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Killarney Nursing Home, OSV-0000685, 01 December 2020

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

Issued by the Chief Inspector

Name of designated centre:	Killarney Nursing Home
Name of provider:	Mowlam Healthcare Unlimited Company
Address of centre:	Rock Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	01 December 2020
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0031213

About the designated centre

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

Killarney Nursing Home is situated in a leafy suburb of Killarney town, just 5 minutes from the town centre. It is a purpose built centre designed to provide care for residents requiring continuing and short stays including respite and convalescence. The main objective in Killarney Nursing Home is to ensure the continued delivery of high quality, consistent person-centred care to all residents. We are committed to enhancing the quality of life of all our residents by providing high-quality, resident-focused nursing care, catering, service and activities, delivered by highly skilled professionals. The facility can accommodate a maximum of 56 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. We provide nursing care for a variety of residents, including those suffering from multifunctional illnesses and conditions that affect memory and differing levels of dependency. To fulfill your personal, social and psychological needs there is an activity programme available. Residents' where possible shall have a pre-admission assessment and a comprehensive assessment shall be completed within 48hrs of admission, and used to create the resident care plan. There are 52 single bedrooms with en-suites and 2 twin bedrooms with en-suites. The following therapy services are provided: physiotherapy, occupational therapy, speech and language therapy, dietetics, podiatry, etc. These professional therapies are provided by external companies. Killarney Nursing Home is a multi-denominational care facility; regular visits are made by members of different clergy. Catholic Mass is held every Tuesday. We operate a flexible visiting policy within Killarney Nursing Home however to protect our residents we ask that all visitors sign in and out on entering and leaving, wait in the designated visitors' area to enable staff to announce their arrival and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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 1 December 2020	10:10hrs to 16:30hrs	Ella Ferriter	Lead
Wednesday 2 December 2020	09:30hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

There were 55 residents living in Killarney Nursing Home on the day of inspection. Residents spoken with told the inspector that they were happy living there, and were complementary regarding the kindness of staff. The inspector observed interactions between staff and residents, and saw that residents were treated with respect, and staff were very helpful. Discussions with staff indicated that they knew individual residents well and were able to relate to the inspector their specific care needs, on an individual basis. Staff were knowledgeable about each resident's preferences for personal care and for their daily routines, and these were facilitated in a caring manner.

The inspector observed that many of the residents living in the centre required high levels of assistance from staff. The inspector noted on day one of the inspection, that residents who required additional assistance with their lunch, were not appropriately supported by staff in all instances, as they did not have time. Care staff had responsibility for serving meals from a food trolley, as well as providing assistance with feeding and supervision to residents. The management team restructured meal times to address this on day two of the inspection and improvements were noted by the inspector. Some residents told the inspector that staff were very busy and they sometimes did not have time to attend to them when they called. Staff also confirmed this. Residents who spoke with the inspector reported that the food was good and there was always a choice of something they liked on the menu at dinner time. Two residents spoken to stated they would like more variety of food in the evening. Staff provided residents with snacks and drinks throughout the day.

The inspector observed that residents were encouraged and facilitated to socially distance, in accordance with national guidance. Some residents said they knew about COVID-19, because staff updated them regularly. Residents described the last few months as challenging, and found it difficult not being able to see their family and have days out of the centre, however, they understood the need for these restrictions. Residents informed the inspector that management were very accommodating in facilitating window visits where possible. The inspector observed a varied activities programme over the two days of inspection. The centre was beginning to prepare for Christmas and residents were enjoying engagement with staff who were decorating the centre. Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents, for example, chatting and singing.

Capacity and capability

This was a two day unannounced inspection to monitor compliance with the regulations. The registered provider had submitted an application to renew the registration of the centre and this inspection would also support the decision-making process for that application. The inspector followed up on issues identified for improvement on the previous inspection, which was conducted in October 2019. On this inspection improvements were noted in the areas of fire safety, training, the provision of activities and record management. However, additional improvements were required in ensuring residents were appropriately supervised and assisted at mealtimes, care planning, infection control, medication management and the governance and management of the centre at weekends. The management team were proactive in response to issues as they arose during the inspection, and demonstrated a commitment to improving the quality of care for residents.

