



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

## Issued by the Chief Inspector

Name of designated centre:	Kenmare Nursing Home
Name of provider:	Kenmare Nursing Home Limited
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	25 June 2024
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0038551

## About the designated centre

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

Kenmare Nursing home is situated in the region of Kenmare and can accommodate up to 26 residents. It is a single storey facility that accommodates residents in a mixture of single and twin rooms. The centre is divided into three wings. The Iris wing is the most recent addition to the centre and comprises 10 single bedrooms, all of which are en suite with toilet and wash hand basin. The Lily wing has three twin and three single bedrooms as well as offices, bathrooms, dining room and ancillary rooms. The Orchid wing has four twin bedrooms, two of which are en suite with toilet and wash hand basin and the other two have a wash hand basin only in the room.

The centre provides 24 hour nursing care to both Female and Male residents aged 18 and over. It provides care for residents with a range of needs, including care of the older person, respite care, dementia, physical disability, acquired brain injury, convalescence, post-op, palliative care, on a long or short term stay basis.

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

Number of residents on the date of inspection:	26
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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 25 June 2024	09:45hrs to 18:00hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

Through conversations with residents and their relatives, and the observations of the inspector, it was clear that residents were enjoying a good quality of life in Kenmare Nursing Home. The inspector found a good standard of care being delivered by a dedicated nursing and care staff team, who were knowledgeable about the needs of the residents.

The inspector arrived for a one day unannounced inspection of the centre. The person in charge accompanied the inspector on a walk around the premises where they met with residents and staff. The inspector greeted and chatted with many residents on the day and spoke in more detail to six residents about their experiences of living in the centre. The inspector also met with two relatives who were visiting residents during the day. The feedback from residents and relatives was positive, confirming that the centre was a good place to live and to receive kind and respectful care.

Kenmare nursing home is located approximately three kilometres from Kenmare town and overlooks Kenmare Bay. It is a single storey building with six bedrooms designated as twin rooms and 14 designated as single rooms. Ten of the single rooms and two of the twin rooms had ensuite toilet facilities and hand washbasins, the remaining rooms had hand wash basins only. The centre had four shower rooms for residents.

The inspector saw that a number of bedroom window curtains had been replaced with new curtains. The inspector saw that some bedrooms were personalised with residents' photographs and belongings and some bedrooms had residents' own furniture. Privacy curtains in one of the twin rooms had yet to be replaced since the previous inspection. The layout of one of the twin rooms had been rearranged since the previous inspection and this layout did not support the second resident's ability to move around the room freely with their mobility frame. The person in charge agreed to review this during the inspection.

Communal spaces in the centre included a small visitors' room, a dayroom where the majority of residents spent their day and a large bright dining room. The inspector saw that a large sofa had been purchased for the dining room, for residents and visitors to sit and chat. In general, the inspector saw that the premises was generally well maintained, and there was an ongoing programme of maintenance in place.

Residents had access to a small secure outdoor garden space that had seating and tables. The inspector saw that some plants such as lettuce and flowers had been planted in beds in this space and that some of the residents were taking an interest in this. Potted flowering plants had been placed around the premises and the internal garden area to brighten up the home.

The inspector saw that the lunch and evening mealtime service was unhurried and residents were afforded sufficient time to come to the dining room and eat their meals. The majority of residents chose to eat in the dining room, while others preferred to stay in their bedrooms. Tables were nicely laid out with tablecloths, flowers and appropriate condiments. The lunch time meal appeared appetising and nutritious and residents had choice of main course. Textured modified diets were well presented. There was enough staff available to provide assistance with residents who required it. The inspector saw assistance was provided to residents who required it, in a dignified and respectful way.

The inspector observed that staff also provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, and were familiar with residents' preferences. Residents described person-centred and compassionate care and told the inspector that staff were good to them.

