



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kilcara House Nursing Home
Name of provider:	Mertonfield Limited
Address of centre:	Kilcara, Duagh, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	30 November 2022
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0038560

About the designated centre

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

Kilcara House Nursing Home is a family run designated centre set in a rural location within a few kilometres of the towns of Abbeyfeale and Listowel. It is registered to accommodate a maximum of 31 residents. It is a two-storey building with stairs and lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale Duagh and the new wing and upstairs has eight beds. Bedroom accommodation comprises single and twin rooms and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and two dining rooms. There is a secure enclosed courtyard with seating and there is a mature garden with walkways and seating at the front entrance to the centre. Kilcara House nursing home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term, convalescence care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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 30 November 2022	09:20hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector noted that residents were supported to enjoy a good quality of life in Kilcara House Nursing Home, by staff who were kind and caring. There was a welcoming and homely atmosphere in the centre and overall feedback from the residents was that they were happy with the care provided by staff and that they enjoyed living there. Residents who spoke with inspector said that staff were very kind to them at all times. One resident told the inspector that staff would "do anything for them, which meant so much". Two residents told the inspector that they enjoyed the "homely feel" to the centre and they enjoyed their days, as there was "always something happening here". Residents who were unable to speak with the inspector, to give their views, were observed to be content.

On arrival to the centre, the inspector completed the necessary infection prevention and control measures, including hand hygiene and temperature check. After an opening meeting with the assistant director of nursing, the inspector was guided on a tour of the premises. The inspector observed the decor, at the entrance was very homely with a large fish tank, pictures on the walls and memorabilia. To the right of the entrance was the smaller of the centres sitting rooms, which had comfortable armchairs, a fireplace and a television. Four residents were observed in this area, watching morning television, when the inspector arrived.

Kilcara House Nursing Home provides long term care for both male and female adults, with a range of dependencies and needs. The centre is situated in a rural area, between the towns of Listowel and Abbeyfeale, in North Kerry. It is a two storey facility, which can accommodate 31 residents. Bedroom accommodation comprises 19 single and six twin rooms, all but three had en-suite facilities. There were 27 residents living in the centre on the day of this inspection, 21 of these residents were downstairs and six had bedrooms upstairs on the day of inspection. The inspector was informed by the management team that the upstairs bedrooms were only suitable for residents who were mobile and could weight bear, due to the steep stairway, that would have to be used to exit the centre, in the event of an emergency. The centres lift, although functional on the day of inspection, required attention as the control panel was in need of repair, which is further detailed under regulation 17.

The centre was generally clean on the day of inspection and there was adequate cleaning staff employed. However, some areas of the premises required upgrading such as flooring in many residents rooms and some bedrooms required decorative upgrades, to bring them in line with the style and decor of the centre.

There was evidence to show that residents were offered choice in many aspects of their care, such as what meals they would like to eat and when they would like to get up in the morning. Residents told the inspector they really enjoyed the activities provided. The inspector observed there was a person allocated to activities every

day. Sixteen residents were seen enjoying a quiz in the sitting room and others made Christmas crafts in the dining room after dinner. Residents were also enjoying watching the 2022 World cup in Qatar on television. The activity staff member, working on the day, was seen to interact well with residents.

Staff that spoke with the inspector were knowledgeable about residents and their individual needs. Many staff had worked in the centre for a number of years and were very familiar with residents. Residents were observed moving around the centre freely, and the inspector observed residents walking around the centre and outside of the centre independently. Residents confirmed that this was a nice place to live and that the staff were very supportive and assisted them to maintain their independence while at the same time providing necessary support. It was evident that the staff knew the residents very well and were familiar with the residents' daily routines and preferences for care and support.

The inspector observed that the food served in the centre was wholesome and served hot. There were two dining rooms in the centre, and most residents had their meals in these. Mealtimes were seen to be social occasions. Residents were observed to chat and joke with other residents and staff. Residents told the inspector that they enjoyed mealtimes and they always had a choice of food.