The registered provider of this centre is Mowlam Healthcare. There was a clearly defined management structure in place, with clear lines of authority and accountability. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by a Clinical Nurse Manager, a General Service Manager, a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The person in charge confirmed that she received appropriate support from the registered provider representative. There is additional support employed by the group of a Healthcare Manager who attends the centre weekly and a Director of Care Services. They are both involved in the day to day operations of the centre. There was evidence of very good communication between management via monthly meetings where staffing, finance, residents needs, key performance indicators, incidents, human resources and complaints were discussed.

The person in charge is also supported on a daily basis by the General Services Manager, who works full time in the centre and supports the operational management in areas such as recruitment, rostering and resource management. performance indicators, incidents and human resources were discussed. From a clinical perspective within the centre, the person in charge is supported by a Clinical Nurse Manager (CNM). The inspector was informed that a newly recruited CNM was due to commence a full time role in the centre the following week. In the interim, a senior staff nurse was acting in the role in an interim capacity. This full time role is structured in such a way that two days per week the CNM is rostered as the RGN on one of the floors, therefore, does not have responsibility for management. This was of further significance as the centre was divided into two zones, to minimise the risk of COVID-19, and therefore this CNM would not have an active role in supervising care delivery throughout the centre and providing guidance to nursing staff. On review of the rosters the inspector found that there was no management rostered for the centre at weekends, albeit, the person in charge is on call every weekend for emergencies.

Staff were observed to be caring and interacted with residents in a manner that demonstrated compassion and respect. The inspector reviewed the staff compliment. On each floor one RGN and four healthcare assistants were rostered

daily. At night one RGN and one helathcare assistant was rostered. There were 26 residents on the ground floor and 28 residents on the first floor. The majority of residents living in the centre required support with all activities of daily living, and had a cognitive impairment. Over seventy percent of residents living in the centre were assessed as maximum or high dependency. They therefore required assistance and support with personal care, mobilisation and assistance at mealtimes. The inspector noted that supervision arrangements in place during the day at mealtimes did not provide adequate oversight of the quality of care delivered to residents who required assistance.

The registered provider had put adequate resources in place in response to the COVID-19 pandemic. A COVID-19 contingency plan was available, as well as a COVID-19 resource folder on each unit, for staff to source current Health Protection and Surveillance Centre (HPSC) and Health Service Executive (HSE) information. The person in charge was the COVID-19 lead in the centre, with delegation detailed to ensure appropriate management cover in her absence. The inspectors acknowledge that residents and staff living and working in the centre have been through a challenging time and the centre has been successful to date, in keeping the centre COVID- 19 free.

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 the required information as required by the regulations. There was evidence of a detailed induction programme for newly recruited staff. There was a comprehensive programme of training, and improvements were acknowledged since the previous inspection. 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 staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE), in response to the COVID-19 pandemic.

There were good systems of information governance and all documentation required by the regulations were maintained in the centre. Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All notifications required to be submitted to the Office of the Chief Inspector were submitted, within the required time frame. There was a robust complaints management system in place which was being monitored by the person in charge. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. However, there was not always evidence that residents and relatives were satisfied with measures put in place in response to issues raised.

A comprehensive annual review for 2019 had been carried out by the management team, that identified quality improvement initiatives for the year ahead. The quality and safety of care delivered to residents was being monitored. The annual audit schedule indicated regular audits were taking place and issues identified for improvement through the audit process were addressed. While audits were seen to

cover a range of topics, and their format provided an action plan in relation to implementing and improvements required, the system would benefit from review to ensure audits consistently identified areas of practice that required improvement, for example care planning documentation, infection control and food and nutrition. Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. A review of the policies indicated they were reviewed regularly. Amendments to policies in accordance with updated guidance relating to COVID-19 were detailed in a COVID-19 reference folder.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a new person in charge in post since the previous inspection. She had extensive clinical experience and the required qualifications to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The inspector found good levels of supervision in communal areas throughout the inspection. Staff who spoke with the inspector were competent to perform their respective roles and said they were supported by management with ongoing training. Improvements were noted regarding the allocation of staff to activities provision since the previous inspection.

