

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Killarney Nursing Home
Centre ID:	0685
Centre address:	Rock Road
	Killarney
	Co Kerry
Telephone number:	064-6632678
Fax number:	064-6632636
Email address:	managerkillarney@mowlamhealthcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Mowlam Healthcare Limited
Person authorised to act on behalf of the provider:	Pat Shanahan
Person in charge:	Aileen Duffy
Date of inspection:	6 September 2011 and 7 September 2011
Time inspection took place:	Day-1 Start: 10:00hrs Completion: 18:00hrs Day-2 Start: 08:00hrs Completion: 14:00hrs
Lead inspector:	Vincent Kearns
Support inspector(s):	Noel Sheehan
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Killarney Nursing Home caters for residents aged over 50 including those with dementia and physical disability. It also offers respite and convalescent care. It has a capacity of 56 beds, of which 52 were occupied on the day of inspection.

The centre is a purpose-built, two-storey building over a basement with bedrooms on both the first and second floors.

The entrance is electronically monitored from inside the building. On entering the hallway there are offices on the right, and to the left there is a dining room and kitchen. The first floor is accessible by stairs and lift and both floors have a nurses' station.

There are four communal areas, two on the ground floor and two on the first floor. There is also a hairdressing salon, an oratory and a smoking room. There are 52 single rooms and two twin-bedded rooms, all with en suite facilities including showers. There are separate assisted shower and bathrooms on both levels.

In the basement area there is a laundry, meeting/training room and storage spaces.

The design of the premises is square-shaped around an enclosed patio area which is well maintained and suitable for residents with limited mobility.

Furniture and fixtures throughout are to a high standard and all beds are electric.

Date centre was first established:			2009	
Number of residents on the date of inspection:			52	
Number of vacancies on the date of inspection:			4	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	8	20	23	1
Gender of residents			Male (✓)	Female (✓)
			✓	✓

Management structure

Killarney Nursing Home is one of a number of nursing homes under the ownership and management of Mowlam Healthcare Limited, the nominated provider being Pat Shanahan. The Person in Charge (PIC) is Aileen Duffy who reports to Joan Daly, Regional Operations Manager who is based in Limerick. Care staff report to the nurse on duty and nursing staff report to the PIC, as do catering and administrative staff. In the absence of the PIC the Clinical Nurse Manager (CNM) undertakes her responsibilities.

While there were no maintenance staff on duty on the day of inspection, there is a maintenance person who works two days per week.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found that senior management had a commitment to providing a high level of service. This was reflected in the standard of the premises, professional practices and record keeping, and structured staff induction, training and supervision.

There was evidence that residents received a good standard of care and daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. Residents and visitors with whom the inspectors met spoke highly of the service and the staff, and the inspectors noted that staff treated residents with respect and courtesy.

Staff with whom inspectors spoke were knowledgeable about residents' individual health needs, and this was confirmed by the care practices observed.

The physical environment was suitable for its stated purpose and was clean, homely, comfortable, and well maintained.

Practice in relation to the health and safety of residents and the management of risk did sufficiently promote and ensure the safety of residents, staff and visitors. All of the staff were trained in fire safety and evacuation. There was a centre-specific risk management policy, and evidence of hazard identification and control measures having been taken. All staff were trained in manual handling of residents and there was an emergency plan in place. Evidence of robust recruitment practices including a comprehensive induction and appraisal system were available for all staff.

Some improvements were required to enhance the findings of good practice. These are described under the outcome statements and related actions which are set out in the Action Plan at the end of this report under the relevant outcomes. They include issues such as the management of fire doors and fire exits, storing medicines, suitable anti-scalding protection for the water supply and staffing levels.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

A written statement of purpose was available and met all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Inspectors observed that the centre's capacity to meet the diverse needs of residents, as stated in the statement of purpose, was reflected in practice. In particular inspectors noted the inclusive, respectful and reassuring manner in which residents were engaged in the activities and life of the centre.

The PIC, during her fit person interview with inspectors, referenced the importance of providing a person-centred approach in all aspects of care provision and this was evidenced by reviewed policies, procedures, process and observed practice.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The PIC and provider outlined a comprehensive and robust quality assurance process that was also evidenced by comments from residents and relatives, documentation reviewed and from the practice observed. Residents' care plans were computerised,

centre-specific and comprehensive. Residents and/or relatives were consulted in relation to providing input into their care plans as appropriate.