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

This was an unannounced risk inspection conducted to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, findings of this inspection were that Kilcara House Nursing Home was a good centre, where residents received good quality nursing and medical care. Some areas that required to be addressed, as per the findings of this inspection were fire safety and maintenance of the premises. An application to renew the registration of this centre had also been submitted to the Chief Inspector, since the previous inspection, and this inspection would inform part of the decision making process.

Mertonfield Ltd is the registered provider of Kilcara House Nursing Home, and the company has two named directors, one of whom works in the centre full-time. The management structure in place within the centre, identified clear lines of authority and accountability. From a clinical perspective care is directed by a person in charge, who works full time in the centre. They are supported in their role by an assistant director of nursing and a team of nursing staff, an administrator, care staff, housekeeping, and catering staff.

There were systems in place to monitor and evaluate the quality and safety of the

service, which comprised of a yearly audit schedule and the collection of weekly key performance indicators. This information was used to implement quality improvements within the centre. There was evidence of consultation with residents through residents' meetings. Although as per regulatory requirements, each resident had a written contract of care, it did include all information required, which is further detailed under regulation 24. Some improvements were noted in records since the previous inspection. Records as set out in schedules 2, 3 & 4 were available to the inspector. Records were stored in a safe and accessible manner. The inspector reviewed a sample of four staff files and all but one were in line with Schedule 2 requirements.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. Incidents occurring within the centre were being documented and all had been notified to the Chief Inspector, as required by the regulations.

The inspector examined staff training records, which confirmed that the 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, COVID-19 awareness, medication management, human rights, cardiopulmonary resuscitation.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and had the required experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff on duty was appropriate, for the number of

residents living in the centre. Staff were knowledgeable and demonstrated competence in their work. Rosters showed that there was a qualified nurse on duty in the designated centre at all times, as required by the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training, to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles. There was evidence of a comprehensive induction programme for new staff to ensure they were familiar with the procedures within the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residence. This included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files. One file did not contain a reference from the employees most recent employer, which is a requirement of the regulations.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations. This provided insurance against injury to residents and loss or damage to residents property, which is a regulatory requirement.

Judgment: Compliant

Regulation 23: Governance and management

The system of governance and management in place for the centre at the time of the inspection provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care required to be reviewed as they did not outline the fees to be charged, including fees for additional services and the room occupancy as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, as per regulatory requirements, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. There were no complaints on record since the previous inspection of this centre.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Kilcara House Nursing Home. Residents were in receipt of a high standard of care by staff that were responsive to their needs. Residents' health, social care and spiritual needs were well catered for. However, improvements were required in fire safety, infection control and the premises. These will be discussed in more detail, under the relevant regulation.

Residents' records evidenced that a high standard of evidence-based nursing care was consistently provided to the residents. This was detailed in the daily progress notes and the individualised plans of care, which were regularly reviewed and updated when residents' condition changed. The inspector reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were seen to be predominantly person-centred and were updated either four monthly or more frequently when there were any changes to the residents care or condition.

Systems were in place for monitoring fire safety. The provider was in the process of having a centre specific fire risk assessment completed, by an external provider. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted, at recommended intervals. There were daily checks of means of escape and weekly sounding of the fire alarm. Some fire drills were being conducted at regular intervals and simulated both day and night time scenarios. However, some further improvements were required with regards to fire safety, such as evacuation drills of the upstairs of the centre, which is further detailed under regulation 28.

Infection prevention and control measures were in place, and staff were observed to be wearing personal protective equipment in line with current guidance. Staff had access to appropriate infection prevention and control training, and staff had completed this. However, some areas pertaining to infection control required to be addressed by the provider, which are discussed under regulation 27.

Staff had completed training in adult protection and were knowledgeable with regards to what constitutes abuse. Adequate arrangements were in place to manage residents' personal monies. Residents spoken with by the inspector stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and courteous.