There was a varied schedule of activities available for residents to enjoy in the centre, which were facilitated by the centre's activity staff and external musicians. During the day, inspectors saw that residents in the sitting room enjoyed the social activities that were facilitated by the activity co-ordinator. Inspectors observed reminiscence in the morning and a sing-song and dancing, where a small group of residents took it in turn to dance with the activity coordinator and appeared to have good fun. In the afternoon, the residents participated in a game of bingo which they appeared to enjoy. The activity co-ordinator also visited residents, who preferred to stay in their rooms, for one-to-one chats and ensure they had the radio channel or TV channel of their choice. A summer party was planned for July where families and residents could get together with the provider and staff.

Family and resident meetings were held each quarter and review of the most recent meeting minutes indicated that developments in the centre were discussed and suggestions for activities such as therapy dog visits and access to wheelchair accessible transport were also discussed.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

The inspection found that the registered provider was working to ensure that residents were provided with a quality service. Governance and management systems were in place and sufficient resources were available to support the service being delivered.

Kenmare nursing home Limited is the registered provider for Kenmare nursing home which is registered to accommodate 26 residents. The provider company has three directors, one of whom was actively involved in the running of the centre and

attended the centre approximately three days each week. The remaining directors provided support to the person in charge remotely as required.

There were clear lines of responsibility and accountability. The person in charge was supported by a part-time assistant director of nursing, a team of nursing, caring, housekeeping, activity, catering and maintenance staff. Staff and residents were familiar with staff roles and their responsibilities.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. The provider ensured mandatory training was available to all staff in the centre and training was up-to-date. Face-to-face training in safeguarding, restrictive practices, fire safety and manual handling was provided for staff working in the centre. Staff who spoke with the inspector were knowledgeable regarding safe guarding procedures.

The provider had a schedule of audits in place including dining experience, falls, care plans and environmental hygiene. Where required action plans were put in place to address any audit findings. There was a regular schedule of meetings between the provider and the person in charge, where issues such as human resources, maintenance, catering, incidents and complaints were discussed and actioned by the management team. The provider had recently contracted an external consultant to undertake a fire safety risk assessment of the centre and had developed a time bound action plan to address the findings. The annual review for 2023 was available during the inspection.

A record of incidents occurring in the centre was reviewed by the inspector and found incidents were recorded and action taken where necessary to prevent re occurrence. The inspector saw required notifications were submitted to the chief inspector.

The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The complaints procedure for the centre was displayed. The person in charge maintained a record of complaints and actions taken to respond to these in line with the regulation.

## Regulation 15: Staffing

Based on a review of the staff rosters and the size and layout of the centre, the inspector found that there was an adequate number and skill mix of staff available to meet the assessed needs of the 26 residents living in the centre, on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of both face to face and online training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files were reviewed, while it was evident that staff had appropriate references and Garda Vetting on file, one file did not have documentary evidence of relevant qualifications. This certificate was added to the file, by the provider on the day of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place with identified lines of authority and accountability. The management team had systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out.

The person in charge carried out an annual review of the quality and safety of care in 2023 which was available to staff and residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on



incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which was displayed in reception. This procedure specified the nominated people designated to deal with complaints. The inspector reviewed the centre's complaints log and found that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded.

Judgment: Compliant

### Quality and safety

The findings of this inspection evidenced that management and staff strived to provide a good quality of life for the residents living in Kenmare Nursing Home. Residents' health, social care and spiritual needs were well catered for.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the person in charge confirmed that GPs called to the centre.

The centre had arrangements in place to protect residents from abuse. There was a centre-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre did not act as a pension agent for any of the residents.

The centre was bright, clean, homely and tidy. Some improvements had been made to the premises since the previous inspection, with new window curtains purchased for many of the bedrooms. Privacy curtains for one of the twin rooms remained worn and required replacement. The position of beds in one of the twin rooms had been changed to meet the needs of one resident, however this change did not support the other residents needs. This is outlined under Regulation 17; premises.

