



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

## Issued by the Chief Inspector

Name of designated centre:	Killarney Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Rock Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	24 April 2024
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0042336

## About the designated centre

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

Killarney Nursing Home is situated in a leafy suburb of Killarney town, just five minutes from the town centre. It is a purpose built centre that can accommodate a maximum of 56 residents. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. There are 52 single bedrooms with en-suites and two twin bedrooms with en-suites. The communal space includes a large comfortably furnished day room a large dining room and a number of smaller sitting rooms, two further smaller dining rooms and an oratory. Nursing care is provided 24 hours a day, seven days a week and supported by a General Practitioner service. A multidisciplinary team is available to meet resident's additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

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

Number of residents on the date of inspection:	56
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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
Wednesday 24 April 2024	09:15hrs to 17:00hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the registered provider supported the residents to have a good quality of life. The inspector met with most residents on the day of inspection and spoke with seven in more detail. Feedback from residents spoken with was complimentary was positive, with one resident saying they were "only here a week and very happy". While walking around the centre on the morning of the inspection, the inspector met with some residents who were engaged in conversation in the day room, while other residents were having their breakfast in the dining area. Some residents spoke about an upcoming musical event that they were to attend on the Friday night and how the hairdresser was attending the centre on the day of inspection to prepare them for the event. The feedback regarding staff was extremely positive about the support they received and about how well they got on with staff. Residents described staff as very kind.

Killarney Nursing Home is a designated centre for older people situated in the town of Killarney, in County Kerry. It is a purpose built three storey facility, two of these floors allocated to residents and the basement housed the centres laundry facilities, staff rooms and storage for the centre. The centre is registered for 56 residents and the centre was at capacity on the day of inspection. Bedroom accommodation in the centre consists of 52 single and two twin rooms, all with en-suite facilities. The resident bedrooms were comfortable and homely and many were seen to be furnished with personal items such as photographs and ornaments. The premises was laid out to meet the needs of the residents and to encourage and aid their independence. The inspector observed that corridors were wide and well lit and grab rails were available along the corridors to assist residents to mobilise safely. There were communal outdoor areas available to the residents, which were well maintained with large plants, paved pathways and comfortable outdoor furniture.

The centre was bright and clean, staff and management were engaged in making the centre as homely as possible. The centre was tastefully decorated throughout with ornate wallpaper and flooring throughout the communal areas of the centre. The entrance area was bright, airy and welcoming with comfortable seating. There was sufficient communal space in the centre which included two dining rooms, a large sitting room, an oratory and a quiet room.

The inspector observed the lunchtime meal. There was a good choice of meals and residents appeared very relaxed at this time. Staff were kind, interacted well with residents and provided support for the residents that required it. From resident meetings they were some concerns regarding the meals served in the evenings. The action plans viewed from these residents meetings showed that there was much more choice and the quality of food had been enhanced at this time for residents.

The centre had two staff dedicated to activities. The activity schedule for the day was on prominent display in the centre near the main communal areas of the centre. The inspector observed residents watching mass in the morning, along with

an exercise program with a physiotherapist. In the afternoon the residents participated in a relaxation activity and the hairdresser was in attendance, which was a social activity for the residents. An extensive schedule for activities was viewed by the inspector with much of the activities involving regular outings in the local community.

Throughout the day of inspection, the inspector observed staff interacting with residents in a positive and respectful manner. Staff appeared to know the residents well and appeared to be knowledgeable regarding their needs. Residents spoke highly of staff and how they cared for and supported them.

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

## Capacity and capability

In general, Killarney Nursing Home was a well-managed centre where residents received good quality care and services. The designated centre was well resourced and had good systems of governance and management in place. The registered provider of Killarney Nursing Home is Mowlam Healthcare Unlimited Company. There was a clearly defined management structure in place that identified lines of accountability at individual, team and service levels, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. Some action was required in relation to fire precautions and this is discussed under the relevant regulation.

The person in charge was well known to staff and residents. The person in charge held regular staff meetings and communicated regularly with staff formally and informally. Staff levels were suitable to the size and layout of the centre and for the needs of the residents. Suitable training was provided for staff and refresher training was organised for staff that needed it.

An auditing system was in place to monitor the quality and safety of the service being provided. Areas for service improvement were identified and action plans created to achieve these improvements. Residents' meetings were taking place regularly where residents' concerns were identified.

The statement of purpose had recently been updated and included the information required by the regulations. The contracts of care contained the information required in relation to the terms in which a resident shall reside in the centre. The staff records viewed contained the necessary information on file as required.

There was a comprehensive record of all accidents and incidents that took place in the centre. Notifications were submitted in a timely manner to the regulator.

A complaints log was maintained and the policy had been updated to reflect recent changes to the legislation. The centre's complaints policy was clearly displayed with information regarding advocacy available to the residents. There was evidence of investigations being completed and issues resolved in relation to complaints. The policies listed in Schedule 5 of the regulations were available to staff members and had been reviewed and updated.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. She held the required qualifications under the regulations. She was well known to staff and residents and was aware of her responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre.

Judgment: Compliant

#### Regulation 19: Directory of residents

The registered provider established and maintained a Directory of Residents which contained the information required under Schedule 3 of the regulations.

Judgment: Compliant

#### Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance. A sample of staff files were examined and contained all information required under Schedule 2.