The PIC informed inspectors that residents' views were sought continuously, there was a comments/suggestion box at the entrance and customer satisfaction surveys were held once a year.

Inspectors viewed the minutes of the residents' forum meetings which were held monthly and chaired by one of the residents' relatives. Inspectors viewed the minutes of the meetings and noted that a number of resulting changes had occurred in the centre. These changes included the provision of a more varied menu, increase in choice of activities available, provision of a clock and calendar in the day room and new garden activities options being made available to residents.

The PIC provided a copy of the quality assurance policy which was centre-specific. The PIC in consultation with her staff had implemented the Mowlam audit management system (MAMS) which was a robust quality review activity and included the following:

- an audit of clinical documentation
- an audit of infection and hygiene control
- review of health and safety issues
- a medication management audit
- catering reviews
- audit of care standards including quality of life in the centre
- centre management reviews
- human resource audits.

The PIC demonstrated that the results of MAMS subsequently produced the Mowlam outcome plan (MOP) which facilitated the centre with informed decision making and centre-specific action plan formation. This quality review process occurs in consultation with the Mowlam quality and governance manager. Inspectors viewed examples of such comprehensive action plans tailored to effectively improve the quality of care and experience that residents experience in the centre. These action plans itemised the results of the above audits and the subsequent outcomes and then identified the improvements to be obtained with timeframes for achieving such improvements. Examples of the areas that action plans had been complied with included; pre-admission assessment, consultation with residents, access to local news, obtaining consent, elder abuse, confidentiality, and promoting person-centred care and the complaints process.

Inspectors were invited to attend the nurses' handover on the morning of the second day of inspection and noted that this was a comprehensive person-centred communication process. This handover meeting assisted all health care assistants and registered nurses on duty to be effectively informed and up-to-date on the progress of each resident in relation to their identified needs. In particular inspectors noted that all the multi disciplinary team were facilitated in the care planning and implementation process including health care assistants, who were actively involved in the care planning process including the care hand over, and participated in providing structured feedback on each resident in their care.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Residents, their relatives and staff reported to inspectors that they had easy access to the PIC who was identified as the named complaints officer to whom they could openly report any concerns. Residents spoken with did not hesitate in identifying the PIC as the one to whom they would complain should the need arise.

There was an up-to-date, centre-specific complaints policy containing the required information and a copy was overtly displayed at the entrance to the centre. There was a process map on the process of making a complaint in the centre which was displayed prominently in a number of locations in the centre. The process for making a complaint was also outlined in the statement of purpose and in the resident's guide.

The PIC gave the inspectors examples of practices that had been subject to review and change following residents' complaints. Records of complaints were held on individual care plans but the centre also has a system in place for reviewing complaints for learning purposes. Inspectors reviewed records of complaints that had been made and there was appropriate documentation detailing any complaints, the actions taken, the outcomes and level of complainants' satisfaction.

Inspectors noted that there were copies of a centre-specific advocacy booklet available at the entrance of the centre which clearly explained, with the use of text and multiple pictures, what rights residents had and how to get assistance to have their voice heard. This booklet also contained the name and contact details of the local advocate and clearly explained the role of this advocate and how residents or relatives could avail of this service if required.

2. Safeguarding and safety**Outcome 4**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Inspectors viewed centre-specific policies and procedures for the prevention, detection and response to abuse. Staff had received appropriate training and staff interviewed by inspectors were able to confirm their understanding of the features of elder abuse and their reporting obligations and how they might deal with a suspected incident of abuse. The PIC ensured that the staff understood the centres' policy and procedure in relation to elder abuse, including reporting procedures, and this was further evidenced by the contents of the minutes of staff meetings and all staff had signed to state that they had read the centres policy on elder abuse and reporting procedures.

The PIC had completed a 'train the trainer' course in elder abuse and provided training in the centre. She monitored safe-guarding practices in the centre by regularly speaking to residents and relatives, reviewing the systems in place to ensure safe and respectful care.

The PIC informed inspectors that she endeavoured to try to effectively deal with issues to the satisfaction of the residents at a local level, if at all possible. She also met with her direct report which was the regional operations manager every week and consulted her on any ongoing matters. The PIC monitored all areas of care provision to residents focusing on ensuring that their welfare and protection was paramount in all matters. Residents spoken with confirmed to inspectors that they felt safe in the centre and spoke positively about their care and the consideration they received. Residents described the staff and the PIC as being readily available to them if they had any concerns.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The environment was kept clean and well maintained, with flooring and lighting in good condition, and there was a working call-bell system. There were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. There were adequate supplies of latex gloves and disposable aprons and the inspectors observed staff using alcohol hand gels which were available throughout the centre. Staff spoken with had received training and gave satisfactory responses to inspectors in relation to providing effective infection control measures. This was further evidenced by practice observed by inspectors.