Regulation 11: Visits

The inspector observed the registered provider had arrangements in place for residents to receive visitors. There were no restrictions on visitors. There were adequate facilities for residents to receive visitors in private away from their bedroom, should they wish to do so. The inspector had the opportunity to meet with one visitor, who was complementary with regards to their family members care in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store and retain their clothes in their rooms. There were laundry facilities on site and residents reported that they were satisfied with the service provided.

Judgment: Compliant

Regulation 17: Premises

The provider had made some improvements to the premises since the last inspection of this centre, six months previously. However, some further areas required to be addressed to conform with the matters set out in Schedule 6 of the regulations, for example;

- the elevator in the centre required repair, as it was found that the control panel was not working effectively. This resulted in residents not being able to use it independently.
- flooring in many residents rooms required to be replaced as it was stained or worn.
- some painting was required in bedrooms as skirting boards and walls were chipped.
- a shower hose was observed to be broken.

Judgment: Substantially compliant

Regulation 27: Infection control

Some area required to be addressed pertaining to infection control practices, to

achieve full compliance with the standards, for example:

- the storage of hoists in bathrooms and cleaning products were observed to be stored inappropriately beside a water waste disposal, which increased the risk of cross contamination.
- the storage racks in the centres sluice required to be replaced as they were rusted and therefore could not be effectively cleaned.
- three residents nebuliser machines and masks were stored on the conservatory window uncovered, which increased the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the providers good governance with regards to completing a fire risk assessment of the premises further actions were required in relation to fire safety :

- while fire drills were conducted in the centre, there was only one drill carried out of the upstairs floor in the last six months. This drill stimulated the evacuation of five residents, however, this area could accommodate eight residents. Assurances were required that all residents could be evacuated in a timely manner to a place of relative safety, at a time that staffing was at its lowest. Regular fire drills of this area are required so all staff are familiar with the process.
- although residents bedroom doors were fire resisting, some were not fitted with self-closing devices which would reduce the risk of the spread of fire.
- clarification was required with regards to compartment sizes on the first floor, as the management team and staff were unaware if the area was divided into one or two compartments. This information was required to ensure that the centre had an effective evacuation strategy, which would improve the safety of all residents.

Judgment: Not 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 residents needs changed.

Judgment: Compliant

Regulation 6: Health care

Residents were observed to have access to a range of medical supports including access to general practitioners and allied health and social care professionals such as dietitians and speech and language therapy. Care records seen indicated that where medical professionals made clinical recommendations, residents' care plans were amended as necessary. There was a low incidence of pressure ulcer development within the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff were provided with training, to ensure they had up-to-date knowledge and skills in relation to safeguarding vulnerable adults. The inspector reviewed residents' finances and records of monies and valuables handed in for safe keeping. Robust management systems and practices were seen to be implemented. The provider was not a pension agent for any residents living in the centre on the day of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. Staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0038560

Date of inspection: 30/11/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Kilcara will continue to monitor staff files by conducting 2 monthly audits to ensure relevant documentation available.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contracts of care outline total fees charged. New contracts have break down of fees ie: - HSE contributions and individual contributions. Room number and occupancy also added to new contract	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Awaiting parts for elevator panel to be working effectively Awaiting carpets to be replaced in bedroom, order placed, date given February 9th 2023. Plan on upgrading bedroom on a phased basis and attending to all maintenance required	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Shelving has been put in place for appropriate chemical storage Storage racks in sluice room replaced All nebulizer masks are covered when in day room to prevent cross contamination. Management will carry out 2 monthly audit to monitor compliance.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Three monthly fire drill will be carried out evacuating total no of resident who can occupy each compartment. Management will carry out 3 monthly audits to ensure compliance. Doors which required self-closing devices have been installed. All compartments through out nursing home have been signed, same is displayed in fire evacuation strategy, which is available at fire panel</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/04/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	27/01/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms	Substantially Compliant	Yellow	28/02/2023

	relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	28/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	27/01/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	27/01/2023

	suitable bedding and furnishings.			
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.	Not Compliant	Orange	27/01/2023