



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

Issued by the Chief Inspector

Name of designated centre:	Kenmare Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	20 January 2022
Centre ID:	OSV-0000753
Fieldwork ID:	MON-0035132

About the designated centre

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

Kenmare Community Nursing Unit is located on the outskirts of the town of Kenmare. It is registered to accommodate a maximum of 41 residents. It is a two-storey building with lift and stairs access to the upstairs accommodation. It is set out in three units: Sheen House located on the ground floor with 19 residents; Roughty House can accommodate 16 residents and Caha House is a six bedded dementia specific unit, both on the first floor. Residents' accommodation comprises 37 single and two twin bedrooms with en suite shower and toilet facilities. The palliative care family room is adjacent to the palliative care suite bedroom; the family room has a comfortable seating, kitchenette and en suite shower and toilet facilities. Additional assisted bath and toilet facilities are located throughout. Each unit has a dining room, sitting room and quiet rooms for residents to enjoy. Additional seating areas are located in the large foyer and along corridors for residents to rest and look out at the mountains, garden and courtyards. The enclosed gardens and courtyards both upstairs and on the ground floor provide secure walkways, seating and shrubbery for residents leisure and enjoyment. Other resident facilities include a prayer room for quiet reflection, visitors room, physiotherapy gym, occupational therapy room, and hair dressers salon. The community physiotherapist, monthly surgical outreach clinic from University Hospital Kerry, mental health day services are accommodated on site and residents have access to these facilities. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

23

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
Thursday 20 January 2022	09:30hrs to 17:30hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that, in general, residents had a good quality of life in the centre. The inspectors met with the majority of the 23 residents living in the centre on the day of inspection and spoke with five residents at length to gain insight into their lived experience. The inspectors met with three visitors during the inspection. Residents told inspectors that they were happy living in the centre and they were supported by kind and caring staff, who respected their opinions and choices. Relatives spoken with were complimentary about the care provided to their family member. The inspector observed that some improvements were required to ensure residents' safety was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival to the centre, the inspector saw that there was clear signage to guide staff and visitors on the infection prevention and control procedures prior to entering. The inspector was guided through the infection prevention and control procedures by a member of staff. An opening meeting was held with the person in charge who also accompanied the inspector on a walkaround of the centre. The person in charge informed the inspector that they suspected the centre was at the start of its first outbreak since the beginning of the COVID-19 pandemic as a small number of residents had symptoms and were undergoing testing to confirm this. The local GP was onsite to review the residents and assist with the implementation of the centre's COVID-19 contingency plan. During the course of the inspection, the outbreak was confirmed and the person in charge was communicating with public health and the infection prevention and control specialists in the HSE.

Kenmare Community Nursing Unit is a modern purpose built centre on the outskirts of Kenmare town. The centre is set out in three different units, Sheen House on the ground floor, and Roughy and Caha Houses on the first floor. The centre was registered to accommodate 41 residents. At the time of inspection, 28 beds were opened; 19 downstairs in Sheen House; nine (of 16 beds) upstairs in Roughy House; Caha House with six beds remained closed. The reception area was bright and had plenty comfortable seating areas. It was decorated with beautiful scenic paintings of the Kenmare country side, created by a local artist, which gave the centre a homely feel. A prayer room was located in the reception area and had a large stain glass window and provided a restful space for residents to use. The person in charge told the inspector that the stain glass scene was selected by one of the residents. Mass was celebrated in the prayer room by a local priest regularly before his retirement in 2021 and the person in charge told the inspector that they were actively trying to get a regular on site mass service up and running again for the residents.

Bedroom accommodation comprised of 37 spacious single rooms and two spacious twin bedrooms, all bedrooms had ensuite shower and toilet facilities. The twin rooms had large movable privacy screens in place to ensure privacy and dignity for

residents who may be sharing. One of the bedrooms on the ground floor was designated as a palliative care suite with adjoining living room space that included, showering facilities, seating, sleeping facilities and a kitchenette for family and visitors' use. The inspector saw that there was a separate entrance for visitors and relatives to access the palliative care suite. During the walkaround the centre the inspector saw that there was plenty hand hygiene facilities and personal protective equipment(PPE) for staff use. The centre was clean and well maintained.