Inspectors viewed minutes of the centre's health and safety committee meetings which had been attended by the PIC, clinical nurse manager, administration staff, staff nurse, care assistant and the maintenance man. The centre had an emergency plan and there was a risk management policy; both documents had been signed off by all staff as having been read and understood.

There were individual risk assessments completed for residents who had been identified as being at risk during their care assessment. Examples of these risk assessments included residents who regularly went to shops on foot, residents who were at risk of falling and residents who smoked. Inspectors viewed a risk register which identified slips, trips and falls and manual handling risks in the centre with appropriate and detailed measures/action plans aimed to reduce such hazards. Records reviewed demonstrated that staff had received manual handling training and this was further evidenced by satisfactory practice observed by inspectors.

Fire safety and evacuation training was provided regularly. Inspectors reviewed records of fire training, maintenance and safety practices which confirmed that fire equipment and fire prevention checks were up-to-date, and all staff had attended regular fire safety training. The centre had supplied a satisfactory fire certificate. On the first day of inspection, inspectors observed a number of designated fire doors were wedged open at various locations in the centre and when this was brought to the attention of the PIC she assured inspectors that they would be immediately removed. However, on the second day of inspection, inspectors observed that some of the designated fire doors were still wedged open.

Staff spoken with confirmed that they had received appropriate training and were able to outline to the inspector their knowledge of fire procedures and participation in fire drills. Fire fighting equipment maintenance records were found to be up to date, safety practices and weekly checks were recorded. Inspectors observed that a barrier had been constructed using low wooden railings and with a child's stair gate mounted in the centre. This barrier had been placed at one of the fire exits from the first floor. The PIC informed inspectors that this barrier had been put in place as a hazard reduction measure following a risk assessment in relation to preventing a resident with visual impairment from falling down the stairs. However, inspectors formed the view that this barrier was a trip hazard for residents with cognitive impairment and was also obstructing a designated fire exit.

Inspectors noted that there was a designated smoking room and the centre had a documented smoking policy. Inspectors viewed risk assessments that were carried out for residents who smoked. The findings of these risk assessments and the actions taken to manage identified risks were recorded. The PIC informed inspectors that all staff were aware of any hazards identified and the current control measures that were in place. Inspectors noted that the risk assessments were reviewed on a regular basis and updated as required. The designated smoking room for residents was ventilated to the external air by natural and mechanical ventilation. It was located so as to allow for continuous supervision of smokers. Inspectors observed one resident who smoked. Inspectors noted that this resident's risk assessment identified that continuous observation and the placing of a fire retardant bib were the

risk prevention measures to be used. While inspectors noted that the fire retardant bib was provided in practice, inspectors observed, however, that continuous supervision was not reflected in practice and staff spoken with confirmed that such observation of this resident was intermittent and was not continuous.

The PIC informed inspectors that a number of relatives had been provided with their own key-fobs which unlocked the front entrance door and provided unhindered access to the centre. However, in the event of a requirement for an evacuation of the centre, inspectors requested that arrangements be made to ensure that any person entering the centre is accounted for at all times.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Review of records and observation of practices indicated that these procedures were implemented. Nursing staff inspectors spoke with demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

All residents had photographic identification in place. There was a medication fridge which was safely located in the clinical room and kept medication at the appropriate temperature. Inspectors viewed records of regular monitoring of the medication fridge temperature.

While the pharmacy service for the centre is based in Limerick, arrangements are in place for a local pharmacist to dispense medications in an emergency situation as inspectors were informed that the centre had access to a 24-hour pharmacy service contracted to Mowlam Healthcare Limited.

Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with best practice. However, the inspectors noted that only one of the controlled medications reviewed had an expiry date. When this was brought to the attention of the PIC she contacted the pharmacy and received assurance that all controlled medication would contain an expiry date.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors viewed centre-specific and comprehensive resident care plans which were person centred. Inspectors noted signed consent for the use of residents' photographs in the care plans. The care planning system which was computerised did record residents' involvement when possible. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weights and, where appropriate, fluid intake.

