed to direct care. For example:

- a mobility care plan did not detail the residents mobility status and level of assistance required.
- a personal hygiene care plan did not detail the residents level of dependence and preferences.
- a social activities care plan did not give details regarding the residents personal preferences.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were observed to have access to a range of medical supports, including access to GP's, psychiatry, and allied health and social care professionals such as dietitians and speech and language therapy. Care records seen indicated that where medical professionals made clinical recommendations, residents' care plans were amended as necessary. There was a low incidence of pressure ulcer formation in the centre and skin integrity was well monitored.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were not any residents presenting with significant challenging behaviour. Staff spoken with were knowledgeable of residents individual needs and knew what to do when residents behaviour may indicate they had an unmet need. A review of restraint was ongoing, and progress had been made in reducing the use of bed-rails in the centre. Risk assessments were conducted prior to the use of bed-rails; there were regular safety checks while bed-rails were in place; and there was evidence of the exploration of alternatives to bed-rails.

Judgment: Compliant

Regulation 8: Protection

A complaint made by a resident should have been investigated using the policy on safeguarding as guidance, rather than under the complaints procedure. While discussions with the person in charge indicated that adequate safeguarding arrangements were put in place following the incident, there was not an adequate investigation completed, as per the centres policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were generally promoted in the centre by all staff. However, some residents were not given the choice or opportunity to have a dining experience and were seen to have their meals in the chairs where they sat during the day. The second dining room was not in use on the day of this inspection.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0035713

Date of inspection: 24/05/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Management will oversee that all staff files will meet all regulatory requirements.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Management will ensure all notification are submitted, as per regulations to the chief inspector	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The register provider has a planned schedule to maintain and improve premises Established program for replacing carpets awaiting response from the company for commencement date.	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All signature sheets will be checked during walk arounds and overseen by management. A more spacious clinical room is underway, which will provide a clinical sinks plus, there is also a sink in the drug room.</p> <p>Disposable single hand sanitizer cartridges have been ordered.</p> <p>Wound management training planned</p> <p>Management will oversee storage and condition of all equipment's</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All floor plans have been updated and highlighted where person is in the center, all have been placed at appropriate fire exit points.</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:</p> <p>All residents care plans are individualized and updated regularly using a generic assessment tool</p> <p>Going forward all residents will have an individualized/not generic care plan.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>All complaints will be investigated using appropriate policies as guidance.</p>	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: All Residents if appropriate will be offered the choice to attend dining rooms for meals. On occasions residents personal chairs are not suitable for dining tables. (Too big)	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/09/2022
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	02/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Not Compliant	Orange	22/09/2022

	infections published by the Authority are implemented by staff.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	27/02/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	25/05/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	06/04/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of	Substantially Compliant	Yellow	31/05/2022

	abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	25/05/2022