The inspector saw that residents' bedrooms were homely and personalised with family pictures, ornaments and in some rooms, furniture from residents' own homes. A number of residents told the inspector they loved their rooms and that they could access the courtyard gardens from their rooms when the weather was suitable. One resident had a bird feeder in the garden outside their room and took great joy from watching the variety of birds who visited there each day. Due to the split level design of the centre, residents on both floors had access to well maintained outdoor spaces, with great views of the local country side and mountains. The centre also had murals depicting local scenes such as "Kenmare Fair Day" on walls outside residents windows where there was less of a view. Due to the cold winter weather none of the residents were outside on the day of inspection.

There was plenty communal spaces on both floors that included a dining room, sitting room, quiet room and activities room on each floor. The inspector saw there were quiet areas with tables and seating where residents could relax and enjoy a cup of tea. The sitting rooms were well decorated with muted colours and soft furnishings and plants. Electric fireplaces gave the rooms a homely feel. The ground floor sitting room had book shelves, an electric piano and large smart TVs for residents use. The corridors were sufficiently wide to accommodate walking aids and wheelchairs, handrails were readily available for residents' use.

The dining rooms on each floor were spacious and tables were spread out to enable physical distancing for residents while eating. During the lunch time meal, the inspector observed that while some residents were eating their meal in the dining room, a number of residents chose to stay in their room. The inspector saw that staff provided assistance with eating and drinking to residents in a discreet and unhurried manner. Residents were very complimentary about the food and choices available in the centre and a number of residents told the inspector that they loved it too much as they were gaining weight. The lunch time meal looked appetising including the texture modified lunches and the inspector saw that residents were offered a choice during this meal. There were plenty drinks and refreshments provided to residents during the day. The inspector heard staff and residents chatting in a sociable way during the meal.

Residents appeared to be well-cared for, neatly dressed and groomed according to their preferences. A number of residents had their nails beautifully painted and their hair groomed. The inspector heard exchanges of meaningful conversations between residents and staff. The inspector observed staff interact with residents in a kind and respectful manner and it was evident that the staff knew the residents well. One resident told the inspector that the staff were like family to them and provided great care, comfort and company. Another told the inspector that they were lucky to live

in such a great place. They said that staff were quick to come to their aid whenever they needed help. The inspector observed that call bells were promptly answered and staff maintained a calm atmosphere when attending to residents' needs. Residents' independence was seen to be encouraged, for example encouraging residents to mobilise, eat and drink according to their ability.

On the day of inspection the staff member assigned to activities was assisting with the implementation of the centre's COVID-19 contingency plan, therefore there was no structured activities on during the day. Residents told the inspector that they enjoyed the exercise sessions and one to one chats with the staff. Activities such as chair aerobics, arts and crafts, reminiscence and discussions regarding the newspapers were held in the centre. The inspectors saw that activities undertaken by residents were recorded in their care plans. The centre had close links with the community and transition year students with their therapy dogs from the local secondary school were regular visitors to the centre. Local musicians also provided music sessions in the courtyard from time to time. Residents' views were sought on the running of the centre through regular residents' surveys and residents' meetings. Residents had access to independent advocacy if they wished. The inspector saw that residents had access to national and local newspapers and were enjoying reading them during the day.

Visiting was in place in the centre in line with the Health Protection Surveillance Centre (HPSC) 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2021. Visitors were known to staff who welcomed them and actively engaged with them. Visitors were seen to come and go during the day. A staff member was seen to carry out screening procedures for COVID-19 for visitors. Visitors and residents told the inspector that they were very happy with the arrangements in place for visits.

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

Capacity and capability

Overall, the governance and management systems in place ensured good quality care was provided to residents living in the centre. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. However, from this inspection further action was required in relation to fire safety and infection control.

Kenmare Community Nursing Unit is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The organisational structure within the centre is clear, with roles and responsibilities

understood by the management team, residents and staff. The management team operating the day to day running of the centre consists of a person in charge, and a clinical nurse manager. The management team reported to a general manager, who represented the provider. The person representing the provider was in regular contact with the centre. Governance meetings such as quality and patient safety meetings were held regularly with the other HSE centres in the area. Records of these management meetings provided to the inspector showed that issues were discussed, and corrective actions were implemented as required. There was also the additional support of a clinical development coordinator and an infection prevention and control specialist to staff working in the centre.