There was a satisfactory restraint policy which aimed for a restraint free environment and included a direction to consider all other options prior to its use. While bedrails were in use, their use followed an appropriate assessment, and inspectors noted that signed consent from residents was secured where possible and the use of bedrails discussed with family members as appropriate. Relatives to whom inspector spoke with confirmed that this was the practice in relation to the use of bedrails. Inspectors noted that the use of bedrails was also monitored appropriately.

Inspectors were informed that residents may retain their general practitioner (GP) or transfer to a local GP if they wish. Dental services were available locally, and optical services were sourced either from a private provider or from the Health Service Executive (HSE) community ophthalmic service. Residents who required audiology assessment were referred to Kerry General Hospital. On the second day of inspection inspectors observed the visiting occupational therapist working in the centre. The PIC informed inspectors that a physiotherapist employed by Mowlam Healthcare Limited

is available at the centre every Wednesday and that this physiotherapy service was provided as part of the overall service provided. Inspectors were informed that the physiotherapist attends residents as a group or individually if required and inspectors noted that physiotherapy input was evident in residents' records. Psychiatric consultation is available from the Health Service Executive (HSE) for residents who have been admitted from the mental health services, and the HSE elder care social worker is available on request.

Residents confirmed that chiropody is available every two weeks or on demand, and a hairdresser attends weekly or as required; inspectors noted that there was a hair and beauty saloon in the centre.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Inspectors viewed the centres' policy on end-of-life care which was centre-specific and comprehensive. Religious preferences were accommodated and this was extended to the end-of-life phase. There were visiting Roman Catholic priest, a Church of Ireland rector and a Jehovah Witness minister attend the centre as required. Roman Catholic mass was provided every Sunday and inspectors observed a Roman Catholic prayer meeting being held in the centre on the first day of the inspection, which was well attended by residents.

Where required, the services of a hospice and palliative care team were available. The majority of residents were accommodated in single rooms and the PIC confirmed that great latitude was offered to relatives to visit at any time and to stay overnight if required. Residents spoken with expressed satisfaction with the end-of-life care provided in the centre.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

The kitchen was equipped to a high standard, and well designed, and the inspectors noted that the all requirements of a recent environmental health inspection dated 16 February 2011 had been met. Inspectors observed a number of non kitchen staff putting on a protective white coat and hair nets prior to entering the kitchen area.

Inspectors found that the food available was of good quality and a suitably varied diet was on offer. Audits of residents' satisfaction surveys reflected their overall satisfaction with the catering, while the minutes of the residents' forum meetings indicated that changes to the menu had been made following recommendations from this group.

Care plans reflected monitoring of nutritional needs and weight, and special diets were accommodated. There was evidence of staff training in nutritional care, the chef was knowledgeable about the individual needs of residents and dietary advice was regularly available. Soft diet was presented as attractively as possible, and residents who required assistance with eating were served in an appropriate manner with assistance being offered sensitively and discreetly.

During the two days of inspection inspectors observed that the meal times appeared pleasant and unrushed. The PIC explained that the dining experience was a social and important occasion for residents and she placed important emphasis with staff on endeavouring to improve the residents' experience where possible. There was two dining rooms available and residents confirmed that they had choice as to where and when they dined. Inspectors observed that some residents preferred to dine in their rooms and there was flexibility in relation to the times that residents had their meals.

Inspectors saw residents being offered a variety of snacks and drinks throughout the day, including tea and coffee at different times. Jugs of water and other drinks were available in communal areas and staff were observed regularly offering drinks to residents.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Inspectors viewed a number of residents' contracts which were satisfactory and the PIC confirmed that each contract was agreed with each resident or and relative as

appropriate. She also confirmed that each resident's contract deals with the care and welfare of the resident in the centre and includes details of the services to be provided for that resident and the fees to be charged.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political and Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Inspectors noted that residents were forthcoming in speaking about their experiences in the centre and they confirmed that staff spoke with residents in a familiar but respectful manner. This was further evidenced by practice observed by inspectors over the two days of inspection. Each resident's bedroom door contained a 'spy hole' for the resident's use. Discretion was used in the administration of personal care and in shared rooms curtain screens afforded privacy. Inspectors noted that there were 'do not disturb' signs on certain residents' bedroom doors when either personal care was being provided or if a resident wished to have privacy.