Judgment: Compliant

### Regulation 23: Governance and management

An appropriate structure of governance and management was in place in the centre. A schedule of audits was in place, this identified actions to be completed, which ensured effective monitoring of the service provided. Residents' views on the centre were sought in meetings that occurred regularly. A comprehensive annual review had been completed.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that contained all the information set out in Schedule 1 of the regulations and had been reviewed in the last 12 months.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspector were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant



## Regulation 34: Complaints procedure

A complaints policy was in place. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre who could assist in the complaints process

Judgment: Compliant

## Regulation 4: Written policies and procedures

All policies listed under Schedule 5 of the regulations were available on request and had been reviewed in a timely manner.

Judgment: Compliant

## Quality and safety

The inspector found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Safeguarding measures were in place for the protection of residents. People were seen to have visits throughout the day and the visitors spoken with were happy with the service provided in the designated centre.

The premises was well maintained with a comfortable and bright outdoor space for the residents to enjoy. The residents bedrooms were spacious and were personalised for residents. The bedrooms afforded residents space to store their personal possessions and also to display their personal items.

The inspector was assured that the residents rights were promoted and protected in the centre. Residents had choice throughout the day as to where they would spend their day, and what activities they would undertake. Residents had meetings throughout the year, where the residents were able have their concerns identified and be consulted on the running of the centre. Staff were seen throughout the day of the inspection being courteous and helpful to residents and offering choice. The centre was working towards becoming a restraint free environment.

Residents' health care needs were being met with regular access to a GP, who was observed completing his rounds on the day of inspection. Residents also had access to a physiotherapist, occupational therapist, speech and language therapist, dietitian, and a tissue viability nurse. Care plans for residents were completed using

validated tools and were comprehensive in relation to care required by the residents. The care plans viewed were reviewed by staff in a timely manner.

The inspector saw that the centre was very clean and had good systems of cleaning in place. There was appropriate training given to staff in relation to infection prevention and control and there was an infection control lead practitioner employed in the centre.

There were measures in place to protect against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed and also checks to ensure that equipment was accessible and functioning. Fire safety equipment, emergency lighting and the fire alarm had preventive maintenance in accordance with recommended guidance. A new fire panel had been put in place in the first floor of the building to assist staff in identifying where a potential fire was occurring more quickly to save time on evacuations. Fire drills were taking place to ensure staff were prepared for evacuations. Action was required in relation to Personal Emergency Evacuation Plans (PEEPs) for residents, which is discussed under Regulation 28.

#### Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties were assisted to communicate freely. Communication aids and devices were made available as required and communication plans were available for residents.

Judgment: Compliant

#### Regulation 12: Personal possessions

Resident had adequate space to store their personal possessions, with rooms personalised with personal items. Laundry for residents was managed in a satisfactory manner.

Judgment: Compliant

#### Regulation 17: Premises

Overall the premises was clean and well decorated. The residents had access to appropriate communal space and outdoor spaces were accessible and well maintained.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy met the requirements of the regulations and contains measures and actions to control the risks specified in the regulations.

Judgment: Compliant

### Regulation 27: Infection control

The centre was very clean on the day of inspection with good systems and monitoring of cleaning. The centre had a trained infection prevention and control lead practitioner in place.

Judgment: Compliant

### Regulation 28: Fire precautions

Personal emergency evacuation plans (PEEPs) for residents did not give staff guidance on how residents could be safely brought down the stairs in the event of a vertical evacuation of the building being required. Therefore assurance of the safe evacuation of residents in the event of a vertical evacuation was not available.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspector saw that care plans were personalised and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently as required.

Judgment: Compliant

## Regulation 6: Health care

Health care for residents was well managed and residents had access to allied health care professionals with referrals made in a timely manner. Physiotherapy services were in progress in the centre on the day of inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel present in the centre to facilitate this. Formal residents' meetings took place regularly where relevant issues were discussed and actions taken to address these issues was evident.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	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
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Killarney Nursing Home OSV-0000685

Inspection ID: MON-0042336

Date of inspection: 24/04/2024

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            To address the inspection findings and ensure compliance, we have developed a comprehensive strategy to enhance our Personal Emergency Evacuation Plan for residents. Our plan includes the following measures:</p> <p>1. Staff Training.            The Person in Charge (PIC) will continue to schedule fire safety training for our staff in accordance, either as part of the induction/onboarding process or annual refresher updates as required, focusing on safe and effective methods for assisting residents during a vertical evacuation on the first floor. This training will cover the use of evacuation equipment, communication protocol and emergency response procedures.</p> <p>2. Evacuation Equipment:            The PIC will provide evacuation equipment to facilitate the safe and efficient transport of residents from the first floor down the stairs during an emergency.</p> <p>3. Evacuation drills:            Regular evacuation drills will be undertaken to ensure that staff are proficient in the updated procedures and equipment usage. This drill will be evaluated to identify and address any potential issues, which will be recorded in the evacuation drill evaluation record and an improvement plan will be identified to enhance the process for future drills.</p> <p>4. Evacuation plan:            The Personal Emergency Evacuation Plans for residents will be reviewed to include detailed instructions on the use of evacuation equipment and evacuation route in the event of a vertical evacuation from the first floor.</p> <p>By implementing these measures, we aim to provide clear guidance to our staff and ensure safe evacuation of residents in the event of a vertical evacuation.</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 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	31/07/2024