A choice of home cooked meals and snacks were offered to all residents. A daily

menu was displayed and available for residents in the dining room. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. The dining experience was relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times. Residents' weights were routinely monitored.

There was a comprehensive centre specific policy in place to guide nurses and carers on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centre's guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management.

The provider had implemented an electronic healthcare record system since the previous inspection and nursing care records were now stored on this system. Training was provided to nursing and care staff to ensure its safe implementation. Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. Care plans viewed by the inspector were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care. From a review of a sample of information required on transfer of residents to and from acute services, not all records were available as required under the regulation. This is outlined under Regulation 25; Temporary absence or discharge of residents.

There was a rights based approach to care in this centre. Advocacy service were displayed on a notice board in the centre. Residents has access to daily newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. There was a programme of activities available in the centre and residents appeared to enjoy music, chats, bingo and dancing on the day of inspection with the activities co-ordinator.

### Regulation 11: Visits

Visits to the centre were occurring, and the current visiting procedures did not pose any unnecessary restrictions on residents.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector saw that extra storage units had been purchased for the twin rooms

to ensure residents had access to adequate space for their personal belongings as required.

Judgment: Compliant

### Regulation 13: End of life

Residents' wishes and preferences regarding end of life were recorded in care plans reviewed.

Judgment: Compliant

### Regulation 17: Premises

The inspector identified the following issues that required action in relation to premises;

- privacy curtains in one of the twin rooms was worn and required replacement
- the layout of one of the twin rooms had been reorganised, so that a resident's bed impeded another resident's ability to move freely around the room with their mobility equipment. The person in charge agreed to review same during the inspection.
- the grab rail in one of the bathrooms was rusted and required review.
- a shower drain was noted to be unclean, this was addressed during the inspection.
- some bed ends were worn and required repair or replacement.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

A copy of the information provided to the receiving centre, used when residents were transferred, was not consistently kept on file in the centre as required in the regulation.

Judgment: Substantially compliant

### Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. A health and safety statement was also available in the centre. The provider had contracted a generator service in the event of a disruption to the electricity supply for the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed administration of medications by a registered nurse and saw that they were administered as prescribed. There was an appropriate system in place for storage and monitoring of controlled drugs. Records indicated that nurses counted and signed that they checked controlled drugs at each shift change.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The provider had introduced an electronic care planning record system in 2024 and the person in charge and nursing staff were progressing with implementing this system. The inspector reviewed a sample of care plans and found that they were sufficiently detailed, and informed by an assessment of clinical, personal and social needs. A range of validated assessment tools were used to inform resident's care plans. Care plans were developed within 48 hours of a resident's admission to the centre and care plans were formally reviewed at intervals not exceeding four months.

Judgment: Compliant

### Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. A physiotherapy service was provided one day a week for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The person in charge was working to promote a restraint free environment and there was evidence of a reduction in the use of bedrails in the centre. Less restrictive alternatives were trialled and documented in residents' care plans. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Judgment: Compliant

### Regulation 8: Protection

Training in the safeguarding of vulnerable adults was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. Residents reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns. The person in charge ensured that any allegation of abuse was investigated in line with the centre's policy.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. Residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Relative and residents meetings were held in the centre to seek residents' views on the running of the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kenmare Nursing Home OSV-0000239

Inspection ID: MON-0038551

Date of inspection: 25/06/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1. Privacy curtain has been ordered to replace old ones. 2. The twin bedroom bed has been reorganised so as not to impede on the other resident to move freely. 3. Grab rail in one of the bathrooms was repainted on the day of the inspection. 4. Shower drain was cleaned on the day of the inspection. 5. Any bed ends worn have been repaired</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>We usually always keep a copy of the hospital transfer letter in the residents file, but on this occasion one resident copy of transfer letter wasn't found in the file, PiC checked the other residents' files had have been transferred to hospital and all had a copy of transfer in their file, all nurses have been reminded to ensure that they keep a copy and put in residents' file.</p>	





## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	26/06/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	26/06/2024