Notwithstanding the high dependency levels, residents were encouraged to be as active as possible and offered assistance to move around the centre. Where appropriate, some residents went out to participate in support services within the community. In this regard inspectors viewed correspondence from the PIC on behalf of a number of residents in relation to their attendance at a local day care centre. Inspectors viewed evidence of the involvement of the National Council for the Blind in Ireland (NCBI) providing support to the centre. Example of this support included the provision of specialised reading material, books and tapes for residents with visual impairment and high powered magnifying glass. The NCBI also organised outings for these residents which included a recent lunch outing to one of the local hotels in Killarney.

The PIC informed inspectors of a fund raising event held in the centre in aid of the Alzheimer's association. This involved hosting an Alzheimer's tea day which was very well supported by residents and friends, with relatives and staff providing home baking, while local businesses also supported this event.

The PIC informed inspectors that she had also commenced the process of obtaining pet therapy from the Irish Therapy Dogs Association. She also informed inspectors that the local library calls to the centre every month with a selection of books.

There was evidence of open communication between the PIC, staff and relatives as inspectors observed relatives talking freely with staff. Inspectors observed good interactions between staff and residents and it was obvious they knew each other well and staff were observed spending time talking to residents and relatives spoken to confirmed that this was usual practice.

The centre had an open visiting policy and over the course of the two days of inspection, inspectors noted that relatives called in casually at a time convenient to them. This was also confirmed by relatives with whom inspectors spoke, who stated that they were always made to feel welcome and offered refreshments when they visited. The PIC also informed inspectors that a number of relatives had access to their own key-fobs which unlocked the front entrance door. Inspectors requested that arrangements be made to ensure that any person entering the centre be accounted for especially in the event of a fire and this issue was dealt under outcome 5.

The centre had a weekly newsletter that brought residents up-to-date with events such as the current world news, national news, sports, centre news, resident's birthdays and highlights of forthcoming events in the centre for the following week. There was a good selection of local and national daily newspapers which were also readily available as were televisions, radios and telephones.

While there was a general routine in the centre with regard to activities and mealtimes, it was evident that residents who wished, for example, to sleep late or have a late breakfast, or those who did not wish to participate in activities, were accommodated.

The majority of residents had single room accommodation and there were a number of rooms or areas where residents could receive visitors.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

There was a policy on residents' personal property and possessions and inspectors reviewed the management of personal funds and found it to be transparent and well documented.

Each resident as appropriate could lock their room, had a locker with a key and adequate space was provided for the storage of personal possessions and the display of memorabilia. All residents' personal possessions were checked and signed for by two members of staff. Some residents had brought in their own furniture and some had also decorated their room to their particular choice.

Laundry was done on site in the basement of the centre except in the case of items requiring dry cleaning or specialist care. Care staff were assigned a group of residents each and took responsibility for ensuring that their wardrobes were properly maintained and that there was no confusion about the ownership of clothing. Inspectors spoke to laundry staff who confirmed that they had received training in infection control and caring for residents' possessions. Residents and relatives confirmed that clothing was well looked after and returned to residents' cupboards after it had been cleaned.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

There was a full-time PIC who was the director of nursing and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. She reported to a regional operations manager within Mowlam Healthcare Limited. In the absence of the PIC, the clinical nurse manager undertakes her responsibilities.

Throughout the two days of inspection the PIC demonstrated a good working knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The PIC also demonstrated a willingness and strong commitment to the delivery of person-centred care and to rigorously work towards meeting regulatory requirements. This was further evidenced by a number of quality initiatives that she had instigated, in particular the robust risk assessments process, ongoing auditing of care outcomes and the continuous facilitation of staff training.

There was evidence that the PIC had a commitment to her own continued professional development as she had completed a number of relevant short courses on a regular basis. Inspectors observed that the PIC had a strong and inclusive presence in the centre and residents, relatives and staff also confirmed that she was a committed and effective leader. During the fit person interview the PIC referenced a 'no blame culture' and an empowering type leadership and inspectors observed over the two days of inspection and from speaking to staff that such a culture was in place, in practice.

Residents, relatives and staff spoken to confirmed that the PIC had a daily presence in the centre and she was available to answer any queries or concerns. There was evidence that regular staff meetings were held and chaired by the PIC and minutes were kept of the issues that were discussed. A sample of these minutes showed that the topics discussed included the introduction of new practices, auditing of care and outcomes, provision of activities, training opportunities, standards and legislation requirements and staff spoken to confirmed that such meetings were held on regular a basis.

