



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

Issued by the Chief Inspector

Name of designated centre:	Killarney Community Hospitals
Name of provider:	Health Service Executive
Address of centre:	St Columbanus Hospital, St Margaret's Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0000568
Fieldwork ID:	MON-0037988

About the designated centre

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

Killarney Community Hospitals is located on the outskirts of Killarney town. There is a strong association between this healthcare setting and the local community of Killarney and the wider population of County Kerry. The centre is registered to provide care for 66 residents of various dependencies. The centre is divided into three wards: Fuschia, Hawthorn and Heather. Fuschia is a unit for residents diagnosed with dementia and can accommodate 18 residents and caters for all ranges of dementia and residents who need extra support and supervision.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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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 7 December 2022	09:30hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Overall, residents spoken with provided positive feedback about the care they received in Killarney Community Hospital. One resident told the inspector the care provided by staff was "excellent with a capital E" and another told the inspector that staff were "exceptionally kind and would do anything for them".

Killarney Community Hospital provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in the town of Killarney, County Kerry. It is registered to provide care for 66 residents, and there were 65 residents living in the centre on the day of this inspection.

On arrival to the centre the inspector met with the person in charge. After an opening meeting, the inspector walked through the centre and met with a number of residents in both their bedrooms and in communal areas. The centre comprises of three separate residents units, all located on the ground floor, which are named Fuschia, Hawthorn (male residents) and Heather (female residents) . The first floor of the registered centre comprised of offices, where the senior management team were based.

The majority of residents living in Killarney Community Hospital are accommodated in four bedded rooms, with shared bathroom and shower facilities on the corridor. Within the centre there are 13 rooms with four beds, three twin rooms and eight single rooms. The inspector saw residents in the single rooms had ample storage for personal belongings and a television. Two residents living in single rooms told the inspector they were "delighted to have their own space" and they preferred it as they had previously lived in four bedded rooms. Another resident told the inspector that they liked that they could "suit themselves". The inspector noted that since the previous inspection the smoking room, which had been on the Heather unit, had been converted into a single bedroom and the smoking facilities had been relocated outdoors. The inspector saw that for some residents living in four bedded rooms storage space for personal belongings was limited and consisted of single wardrobes and a locker. Some residents had access to a chest of drawers. Outdoor space for the residents of Hawthorn and Heather units was limited to the front of the building, which was mainly an area for car parking. Residents living in Fuschia had access to a nicely maintained enclosed garden.

Each of the three units in the centre had adequate communal space for residents. In Fuschia, which was home to 17 residents with dementia, residents had access to a dining and sitting room. The inspector saw that these rooms were a considerable distance away from residents rooms and could not be accessed independently. Staff were observed to accompany resident to these rooms for activities and meals during the day. The sitting room was comfortably decorated with leather couches, a fire place and memorabilia. The inspector saw lovely interactions between staff and residents in this unit throughout the day. It was evident that staff knew residents well and gave them time. However, the inspector observed a resident being brought

into a four bedded room, where he did not reside, to be supervised. This practice was also observed on the previous inspection, and is further detailed under regulation 9.

On the day of the inspection the inspector observed residents on each unit being entertained by a Christmas choir from a local school. Over 60 students and teachers sang Christmas carols with residents, accompanied by instruments. Residents were seen to really enjoy this music session and told the inspector they loved to when there was singing in the centre and it marked the start of the Christmas season. The centre was decorated with Christmas trees and lights and some residents were observed making Christmas crafts in Hawthorn and Heather on the day of this inspection. The inspector saw that there were dedicated staff allocated to activities on a daily basis in these units and resident enjoyed a game of bingo and one-to-one sessions in the evening.

Staff were observed to be kind and courteous to residents at all times. It was evident that staff knew residents well and all interactions by staff with residents were seen to be respectful. Residents told the inspector that staff were quick to answer the bells in their rooms and they always were friendly and kind to them. Residents told the inspector they felt they could express any concern that they had to staff and they would always listen.

