



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:	Announced
Date of inspection:	14 January 2020
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0023121

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 35 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 with eight beds, Duagh with nine beds, the new wing with eight beds; and upstairs has ten beds. Bedroom accommodation comprises single, twin and three-bedded rooms with wash-hand basins, and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and dining room. 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:	31
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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
Tuesday 14 January 2020	10:00hrs to 17:30hrs	Breeda Desmond	Lead
Wednesday 15 January 2020	08:30hrs to 15:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspectors spoke with many residents and relatives during the two-day inspection and reviewed 12 questionnaires submitted. Feedback was very positive regarding the care they received and said that staff were exceptional and the kindness and compassion of staff was 'second to none'; people were kept informed continuously on their relatives health and well-being and any issue raised was dealt with immediately by the person in charge. They reported that the activities person Kristina 'does all she can with activities to include all the residents on a daily basis'. While the care was 'exceptional', people commented that the premises could be better; they also reported that there were long waiting times for meals to be served from the time they came to the dining room to when they were served.

Capacity and capability

While feedback from residents and relatives talked about the exceptional care in the centre, the inspection findings overall demonstrated poor compliance with the regulations. Cognisant that this was an announced inspection, the registered provider had not adequately prepared for the inspection to ensure compliance.

The person in charge was full time in post and supported in her role by the assistant director of nursing. The person in charge demonstrated knowledge of her role and responsibilities including good knowledge of residents and their care needs. Weekly collection of data on quality of care was collected and the person in charge described good oversight of this information, which informed their quality improvement programme. While clinical and quality of life audits were undertaken with corrective actions and review dates, these were not consistently comprehensively completed.

Policies and procedures as required in Schedule 5 were due for review in July 2019, but had not been reviewed or updated in accordance with the regulation. The statement of purpose required updating on inspection to include the rooms sizes along with their purpose and function; the organisational structure to reflect the actual governance for the service; information relating to pre-admission assessments undertaken to ensure the service could cater for the assessed needs of prospective residents. The residents' guide was updated on inspection to ensure the information reflected practice in the centre.

A current insurance certificate was evidenced. The incidents and accidents log was reviewed and notifications to the office of the chief inspector correlated with these. A synopsis of the complaints procedure was displayed in the centre and records

demonstrated thorough and timely investigations of issues raised.

A sample of contracts of care were reviewed and they required attention to include the type of accommodation provided; in addition, new contracts were not signed with a change in conditions of occupancy, for example, when fees were increased.

Overall, the number and skill mix of staff was inadequate to the size, layout and dependency levels of the residents (27 high - maximum dependency residents) and this resulted in poorer outcomes for residents, for example, waiting times for meals which negatively impacted their dining experience.

A sample of staff documents reviewed demonstrated poor oversight of records as specified in Schedule 2, for example, there were no references for one staff, gaps in employment history and no evidence of relevant qualifications for one staff in accordance with the information available in the curriculum vitae. All staff had vetting disclosures in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Registration Regulation 4: Application for registration or renewal of registration

An application was made within the appropriate time lines; fees were paid; prescribed documentation was timely submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated good knowledge regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering individualised care.

Judgment: Compliant

Regulation 15: Staffing

The duty rosters did not reflect the staff delivering care and times of duty, and this required updating.

Overall, the number and skill mix of care staff was not appropriate having regard for

the needs of residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The training matrix demonstrated mandatory training as well as other relevant training completed. Household staff had completed training relating to cleaning since the last inspection, and was articulate regarding cleaning techniques and protocols in line with best practice.

The inspector observed that due to inadequate staff numbers and skill mix, there was no staff supervision to ensure that care delivered was safe and appropriate in line with best practice.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with the requirements set out in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

Schedule 2 requirements to be in place for all staff prior to the commencement of employment were not comprehensive.

Records pertaining to the use of restraint were not consistently maintained for residents with bed-rails in line with the requirement set out in Schedule 3 of the regulations.

While controlled drug records were generally maintained in accordance with professional guidelines, practice of recording receipt of drugs required review to prevent possible medication errors.

Judgment: Not compliant

Regulation 22: Insurance

A current compliant insurance certificate was displayed at main reception.

Judgment: Compliant

Regulation 23: Governance and management

While there was a clearly defined management structure, the registered provider had not ensured sufficient resources to enable the effective delivery of care in accordance with the statement of purpose.

It was reported to the inspector that non-clinical audits were completed to ensure that the premises was maintained in accordance with Schedule 6, however, issues identified suggested that better oversight was necessary to ensure the premises conformed with Schedule 6 of the regulations. Clinical audits were undertaken with corrective actions, however, these required better oversight to enhance the positive findings to ensure they were comprehensively completed to better inform the quality improvement plan.

Due to insufficient resources, the annual review was not completed in preparation for this announced inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care required review to identify the occupancy type, possible additional fees to be charged; a new contract to be signed when the conditions of the contract changed, for example, when the fees were increased.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to ensure compliance with the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted and these correlated with the incident and accident log reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and relatives spoken with relayed that they could raise issues with staff and that issues would be dealt with thoroughly and in a timely manner. The complaints log was reviewed and showed that complaints were recorded in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were for review July 2019 and so were out of date and not updated in accordance with current legislation, national policy or current best practice standards. They did not describe centre-specific practice to support staff to deliver appropriate care; for example, while the medication management policy defined transcription, it did not detail whether transcription occurred in the centre.