Staff were able to articulate clearly the management structure and reporting relationships to inspectors and confirmed that copies of both the regulations and the standards had been made available to them. Staff spoken to expressed an adequate knowledge of the regulations and standards.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

Most staff had received training in manual handling and fire safety procedures and there was a training schedule in place for all staff. The participation of staff in manual handling and fire training had been signed off by the participants and staff spoken to, fully understood the procedures.

Inspectors viewed a comprehensive list of staff training which included epic care planning system, fire training, risk management, elder abuse training, manual handling training, and challenging behaviour training.

There was a detailed policy for the recruitment, selection and vetting of staff and staff files revealed that there were references for staff and the PIC. Of particular note was the comprehensive induction programme provided to all staff and the ongoing staff appraisal system. This was evidenced by the staff files and by staff that spoke with inspectors. The PIC outlined the recruitment process and how references were verified. During the fit person interview and over the two days of inspection the PIC demonstrated an empowering and inclusive approach towards her staff, she promoted their participation in the management of the centre while also promoting their own personal development.

Staff files reviewed were well organised and comprehensive and contained the professional personal identification numbers retained for nursing staff. There was evidence of most of the requirements of the information as required under Schedule 2 was available, however, from the staff files reviewed a number of staff files did not contain birth certificates.

In relation to the staff and skill-mix inspectors formed the view from speaking to residents, relatives and staff and on foot of information received, and in the context of the size and layout of the centre; that the levels and skill-mix of staff were not sufficient to meet the needs of residents, especially in the evenings and night time. The PIC and the provider outlined their ongoing efforts to address this situation and agreed to review the current staffing arrangements as a matter of urgency.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The centre was purpose-built and was therefore largely suitable for the stated purpose. The standard of décor and hygiene was high and it was clear that there was regular maintenance. It was evident that great care has been taken in creating an atmosphere of comfort and relaxation through the use of well chosen fittings and furnishings. There were separate communal and dining areas, which allowed for a separation of functions. Some communal areas had plasma screens and others were designed for relaxation.

The bedrooms were pleasant and bright and well designed and a number had been personalised and furnished by residents. There was an enclosed garden that residents had access to and had suitable furniture and contained some pleasant planting. The visibility of the enclosed garden created an air of openness and light to the building.

The PIC had been creative in using signage to orient residents with limited vision or cognitive impairment and to personalise bedroom doors.

In shared rooms, the beds were placed to provide as much privacy as possible and there was sufficient space to accommodate the personal belongings of two people.

All rooms had en suite facilities and there were sufficient number communal toilets that were located in close proximity to the communal dining and seating areas.

The external areas to the front and side of the centre were well maintained however, there were no appropriate seating available. While there was considerable outdoor space to the front, most of this space appeared to be occupied by the car park and therefore little of it was suitable for use by a resident without being accompanied by a staff member. To the front of the building there was access onto a secondary road so that only a resident who did not have any degree of cognitive impairment could use it unaccompanied.

There was sufficient assistive equipment to meet the needs of residents and ample storage space. Servicing records for all assistive equipment was up to date. Sluicing facilities were adequate and there were good infection control practices throughout and staff spoken to demonstrated satisfactory knowledge. However, inspectors tested the water temperature in a number of wash-hand basins and found it to be 55°C. In order to prevent risk from scalding, preset valves of a type unaffected by changes in water pressure and which have fail safe devices needed to be fitted locally to provide water to a maximum temperature of 43°C.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records

Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of residents

Substantial compliance

Improvements required*

Staffing records

Substantial compliance

Improvements required*

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

Notifications have been sent as required to the Authority and the centre retains an incident book which was viewed by the inspector and which records incidents, their management and outcome. Incidents were also recorded in a computerised system in the centre.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the regional operations manager, and the PIC to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Vincent Kearns
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 September 2011

Provider's response to inspection report*

Centre:	Killarney Nursing Home
Centre ID:	0685
Date of inspection:	6 September 2011 and 7 September 2011
Date of response:	3 October 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 5: Health and safety and risk management

1. The provider is failing to comply with a regulatory requirement in the following respect:

To make adequate arrangements for detecting, containing and extinguishing fires by not ensuring that fire doors were not wedge open.

Action required:

Make adequate arrangements for detecting, containing and extinguishing fires by ensuring that fire doors were not wedge open.