The management team were proactive in response to issues as they arose and many of the improvements required from the previous inspection such as the frequency of residents' meetings had increased, records were well maintained and residents were surveyed frequently to ascertain their views on living in the centre.

The provider had management systems in place to monitor the quality and safety of the care through a regular schedule of audit and close monitoring of risks to residents such as falls and risk to skin integrity. Results of these audits showed a high level of compliance and where required action plans were implemented to drive improvement. Staff on both floors used a safety pause to promote awareness of these risks and to ensure they were communicated at each handover. However improvements required in relation to oversight of infection control and fire safety were required.

The inspector discussed the staffing levels and skill-mix of staff with the person in charge who provided assurances that the staffing levels were under continuous review and were increased in line with the increased occupancy of the centre and the changing needs of residents.

The inspector reviewed the staff rosters and found that the staffing levels were adequate to meet the assessed needs of the residents, considering the size and layout of the centre. The inspector saw that staff responded to residents call bells promptly and that residents did not have to wait to have their needs attended to. The person in charge was supported in her role by a clinical nurse manager, staff nurses, health care attendants and catering staff. There was a minimum of two nurses on duty over 24 hours. A sample of three staff files were reviewed by the inspector and found that they contained the documents and information required in Schedule 2 of the regulations.

Training records and staff spoken with confirmed a good level of ongoing training was provided and encouraged in the centre. On the day of inspection, the clinical development coordinator was on site to provide training to staff on nursing care assessment and care planning.

There was a comprehensive record of incidents and accidents that took place in the centre and all had been notified to the Chief Inspector as required by the regulations. Complaints were recorded and the person in charge was well-informed regarding complaints made, actions taken and consulting with the complainant to

resolve the issues raised.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires were completed to help inform ongoing improvements and required changes in the centre.

A comprehensive annual review of the quality and safety of care provided to residents in 2020 had been prepared in consultation with residents and included an improvement plan for the centre for 2021. The person in charge informed the inspector that work was underway to develop the annual review for 2021.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation were submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse who had the required qualifications, management experience and experience of nursing older persons specified in the regulation. She had completed a post graduate qualification in management in line with the regulations in June 2021. She demonstrated good knowledge regarding her regulatory responsibilities and was seen to be engaged in the effective governance and operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the number and skill mix of staff was appropriate to meet the needs of the 23 residents living in the centre on the day of inspection. The centre had two registered nurses on duty 24 hours a day. The inspector saw that staff responded to residents call bells promptly and that residents did not have to wait to have their needs attended to. Extra resources were made available in staffing levels to manage the current outbreak so that separate staff could be allocated to the residents requiring isolation.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre. Mandatory training such as safeguarding, moving and handling and fire safety was completed by all staff. Staff had completed training on hand hygiene and donning and doffing of Personal Protective Equipment (PPE) and were in the process of completing further training in infection prevention and control. A number of staff had undertaken training in activities to ensure residents were facilitated to engage with meaningful activities in the centre. Staff were appropriately supervised in their roles in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the requirements of regulations and was maintained in a consistent and safe manner.

Judgment: Compliant

Regulation 21: Records

All records as 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 staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance that met the requirement of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

While the inspector found that there was good oversight of the quality of care provided to residents, management oversight of fire safety precautions and infection control required strengthening to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which contained details of the service to be provided and the fee to be paid. The contracts also included the room occupied by the resident as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaints policy was displayed in the reception and on each floor and included the nominated complaints officer. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to-date. The most recent HPSC guidance, Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities was also available to staff working in the centre.

Judgment: Compliant

Quality and safety

The inspector found the care and support provided to the residents of this centre to be of a good standard. Residents generally enjoyed a good quality of life in which their rights were upheld. A number of residents told inspectors that they felt safe living in the centre. However improvements were required in relation to infection control and fire safety which are discussed under the relevant regulations.

From a review of a sample of care plans, it was evident that residents had a comprehensive assessment undertaken on admission using validated tools and care plans were developed based on these assessments. The inspector saw that care plans were person centred and detailed to provide good guidance on the care needs of residents. However, some improvements were required in one care plan reviewed where the care plan had not been updated following a change in the resident's condition. This is discussed under regulation 5.