For operational purposes the centre was divided into two floors and there were designated staff for each floor. Adequate contingency arrangements in response to the COVID-19 pandemic had been put in place to limit staff movement between the floors, and ensure that each area was individually staffed. On each floor there was one registered nurse and four healthcare assistants during the day. At night there was one nurse and one healthcare assistant on each floor. The majority of residents living in Killarney Nursing Home had maximum to high dependency needs

(45 residents). Therefore, these residents required additional support with physical care and many had a cognitive impairment. Overall, the inspector found that staffing required review, having regard to the assessed needs of the residents, assessed in according to Regulation 5, and the size and layout of the centre. Findings of the inspector are supported by feedback and discussions with residents and staff, and by observations of the inspector. The following required to be addressed:

- Staff and supervision arrangements during mealtimes which is discussed under Regulation 18.
- Staff and supervision arrangements at weekends, when there is no management rostered.
- Review of the role of the Clinical Nurse Manager, who as per the centres statement of purpose was a full time post, however, 24 of these hours were allocated to the RGN roster, covering one of the floors. Therefore, on these two days there was not a responsibility for supervision of care delivery.

Judgment: Not compliant

Regulation 16: Training and staff development

Improvements were noted by the inspector on staff training since the previous inspection. A comprehensive training matrix was made available to the inspector and demonstrated up to date mandatory training for all staff along with other relevant training such as dementia care and cardiopulmonary resuscitation. Additional training, in response to the global pandemic had been provided on COVID-19, hand hygiene, infection control and the donning and doffing of personal protective equipment.

Judgment: Compliant

Regulation 21: Records

Records requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of five staff files viewed by the inspector were found to be well maintained and all contained the requirements of Schedule 2 of the regulations. Garda vetting was in place for all staff and inspectors were assured that nobody was recruited without satisfactory Garda vetting.

Judgment: Compliant

Regulation 22: Insurance

Evidence was available that the centre had appropriate insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. Governance arrangements and reporting structures were in place with roles and responsibilities clearly defined. The management team and staff demonstrated a commitment to on-going improvement and quality assurance. Systems had been put in place for monitoring the quality and safety of care provided to residents. Key clinical quality indicator data was collected monthly and information gathered was used to improve quality care. There was a comprehensive COVID-19 contingency plan in place, and to date no residents had contracted the virus. The annual audit schedule indicated that regular audits were taking place, and issues identified for improvement through the audit process were addressed. However, the inspector found that increased oversight was required in relation to supervision of residents requiring assistance at mealtimes, infection control, care planning and clinical management of the centre at the weekends.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place for residents. The contracts included details of the fees to be charged, including fees for additional services. From a sample of contracts reviewed, they all included details of the room to be occupied by the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that included the facilities and services provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. Notifications were provided to the Chief Inspector as required. 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

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 that was centre-specific. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently and was included in the statement of purpose. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. However, there was not always evidence that relatives were satisfied with measures put in place in response to issues raised. The complaints made, and records in relation to each complaint were discussed at each management meeting.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. These were reviewed recently and adapted accordingly to reflect changes in practices due to COVID-19.

Judgment: Compliant

Quality and safety

Overall, the healthcare needs of residents were generally met to a good standard,

and improvements were acknowledged since the previous inspection regarding the provision of social activities. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. An ethos of respect and dignity for residents and was evident. Improvements were required, predominantly in relation to infection prevention and control, food and nutrition and care planning documentation.

Residents had access to appropriate medical and allied health services. There was evidence of regular medical reviews and referrals to specialist services as required. The centre employed a physiotherapist one day per week. Residents also had access to an occupational therapist that visited the centre on a monthly basis. Other services available included, speech and language therapy, chiropody, dietetics and a tissue viability nurse. There was a low incidence of pressure ulcer development and wound care was to a high standard. Residents were regularly assessed and reviewed using a range of assessment tools, for issues such as the risk of developing pressure sores, the risk of falling and the risk of malnutrition. Care plans were then developed based on these assessments, however, they required improvement as they did not provide adequate detail of the care needs of each resident on an individual basis, in all instances.

