



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:	09 November 2022
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0037990

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 9 November 2022	10:00hrs to 17:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector observed that residents were supported to enjoy a good quality of life in Killarney Nursing Home, by staff who were kind and caring. The overall feedback from the residents was that they were happy with the care provided by staff and that they enjoyed their life in the centre. They all complimented the kind staff, who gave them time and worked very hard.

On arrival to the centre the inspector was guided throughout the necessary infection control procedures, which included application of a mask, hand hygiene and a temperature check. After an opening meeting with the clinical nurse manager and the general operatives manager, the inspector was guided on a tour of the premises. The person in charge was on leave on the day of this inspection and the clinical nurse manager, who was deputising in their absence, facilitated the inspection process.

Killarney Nursing Home 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, in County Kerry. It is a purpose built three storey facility, two of which are allocated to residents and the basement housed the centres laundry facilities and storage for the centre. It is registered to provide care to 56 residents and was full on the day of this inspection. Bedroom accommodation consists of 51 single and two twin rooms, all with en-suite facilities. Bedrooms were seen to be nicely decorated with residents pictures, comfortable arm chairs, and memorabilia.

The inspector saw that the centre was homely, clean, bright and very well maintained. The provider employed a maintenance person, three days per week and they were actively monitoring the areas of the premises that required attention. The inspector observed that there was an appropriate amount of communal space in the centre which included two dining rooms, a large day room, a quiet room and an oratory. Residents had access to a small enclosed garden patio area, which was also used for smoking. However, space in this area was very limited when considering the number of residents accommodated in the centre, this is further discussed under regulation 17.

Throughout the day the inspector observed a friendly, relaxed and calm atmosphere in the home. Residents were observed to get up at a time of their choosing and told the inspector that staff were always respectful of their wishes. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. A significant number of residents were living with dementia and therefore conversations with them were limited. However, those residents, who were unable to communicate verbally, were observed by the inspector to be content.

Residents told the inspector that they were happy with the quality and choice of food available to them. The inspector observed residents dining experience and

found that the food served appeared to be wholesome, nutritious and appropriate to residents' dietary needs. The dining experience was seen to be a social occasion with nicely set tables and menus available to residents. There was adequate choice available and residents requiring assistance with meals, were provided with this in an appropriate manner.

Visiting was seen to be unrestricted and there was a good level of visiting activity throughout the day. Some visiting took place in residents bedrooms and in communal rooms. The inspector had the opportunity to meet with two visitors who spoke very positively about the care their loved one received.

Residents were observed to partake in activities and a schedule of what was available to them was on display in residents rooms and in the communal spaces. On the day of this inspection residents were observed attending a physiotherapy exercise class, playing games and doing quizzes. Residents told the inspector they were encouraged and supported to leave the centre, for days out with family.

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 an unannounced risk inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Findings of this inspection were that Killarney Nursing Home, was a well managed centre, where residents received good quality care and services. The registered provider and team of staff were very committed to ongoing quality improvement, for the benefit of the residents who lived in the centre. Some areas found on this inspection that required improvement were pertaining to care planning, healthcare and training. These will be further detailed under the relevant regulations.

The registered provider of Killarney Nursing Home is Mowlam Healthcare Unlimited Company. There is a clearly defined management structure in place, which identifies lines of authority and accountability. The company comprises of four directors, who are also involved in the operation of other designated centres in the country. One of these directors is the named provider representative and there was evidence that they were actively engaged daily operations of the centre. There was also additional support of a Director of Care Services and a Healthcare Manager to support the centre and the person in charge reported to them. There was evidence of good communication systems in place at management level.

From a clinical perspective care is directed through the person in charge, supported by a clinical nurse manager, who deputises in their absence. They were supported in their role by a team of nurses, healthcare assistants, domestic, activities, catering

and maintenance staff. The centre also had the additional support of a general services manager, who worked in the centre full-time and had responsibilities for areas such as recruitment, rostering and fire safety. Lines of authority and accountability and roles and responsibilities were clear and understood by all staff.

On the day of the inspection staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection, which was a noted improvement since the previous inspection. Staff with whom the inspector spoke were knowledgeable of residents and their individual needs. There was a strong emphasis on staff training and development in the designated centre, including regular in-house training sessions for staff. However, some training in responsive behaviour was found to be over-due, which is actioned under regulation 16.

An electronic record of incidents occurring in the centre was well maintained and all incidents had been reported to the Chief Inspector, as required under the regulations. There was a complaints management system in place, with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome, as per regulatory requirements.

Records and documentation, were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. There was evidence of robust recruitment process in place and all staff files reviewed contained the required information as per Schedule 2 of the regulations.

A schedule of audits was being carried out to monitor the service in areas such as infection control and medication management. Clinical indicators were being monitored in areas such as wounds, infection, restraint and dependency levels. The registered provider had written policies and procedures in place, as required under Schedule 5 of the regulations.

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 were two qualified nurse on duty in the designated centre at all times. Improvements were noted with regards to the allocation of staff to activities since the previous inspection, which improved residents quality of life.

Judgment: Compliant

Regulation 16: Training and staff development

Sixteen staff in the centre were due training in dementia care and responsive behaviour. This was significant as over 80% of residents in the centre were living with a cognitive impairment.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files and all contained the records as set out in Schedules 2 of the regulations. Records requested on the day of inspection were well maintained and stored securely.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently monitored, to ensure a safe and appropriate service. An annual review for the previous year had been undertaken, as per the requirements of the regulations and it included the views of residents and quality improvement plans for the year ahead.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents had a written contract of care and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional fees to be charged if applicable.