The dining experience for residents in Fuschia was seen to be a social occasion. Tables were nicely set, residents and staff chatted and there was assistance provided as required. However, the dining experience for residents on the other two units was seen to be more task orientated than a social occasion. For example, residents were brought to their tables at 11:30 am and milk was poured, however, the meal was not served until 12:30 pm. The dining space was also observed to be cluttered and was not inviting or homely. This is actioned under regulation 9.

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

This was a risk inspection carried out over one day to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, this inspection found that residents were in receipt of a high standard of care by staff that were responsive to their needs in Killarney Community Hospital. Some improvements were required in relation to residents rights and personal possessions and these will be detailed under the relevant regulations.

The registered provider of this centre is the Health Service Executive (HSE). The governance structure had been changed since the last inspection of this centre, 12

months previously. A new person in charge had been appointed in January 2022. This person reports to the Director of Nursing, who also has responsibility for a 34 bedded district hospital, adjacent to the registered centre. At a more senior level there is also governance provided by a general manager for older persons, who represented the provider.

Overall, the organisational structure within the centre is clear, with roles and responsibilities clearly defined and understood by staff and residents. From a clinical perspective care is directed by a suitably qualified person in charge. They are supported in their role by three clinical nurse managers, one assigned to each unit. The inspector found that the levels and skill mix of staff, at the time of inspection, were sufficient to meet the care needs of the residents living in the centre.

There was evidence of effective communication systems within the centre. Records of staff and management meetings provided demonstrated that issues were discussed, and corrective actions were implemented as required. There were systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of audits, in addition to the monitoring of weekly key performance indicators. On each unit staff partook in a safety pause daily to discuss the residents care requirements and areas that required attention.

The inspector examined staff training records, which confirmed that the majority of staff had up-to-date training in areas to support them in their respective roles, such as fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had also attended training in areas such as infection prevention and control practices and medication management, Some staff were due training in responsive behaviors, which is actioned under regulation 16.

The centre had a complaints policy and procedure that met the requirements of the regulation. The inspector reviewed the complaints records on each unit which evidenced that complaints were recorded and investigated. There was also evidence of follow up communication with the complainant as required.

Regulation 14: Persons in charge

There was a newly appointed person in charge since the previous inspection of this centre. The person in charge is a registered nurse, works full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector indicated that current staffing levels and the skill-mix were adequate to meet the assessed needs of the residents. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that training in responsive behaviours was not in place for some staff working in the centre and some nurses were due training in cardiopulmonary resuscitation. The centres policy identified these as mandatory training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure in place where lines of authority and accountability were clearly defined. There were effective monitoring and oversight systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed in the centre. There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents and families were made aware of the complaints policy and knew how to make a complaint if they wished to do so. Records of complaints were well maintained and investigated in line with the centres complaints policy.

Judgment: Compliant

Quality and safety

Overall, residents in Killarney Community Hospital were in receipt of a high standard of care by staff that were responsive to their needs. Resident reported they felt safe in the centre and complemented the kindness of the staff caring for them. Some improvements were required in relation to the dining experience, personal possessions and the premises and will be further discussed under the relevant regulation.

Residents had timely access to medical and other health care professionals. It was evident that nursing and care staff knew the residents well and were knowledgeable regarding each residents individual needs for support and interventions. There was evidence of ongoing assessment of residents' needs with corresponding care plans in place. Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines.

Improvements were noted in fire safety since the previous inspection. The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm system. Fire records were well maintained and evidenced that equipment was being serviced at appropriate intervals. Residents' support needs were clearly documented in their personal emergency evacuations plans, which were updated regularly.

Staff were observed to deliver care appropriately to residents who had responsive behaviours. As mentioned earlier in this report some staff were due training in this area. There was a substantial reduction in the use of bedrails in the centre, since the previous inspection with 16 residents assigned bedrails on the day of this inspection.