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were met. The daily menu was displayed and choice was available at every meal. Residents spoken with were complimentary regarding the quality and choice of food. A review of the number of staff available to assist residents at meals was required as was found to be inadequate.

Improvements were noted regarding fire safety since the previous inspection. There were adequate systems in place for fire safety that included the preventive maintenance of equipment, daily and weekly checks of equipment and emergency exits, and the training of staff. There was evidence of regular fire drills, and the records provided adequate detail of the scenario simulated in each drill. Staff spoken with were knowledgeable regarding fire precautions. The centre had a risk register that detailed centre specific risks, risk ratings, the controls implemented and an owner of each risk. Residents had clinical risk assessments completed and control measures were in place.

The registered provider had systems in place to minimise the risk of the introduction of COVID-19 to the centre. Residents were monitored for signs and symptoms of COVID-19. The movement of staff was minimised between the two floors of the centre and staff temperatures were being recorded, twice per shift. On the day of inspection, visiting to the centre had been suspended, in line with national guidelines. There was evidence that visiting, when allowed to the centre, had been controlled and risk assessed. There was an enhanced cleaning protocol in response to COVID-19 and the centre was generally clean throughout. However, some improvements were required in relation to the storage and cleaning of equipment and adherence to correct isolation procedures for residents. Staff were observed to adhere to good infection prevention and control protocols, that included good hand hygiene practices, and the appropriate use of personal protective equipment. There

were measures in place for residents to maintain physical distance in accordance with HPSC guidance, which were observed to be followed in practice.

There were improvements in opportunities for social engagement since the previous inspection. There was an extensive activities programme facilitated by two activities co-ordinations seven days per week. There was good evidence of consultation with residents via monthly residents meetings. Minutes of residents meetings indicated that issues raised were addressed by the management team.

Regulation 11: Visits

In line with national recommendations of the HPSC, due to level 5, visiting to the centre was restricted. Information pertaining to these restrictions and precautions was displayed at entrance to the centre. Infection control precautions were in place on entering the building, whereby a COVID-19 related questionnaire was completed, along with recording of visitors temperature and advise regarding wearing masks and hand hygiene. The person in charge confirmed that visiting on compassionate grounds is facilitated in the centre at all times.

Judgment: Compliant

Regulation 17: Premises

Killarney Nursing Home is a purpose built designated centre in Killarney town, close to all amenities. The location, design and layout of the centre was suitable for its stated purpose, and met residents' individual and collective needs in a comfortable and homely way. The inspector found it to be well maintained and nicely decorated. It is built over three levels, the ground floor and first floor providing accommodation for 56 residents, and the basement was utilised for laundry and storage. Bedroom accommodation consists of 51 single rooms and two double bedrooms. All bedrooms are en suite with shower, toilet and hand basin.

Outdoor space available for the 55 residents living in the centre was limited and consists of one small internal courtyard with minimal seating available. This area was well maintained. The inspector was informed that additional secure outdoor space was planned for next year, at the side of the building, which would afford residents additional outdoor space.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed that residents had access to a safe supply of drinking water and refreshments were served throughout the day. The inspector was satisfied that residents weight changes were well managed, and there was evidence that weights were being monitored monthly. There was evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required.

The inspector observed the dining experience for residents during lunchtime on both days of inspection. In the two dining rooms, on the ground and first floor, residents were assisted appropriately and observed enjoying their meals. However, over half of the residents living in the centre remained in their bedrooms for meals, and the majority, due to a cognitive or physical impairment, required assistance and support with eating. On day one of the inspection, the inspector observed that there was not an adequate number of staff available to assist these residents, who required additional support. This was brought to the attention of management and systems were reviewed and restructured. Nonetheless, it was evident that increased oversight was required to ensure residents requiring support at mealtimes were afforded it, and food intake was appropriately monitored.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. The risk register had been updated with COVID-19 related risk documenting the reporting the risk associated with the impact of the pandemic. A current safety statement was in place in line with best practice. Residents had personal emergency evacuation plans to facilitate a safe evacuation should the need arise.