Residents had good access to medical care and records indicated that residents were reviewed regularly. A local GP attended the centre three days a week or more frequently as required. Residents also had good access to allied and specialist services such as dietetics, physiotherapy, occupational therapy and speech and

language therapy. Medical records reviewed included detailed notes of residents' care. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

Visiting was facilitated in the centre in line with national guidance during the COVID-19 pandemic and residents and visitors told the inspector that they were happy with the arrangements in place.

The inspector reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting. Daily and weekly fire safety checks were maintained. Annual fire training was completed by staff and staff who spoke with inspectors were knowledgeable as to actions to take in the event of a fire. However improvements in relation to fire safety such as personal emergency evacuation plans were not in place for residents and the frequency of fire drills required review. This is discussed under regulation 28.

The centre was observed to be clean on the day of the inspection, and there was evidence of good oversight of cleaning within the centre. Cleaning staff were provided through an external agency and staff were knowledgeable about cleaning practices required during an outbreak. Residents were monitored for any signs and symptoms of COVID-19 and staff temperature checks were monitored twice a day. Environmental audits and hand hygiene audits were undertaken in the centre. All staff in the centre had been provided with fit testing for respirator masks and staff were observed to be wearing FFP2 masks in line with national guidance on the day of inspection.

Residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic. On the day of the inspection, the centre was at the start of its first outbreak since the pandemic began. Management and staff were in the process of implementing their comprehensive COVID-19 contingency plan. However, some improvements were required in infection control practices, which are outlined under regulation 27.

Regulation 11: Visits

The inspector saw that visits were taking place in line with current Health Protection and Surveillance (HPSC) guidance and visitors were screened on arrival for symptoms of COVID-19. Residents and visitors who spoke with the inspector

confirmed that there was sufficient time and access in place for visits. Visiting generally took place in residents' bedrooms and visitors were seen coming and going on the day of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including a locked storage space available in residents' bedrooms. Many bedrooms were seen to be very personalised with family photographs, ornaments and paintings of significance to the residents.

Judgment: Compliant

Regulation 13: End of life

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. The inspector saw that residents and their family members were supported and end-of-life care is provided in accordance with the residents and their families' wishes as outlined in an end-of-life care plan. The resident's general practitioner and community palliative care services are available as required and provided a good support for the residential care staff team. The centre has a palliative care suite with sleeping, showering and eating facilities for relatives and family members of residents who were end of life.

Judgment: Compliant

Regulation 17: Premises

While the inspector saw that the centre was designed and laid out to meet the needs of residents, the following issues required review;

- a suitable locations for storage of wheelchairs was required as they were stored along the centre's corridors
- flooring in the corridors of the first floor was noted to be lifting along the sides and required repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met and regular nutritional assessments were in place in accordance with the residents care plan. The lunch time meal was observed to be an enjoyable experience. Meals were served in two bright dining rooms in an unhurried and enjoyable social manner. Residents were all very complimentary about the food and choices available, including modified diets. Assistance was offered in a discreet and dignified manner where required.

Judgment: Compliant

Regulation 20: Information for residents

The centre had a resident's guide available for residents at reception and in resident's bedrooms. It contained information as required in the regulation such as the complaints procedure, visiting arrangements and a summary of the service and facilities available for residents.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place that met the requirements of the regulation. The risk register was maintained and updated to manage the risks in the centre.

Judgment: Compliant

Regulation 27: Infection control

While some good practices were observed in relation to infection control, the following issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre;

- There was no signage to alert staff that residents were in isolation to reduce the risk of staff inadvertently entering the room. One of the residents was in isolation since the evening before the inspection. This was rectified by staff during the afternoon of the inspection.

- Residents' observation charts and medication records were noted to be in the isolation rooms and this increased the risk of contamination.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning equipment and surfaces. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use.
- Residents personal items were stored on a shared sink in one of the twin rooms and therefore were at risk of cross contamination.
- Management of clinical waste required review as the inspector observed that there was no clinical waste bin in the dirty utility room.