Activities were observed to be provided by dedicated activities staff, with the support of healthcare staff. Residents told the inspector that they were satisfied with the activities on offer. There were opportunities for the residents to meet with the management team via meetings on each unit, and provide feedback on the quality of the service.

Regulation 12: Personal possessions

The majority of residents had single wardrobes and a bedside locker in their bedrooms, which provided limited space to store a residents personal possessions, when living in the centre permanently.

Judgment: Substantially compliant

Regulation 17: Premises

The previous inspection of this centre, one year earlier, highlighted the limited outdoor space available for residents in Hawthorn and Heather units. In response to this the provider had committed to creating an outdoor space at the end of Hawthorn in their action plan. The date this was to be achieved by was March 2022. However, on the day of this inspection the inspector saw this had not commenced.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was observed to be very clean and there was adequate cleaning staff employed on each of the units. Staff were observed to be adhering to good hand hygiene techniques and had been provided with infection control training. Hand sanitizers and personal protective equipment was readily available and used appropriately by staff. Deep cleaning schedules were available.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were noted in fire precautions since the previous inspection, particularly in relation to simulated fire evacuations of compartments, which were taking place on every unit. There were systems in place to monitor fire safety procedures in the centre. There was a weekly sounding of the fire alarm and daily checks of escape routes. Preventative maintenance of fire safety equipment including fire extinguishers and the fire alarm was conducted at regular recommended intervals. All staff working in the centre had completed fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the safe administration and storage of medicines. Controlled drug records and drug administration records were maintained, in line with professional guidelines. The inspector undertook a count of the controlled medications and the count equated with the records. These were

checked at the beginning of each shift by two registered nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was seen to be carried out on residents to assess their health, personal and social care needs, prior to admission. Care plans were person centred to each resident and reviews were carried out at intervals not exceeding four months or as necessary.

Judgment: Compliant

Regulation 6: Health care

Residents received a high standard of evidence based nursing care. Residents had timely access to a General Practitioner, who attended the centre four days per week. Residents were also supported with referral pathways an access to allied health and social care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents needs in relation to relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Restrictive practices, such as bedrails were managed in the centre through ongoing initiatives, which included moving towards a restraint free environment. There had been a significant reduction in the number of bedrails in use, since the previous inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The following areas pertaining to residents rights required to be addressed:

- as observed on the previous inspection the inspector saw that a male resident was brought into a four bedded female residents bedroom to be supervised, this practice did not uphold the privacy and dignity of the resident or of the female residents residing in that room and this was an institutional practice and not person centered.
- the dining experience required improvement and action for residents on Heather and Hawthorne units, to ensure it was not task orientated but a social occasion which allowed residents more choice.

Judgment: Substantially 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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 9: Residents' rights	Substantially compliant

Compliance Plan for Killarney Community Hospitals OSV-0000568

Inspection ID: MON-0037988

Date of inspection: 08/12/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All team members are now up to date in responsive behavior training in line with mandatory training guidelines.</p> <p>A schedule has been compiled to facilitate outstanding cardio pulmonary resuscitation for staff (30 04 2023)</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All residents' storage space has been reviewed individually, extra storage has been provided to persons requiring more storage space (completed 12 01 2023)</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Construction has commenced on the new Killarney CNU which will have outdoor spaces for residents to enjoy. In the interim recreational spaces have been made available with extra outdoor furniture for residents use, weather permitting the residents in Heather</p>	

and Hawthorn also can avail of the enclosed garden in Fuschia ward.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Nursing Management has reviewed practices in Fuschia ward to ensure all residents privacy and dignity is upheld during care delivery. The Clinical Nurse Manager will supervise practice change to ensure compliance (Ongoing)

Dining practices in Heather and Hawthorn ward have been reviewed and enhanced to ensure the dining experience is a social occasion and not task orientated. The Clinical Nurse Managers will supervise the dining experience and undertake additional clinical audits to monitor and improve practice (Ongoing)

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	12/01/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	13/02/2023

	which conform to the matters set out in Schedule 6.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	17/01/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2023