Judgment: Compliant

Regulation 27: Infection control

The inspector acknowledged the effective infection control procedures adopted by staff, which had resulted in the centre remaining clear of COVID-19 to date. Staff had access to personal protective equipment, and there was up to date guidance on the use of this available. All staff were observed to be wearing surgical face masks in accordance with the current HPSC guidance. Hand hygiene notices were displayed, and staff and residents had information and training on infection prevention and control practices. The centre was clean and well maintained. The

cleaning schedule had been reviewed and cleaning had been enhanced in response to the global pandemic. Cleaning was being monitored effectively by management. However, some improvements were required in relation to the following:

- Ensuring signage on rooms of residents in isolation was in place.
- Ensuring residents in isolation had doors to their bedrooms closed.
- Ensuring equipment such as hoists were not stored in residents toilets.
- Ensuring equipment such as shower chairs and hoists did not have adaptations made to them, which restricted the ability to clean them.
- Ensuring that storage of clean items were not situated in the sluice area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were acknowledged in relation to fire precautions. Personal Emergency Evacuation Plans (PEEPS) were in place for all residents. All staff had received training in fire safety. There was evidence of fire drills being completed on day and night duty. Evacuations were timed and audited, and learning from drills informed improvements in practice. Appropriate documentation was maintained for daily, weekly and monthly fire checks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Registered Nurses had received training on medication management and medication errors were being monitored. Controlled drugs records were maintained in line with professional guidelines. However, the inspector found that medication administration charts, pertaining to the administration of psychotropic drugs for one resident did not clearly indicate the dose administered on five consecutive days. This presented a risk of administration of a dose inconsistent with the prescribed maximum dosage allowed. Topical creams requiring refrigeration were also found not to be labelled with the date opened or the residents name.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were generally personalised. Assessments were completed using a range of validated tools. However, some improvements were required as it was found:

- A resident requiring insulin injections did not have this included in the diabetic care plan.
- Care plans were not always updated as care needs or conditions of resident changed.
- Language in some care plans was not person centred.
- A resident with a urinary catheter did not have accurate details recorded to direct care .

End-of-life care plans reviewed showed that residents were asked their wishes and preferences regarding decisions should their condition deteriorate. Next-of-kin were involved in discussions when appropriate, and there was documentary evidence of on-going discussions regarding care during the COVID-19 pandemic.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the healthcare needs of residents were met to a good standard. There was evidence of good access to medical staff and residents were regularly reviewed. There was a low incidence of development of pressure ulcers, and where they did exist they were appropriately managed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff working in the centre had received ongoing education on management of responsive behaviours. There was a low incidence of bed rail usage in the centre, and there was evidence that alternatives were trialled, and residents were appropriately risk assessed. A policy on managing responsive behaviours was in place, however, the inspector found that in all instances the policy was not followed in practice. Responsive behaviour care plans were not in place for all residents which required them, and ABC charts were not always in utilised when indicated. Improvements were required in the assessment of residents who had responsive behaviors to identify triggers and develop strategies to de-escalate and prevent further recurrence. This was also a finding on the previous inspection. The monitoring of psychotropic medications also required review which is addressed

in regulation 29.

Judgment: Not compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. There were robust systems in place to protect residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of on-going consultation with residents and their representatives. Monthly residents' meetings were held and facilitated by management. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such activities, visiting and COVID 19 were discussed. There was evidence that issues raised by residents had been acted upon by the management team. There had been increased staff levels allocated to activities since the previous inspection and activities for residents were now scheduled seven days per week. The inspector observed good interaction between residents and with staff during activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killarney Nursing Home OSV-0000685

Inspection ID: MON-0031213

Date of inspection: 02/12/2020

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Nursing staff are responsible for the deployment of staff and for the oversight of mealtimes; this includes appropriately allocating staff at mealtimes to ensure that there are sufficient staff available provide residents with their preferred choice of meal, to assist them with meals as required and to monitor their nutritional intake.</p> <p>Staffing supervision at the weekend has been reviewed. A Senior member of the nursing team is on duty at weekends to ensure there is clinical supervision and appropriate nursing expertise on site.</p> <p>The Clinical Nurse Manager (CNM) will work in a supernumerary capacity full-time during this pandemic in order to ensure that staff are deployed, and duties allocated appropriately, and that there is effective supervision of the care provided to individual residents in accordance with their assessed care needs.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The oversight and supervision of mealtimes has been reviewed. Nursing staff provide supervision at mealtimes to ensure that meals are nutritionally balanced, that residents receive the meal of their choice and that they can be assisted to eat and drink in accordance with their abilities and needs. Nursing staff monitor the nutritional intake of the residents and are aware of residents who may require greater attention or dietary review due to poor appetite or possible mechanical difficulty such as dysphagia.</p>	