Judgment: Not compliant

Regulation 28: Fire precautions

While staff in the centre who spoke with the inspector were aware of the procedures for safe evacuation of residents in the event of a fire, residents did not have individual personal emergency evacuation plans in place in line with the centre's own policy. These are required to guide staff who may not be familiar with residents in the event of a fire. While evacuation drills were conducted in the centre with simulated night time staffing levels of the largest compartments in the centre, the frequency of these drills needed to increase in line with the centre's own policy to ensure that all staff are competent and confident with safe evacuation procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that one care plan was not updated in response to the changing needs of residents. This may result in the resident's care and assessment not meeting their needs. A care plan had not been updated every four months as required in the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence of good access to medical staff with regular review recorded in residents' files. Residents had good access to health and social care professionals such as a physiotherapist, dietitian and speech and language therapist. A

physiotherapist was employed in the centre and was available each weekday for residents who required assessment and treatment. Increased access to speech and language therapy was also available to residents and they were receiving these assessments on the day of inspection. A local GP attended the centre three times a week and more frequently if required. The inspector saw that the GP was reviewing residents in the centre on the day of inspection. Furthermore, residents living in the centre had access to a consultant psychiatrist of old age who attended the centre regularly.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Resident records reviewed contained evidence of multidisciplinary discussions and appropriate risk assessments being carried out prior to the use of bed rails. It was evident that alternative options that were considered were documented. A record of all bed rails in use was well maintained and risk assessments were reviewed on a regular basis, to ensure usage remained appropriate. Staff were up to date with training in the management of responsive behaviour in the centre. The inspector saw that staff were kind and respectful in their interactions with residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted in the centre. A member of staff was assigned to assist residents engage with social activities on a daily basis. Residents were supported to engage in activities that considered their interests and capabilities. Activities such as chair aerobics, arts and crafts, reminiscence and discussions regarding the newspapers were held in the centre. The centre had close links with the community and transition year students along with therapy dogs from the local secondary school were regular visitors to the centre. A former member of staff volunteered at the centre one day a week and did both group and one to one session with residents. A review of residents' meeting minutes and satisfaction surveys confirmed that residents were consulted with and participated in the organisation of the centre. Residents had access to radios, telephones, television and local newspapers. Notice boards in the centre prominently displayed details of available advocacy services.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kenmare Community Nursing Unit OSV-0000753

Inspection ID: MON-0035132

Date of inspection: 20/01/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Personal Emergency Evacuation Plan Checklists have been developed and have been completed on residents /short stay patients in the Unit. 2. Increase of frequency of fire drills have being arranged and records will be kept of same. A Lead in Fire Safety has been nominated and 3 extra fire training days have been arranged in the coming months with a view to having improved evacuation plans thereafter. 3. Detailed measures have been outlined over leaf in respect of compliance with regulation 27 Infection control which is also a relevant action in order to be in full compliance with this particular regulation. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1 .A suitable location has been allocated off the foyer area for wheelchairs and all staff have been informed of same. 2. The issue of flooring lifting on corridors was risk assessed by Nurse Management in 2021. This risk was escalated to General Management and approval was given to address the issue. The Maintenance Department have currently received 3 quotes for works as required in Financial Regulations. . Maintenance have been alerted again of the urgency of getting this repaired as soon as possible. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Appropriate signage was put in place on the identified short stay and resident's bedroom. The importance of appropriate signage when required has been highlighted to staff 2. Observation charts and medical records of patients in isolation are now placed in the wooden panel on entrance to patient's bedrooms and all relevant staff have been informed of importance of same. 3. All staff have been educated about the correct use of different cleaning wipes to be used in the unit. 4. Two extra bathroom cabinets are being sourced for the 2 twin rooms and maintenance will fit once available, in order for each patient/resident to have space for their own personal items. In the short term a temporary measure has been put in place. 5. The yellow clinical bin belonging to the dirty utility was immediately replaced. Staff are aware where extra bins are stored and will take from this store in future when needed 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Individual personal emergency evacuation plans have been developed and will be completed for each patient/ resident with help from the documentation lead and kept up to date in folders at nurse's stations. The frequency of fire drills will be increased to ensure all staff are included and records of same will be kept.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The updating of care plans has now been reviewed, quarterly reviews of each resident's</p>	

care plan will be completed throughout the year according to changes in resident's care requirements.

Training dates have been arranged for new nurses. A staff nurse has been appointed documentation lead and will support and be supported by the CNM2 to ensure full compliance with all regulations.

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	25/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	25/02/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	25/02/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	25/02/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	25/02/2022