Reference:

Health Act 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Door wedges were used as requested by a small number of residents. In line with Standard 26 and Regulation 32, these wedges have been removed.	Completed

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by blocking a fire exit.</p>
<p>Action required:</p> <p>Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by not blocking a fire exit.</p>
<p>Reference:</p> <ul style="list-style-type: none"> Health Act 2007 Regulation 32: Fire Precautions and Records Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: To ensure all fire exits are free from obstruction, a stair gate positioned near the upstairs fire exit has been removed.	Completed

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by installing a barrier that was a trip hazard for residents with cognitive impairment.</p>
<p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by ensuring that no trip hazards are erected.</p>

Reference: Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents risk assessments are updated and reviewed three monthly, or more frequently if the residents' condition requires, to ensure all reasonable measures to prevent accidents are identified and in place. The stair gate which had been identified as an environmental hazard has been removed.	Ongoing Completed

4. The provider is failing to comply with a regulatory requirement in the following respect: To make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre by not ensuring that any person entering the centre was accounted for at all times.	
Action required: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre including any person entering the centre with their own key-fob.	
Reference: Health Act 2007 Regulation 32: Fire Precautions and Records Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A record of family members/advocates who have been allocated a fob for the nursing home is in the process of being updated. A visitors sign in and sign out book is positioned at the reception,	31 October 2011

thereby, providing a record of the identity of all current visitors in the home at any specific time.	In place
A site specific policy on the allocation of fobs is being developed	31 October 2011

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To take adequate precautions against the risk of fire, including the provision of suitable observation of residents who smoke.</p>	
<p>Action required:</p> <p>Take adequate precautions against the risk of fire, including the provision of suitable observation of residents who smoke.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 32: Fire Precautions and Records Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>To ensure greater observation of residents who smoke: risk assessments are being reviewed on all residents who smoke. Care plans are being updated and recommendations discussed and agreed with the resident and/or their advocate and communicated to all staff.</p>	7 October 2011

Outcome 6: Medication management

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place appropriate and suitable practices and written operational policies relating to the storing of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Action required:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the storing of medicines including appropriate expiry dates, to residents and ensure that staff are familiar with such policies and procedures.</p>	

Reference: Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: On the day of the inspection the PIC spoke to the pharmacist regarding expiry dates on all controlled drugs. The pharmacist immediately rectified the concern.	Completed

Outcome 14: Suitable staffing

7. The person in charge is failing to comply with a regulatory requirement in the following respect: To put in place recruitment procedures to ensure no staff member is employed unless the person has full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.	
Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person has full and satisfactory information and documents specified in Schedule 2 including birth certificates, have been obtained in respect of each person.	
Reference: Health Act 2007 Regulation 18: Recruitment Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The PIC is in the process of obtaining birth certificates from all current staff. Birth certificates will be obtained from all new staff as part of the recruitment procedure.	31 October 2011

8. The person in charge is failing to comply with a regulatory requirement in the following respect:

To ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Action required:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Reference:

Health Act 2007
 Regulation 16: Staffing
 Standard 23: Staffing Levels and Qualifications

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

Timescale:

Provider's response:

An overview of staffing and skill mix has been undertaken and changes implemented:

- Clinical Nurse Manager has been appointed.
- 2 Senior staff nurses have been appointed.
- 2 new staff nurses to commence duty.
- Staffing levels are reviewed on an ongoing basis to meet the needs of the residents and the layout of the building; the 18:00hrs to 22:00hrs shift has been changed to 16:00hrs to 23:00hrs in response to this review.

In place
 15 October 2011
 15 October 2011
 In place

9. The provider is failing to comply with a regulatory requirement in the following respect:

To provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Action required:

Make the necessary agreements to provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Wash hand basins in the communal areas and the residents' rooms are all thermostatically controlled in order to maintain anti-scalding protection. A programme is in place to check water temperature of all wash-hand basins. Cleaning rooms and sluices rooms supplying hot water for cleaning purposes, have key padded doors, therefore, these hot taps are not accessible to residents. - "Attention Hot Water" signs have been put on display in these areas	 In place In place In place In place

Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspectors for their very positive comments on the quality person-centred care provided by all staff in the nursing home. The courteous and professional manner in which the inspection was conducted was much appreciated by all the residents, relatives and staff, this helped the staff feel at ease with the inspection process.

We are committed to addressing the recommendations in the report to ensure that the high standard of person-centred care provided for all residents at Killarney Nursing Home is maintained.

Provider's name: Pat Shanahan

Date: 3 October 2011