An infection prevention and control audit has been undertaken and a detailed quality improvement plan was developed based on areas of non-compliance identified. Corrective actions have been implemented including removal of items found to have been inappropriately stored in areas of the nursing home.

A weekly audit of care plans will be undertaken to ensure that they accurately reflect the care delivered. Assessments are regularly reviewed in line with changes in the resident's medical condition and care plans are updated to inform staff of any changes.

The clinical management of the nursing home at the weekend has been reviewed and we will ensure that a senior member of the nursing team is on site at weekends.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Any complaints received are documented and discussed during the daily handover or safety pause. Complaints are reviewed during the monthly management team meeting. All high severity complaints are escalated appropriately in line with the nursing home's complaints policy. The PIC makes every effort to ensure that the complainant is satisfied with the outcome. If the complainant is unhappy with the outcome, they are informed of the appeal procedure as outlined in the complaints policy. The outcome of the complaints process will be documented to record the complainant's satisfaction and to describe actions taken and measures implemented to ensure that there is a comprehensive response to each complaint.

Regulation 18: Food and nutrition

Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

We will ensure that there is always a sufficient number of staff available to assist the residents at mealtimes.

Each mealtime will be supervised by nursing staff who will monitor residents' nutritional status and intake, and ensure safe, effective care in accordance with their individual needs, abilities and preferences whether the resident is in the dining room or chooses to remain in their own bedroom

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: We will ensure that all appropriate signage is in place to alert staff regarding specific IPC measures in place.</p> <p>The CNM is the designated IPC Lead and will monitor compliance with the following actions: We will advise staff to monitor the signage on the doors of residents in isolations and to keep residents' bedroom door closed.</p> <p>The hoists are now stored appropriately in store rooms on booth floors. This will allow easy access to the equipment and leave the corridors free from obstruction.</p> <p>Adaptations to shower chairs and hoists that were identified during the inspection have been removed and there is a regular cleaning programme in place for this equipment. Clean items have been removed from the sluice room and appropriately stored elsewhere.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: To ensure that psychotropic drugs are administered as recommended and in accordance with the prescription and the Safe Administration of Medications Policy, the PIC/CNM will regularly review the medication administration records as part of a scheduled Medications Management Audit. All medications kept in the fridge are now labelled correctly.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	

assessment and care plan:
 All care plans will be reviewed to ensure that all residents' assessed care needs are documented. Progress notes will be reviewed to confirm that all these needs are met and that care is delivered in accordance with the resident's person-centred care plan. The PIC will ensure that specific medical conditions are included so that care is provided safely, effectively and consistently.

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Residents who present with Behavioural and Psychological Symptoms of Dementia will be assessed, using an Antecedent, Behaviour and Consequence chart which will be recorded to analyse patterns of behaviour and to identify the triggers for their responsive behaviours and de-escalation techniques.

A Responsive Behaviour care plan will be drawn up on this basis which will ensure a consistent and sensitive approach by all staff towards the resident.

The PIC will regularly review the Responsive Behavior care plans to ensure triggers are properly identified. These will be discussed with staff. Through reflective practice discussion, individual strategies to de-escalate and prevent further recurrence will be identified and documented.

Weekly medication audits will be conducted to ensure compliance with PRN psychotropic medication administration policy.

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 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.	Not Compliant	Orange	31/01/2021
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	29/01/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/01/2021

	consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	31/01/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/01/2021
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject	Substantially Compliant		31/01/2021

	of the complaint to deal with complaints.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/01/2021
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	31/01/2021
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Not Compliant	Yellow	31/01/2021

	respond to and manage behaviour that is challenging.			
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		31/01/2021