Judgment: 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

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. Records of complaints were well maintained and investigated in line with the centres complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the care and support provided to the residents in the centre was of good quality. Residents stated that they felt safe and well-supported in Killarney Nursing Home. Residents social care and spiritual needs were well catered for and there was a strong emphasis on residents rights and maximising their potential and independence. Some areas identified as requiring improvement, as per the findings of this inspection, were care planning, healthcare and the premises. These are further discussed under the relevant regulations.

Pre-admission assessments were conducted by the nurse management team in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. However, some care plans reviewed contained outdated information and therefore, did not provide effective guidance on the care to be delivered to each resident. This is further detailed under regulation 5.

Residents had good access to medical care and records indicated that residents were reviewed regularly. Residents also had good access to allied and specialist services such as speech and language therapy and dietetics. The centre employed a physiotherapist who attended the centre one day per week. Medical records reviewed included detailed notes of residents' care. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these. However, some areas pertaining to healthcare required to be improved such as the grading of pressure ulcers and the monitoring of residents weights, which is actioned under regulation 6.

There was a clear focus on fire safety within the centre, and improvements were noted since the previous inspection, in the evacuation of compartments. Certification was evidenced regarding fire safety equipment, and daily and weekly fire safety checks were comprehensive. Floor plans identifying zones and compartments were displayed for use, in the event of a fire.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Safeguarding training was provided to all staff and was seen to be up-to-date. Systems in place to manage residents finances within the centre were found to be robust and protected residents. The inspector observed that the residents were comfortable and that staff respected their privacy and dignity. Residents' rights and choices were respected. The residents' committee was active and the minutes of these meetings showed that they discussed a range a topics. There were also opportunities for residents to participate in meaningful activities.

Regulation 11: Visits

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.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display

their possessions. Clothes were laundered on site and residents were satisfied with this service.

Judgment: Compliant

Regulation 17: Premises

As found on the previous inspection the current outdoor space for residents was small and could not accommodate more than 4-5 residents. The inspector was informed that the provider had plans to develop a garden off the dining room, and work would commence in the coming weeks. The inspector saw that some work had commenced in preparation for this project.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with eating their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be clean throughout. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. Effective housekeeping procedures were in place to provide a safe environment for residents and staff.

Judgment: Compliant

Regulation 28: Fire precautions

There were personal emergency evacuation plans in place for all residents, detailing

the optimal mode of evacuation and support required in the event of a fire. There was a programme of preventive maintenance of fire safety equipment including the fire alarm, emergency lighting and fire extinguishers. Fire safety training was up to date for all staff. Training records evidenced that fire drills were completed, cognisant of night time staff levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The following required to be addressed in relation to care plans:

- the assessment of pain for one resident was inconsistently monitored and therefore did not assure that appropriate treatment could be delivered.
- some care plans contained out of date information which was not pertinent to residents care requirements on the day of the the inspection, therefore it was not easy to direct care.

Judgment: Substantially compliant

Regulation 6: Health care

The following required to be addressed to ensure compliance with this regulation:

- the grading of pressure ulcers in the centre was found to be inconsistent and not accurate for one resident receiving wound care. This was necessary to prevent further deterioration and to note potential problems that may be associated with the wound.
- where residents required to have their weight monitored monthly , this was not always taking place. Therefore, weight loss or gain may not be treated effectively.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse. There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. The provider was a pension agent for

three residents living in the centre and the systems in place were found to be robust. The inspector reviewed the processes in place for invoicing residents and storing their personal monies and these were also found to be comprehensive and systems in place protected residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was a variety of activities available to residents that included group and one-to-one sessions. The inspector found that residents' rights were upheld in the centre and that care was person-centred. Facilities in the centre promoted the privacy of residents. Improvements were noted in the process for consulting with residents since the previous inspection. It was evident that residents were regularly consulted with about the organisation of the service. Residents were supported to maintain their links with family and friends and their local community. Residents had access to television, local newspapers and other media.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killarney Nursing Home OSV-0000685

Inspection ID: MON-0037990

Date of inspection: 09/11/2022

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 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>Training has been scheduled for all newly appointed staff and for all staff members who require refresher updates. Training will be scheduled on an ongoing basis to ensure full compliance within all areas.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Hard landscaping for the outdoor area outside the dining room has now commenced and will be completed by the end of December 2022.</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 PIC will ensure that all residents' individual care plans contain person-centred information. The care plans will reflect aspects of residents' current physical and mental health, personal and social care needs.</p>	

The PIC and CNM will ensure that all care plans and assessments are reviewed routinely and regularly.

We will introduce a clinical documentation audit in 2023 which will be completed every 4 months; all areas identified as non-compliant will be addressed as part of a quality improvement plan.

The PIC will ensure that assessment of pain management for residents is consistently monitored and provides opportunities for appropriate treatment and intervention to minimise pain and discomfort.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

To ensure that pressure ulcer classification is consistent and accurate, all nurses will receive education on wound care. The Tissue Viability Nurse will also attend the nursing home every six weeks to ensure that there are appropriate treatment plans in place for any resident with a wound.

The PIC and CNM will ensure that the weight of all residents is checked monthly by conducting monthly audits. If any resident loses more than 2kgs since their previous weight recording, they will be referred to the dietician and a medical review will also be sought. Dietary supplements will be considered, and they will be weighed weekly.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2023
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	31/03/2023
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	Substantially Compliant	Yellow	31/01/2023

	that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/12/2022