Judgment: Not compliant

Quality and safety

Positive feedback was given by residents and relatives regarding the care they received and the kindness of staff.

There were some new equipment such as a new hoist, beds and specialist mattresses. Certification for annual servicing of equipment were available. While some issues identified in the last inspection relating to the premises were remedied, for example painting and replacing some flooring throughout the centre, other

issues were not addressed. Both baths had no bath surrounds and looked unsightly; some furniture including bed furniture was shabby. One twin bedroom and both three-bedded rooms were inadequate to ensure privacy and dignity and afford residents personal space; bedside chairs could not be accommodated alongside beds; the location of one bed in the twin-bedded room was such that the resident was not afforded a bed space when the privacy curtain was closed; the bedside locker was located at the opposite end of the room due to the layout of the room, so the resident did not have easy access to their personal possessions. Some residents' had very limited personal storage space such as a single wardrobe for all their clothes.

A sample of care plan documentation was reviewed. Pre-admission assessments were completed to ensure the service could provide appropriate care to each resident. There were assessments and care plans for individual residents; while most assessments were timely updated, some had no dates so it could not be determined if the information was current. There was some person-centred information included in care plans, nonetheless, observation and discussions with staff showed excellent knowledge of residents and their communication and care needs.

While end of life care decisions were recorded, the care plans did not detail how or with whom the decisions were made. One resident had signed consent for photography, however, she had not signed the consent for bed rail restraint or the end of life care plan that included the resuscitation decision, rather, the next of kin had signed that issues were discussed with them.

Residents notes showed that people had timely access to medical care such as GP services and psychiatry of old age as well as access to allied health professionals such as physiotherapy, occupational therapy, optician, dietician and speech and language therapy, community services and acute care out-patient follow-up services.

Residents had good menu choice and gave positive feedback regarding their food. Residents were observed coming to the dining room throughout the morning and having their breakfast. However, there were several issues identified with meal-times that took from the dining experience of residents - medications were administered during meals and so their meal was interrupted; meal times of dinner and supper were observed and they were extremely rushed due to inadequate staff levels; residents reported long delays waiting for their meal to be served and the inspector observed this. While breakfast was served whenever the residents came to the dining room, this was facilitated by the cook rather than care staff. In addition, textured diets were not presented in an acceptable manner in deference to residents and their age profile.

Closed circuit television (CCTV) was at entrances and hallways and there was advisory signage regarding use of CCTV.

Storage racks for urinals and bedpans in the sluice room were inadequate to ensure compliance with infection prevention and controls best practice guidelines.

Appropriate protective clothing was not in place for staff accessing the kitchen in line with national standards.

Emergency lighting was upgraded since the last inspection. Certification was evidenced regarding fire safety equipment; daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Floor plans identifying zones and compartments were displayed. Fire safety training was up to date for all staff. Training records showed that drills were completed with times of evacuations, discussions following the drills and the learnings to improve evacuation times. In general, evacuations were undertaken cognisant of night time staff levels and residents were involved in fire safety and their input was included in the drill records. Staff spoken with were knowledgeable regarding evacuation procedures.

Regulation 11: Visits

Visitors were observed calling throughout the day. They were welcomed by staff and staff knew visitors by name and actively engaged with them.

Judgment: Compliant

Regulation 17: Premises

Both baths had no bath surrounds and looked unsightly; some furniture including bed furniture was shabby. One twin bedroom and both three-bedded rooms were inadequate to ensure privacy and dignity and afford residents personal space or easy access to their personal possessions. Some residents' had very limited personal storage space such as a single wardrobe for all their clothes.

There was a lot of clinical signage displayed everywhere in the centre and this was not in keeping with the posters displayed, highlighting, 'Our Residents do not Live in Our Workplace, We Work in Their Home'.

Judgment: Not compliant

Regulation 18: Food and nutrition

There were several issues identified with meal-times that took from the dining experience of residents - medications were administered during meals and so their meal was interrupted; meal times were extremely rushed due to inadequate staff levels; residents reported long delays waiting for their meal to be served and the

inspector observed this. While breakfast was served whenever the residents came to the dining room, this was facilitated by the cook rather than care staff. In addition, textured diets were not presented in an acceptable manner in deference to residents and their age profile.

Judgment: Not compliant

Regulation 20: Information for residents

The residents' guide was updated on inspection to reflect the requirements of the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

While there was documentary evidence that all relevant information was in place upon a resident's return to the centre following their temporary absence, the information provided by the centre upon transfer to another hospital or elsewhere was not in place.

Judgment: Not compliant

Regulation 26: Risk management

An up-to-date safety statement was in place. A current clinical and non-clinical risk register was maintained with risk assessments and hazard identification with controls. However, some of the controls were not enforced, for example, only authorised persons were permitted in the kitchen and several care staff were observed in and out of the kitchen throughout the inspection; another risk associated with the sluice room stated that this was only relevant to household staff; in addition, it did not comprehensively detail all the risks associated with a sluice room. Risks associated with a hairdressers' room was void as it stated there was no hairdressers' room on the premises, even though a bathroom had been refurbished to facilitate the hairdresser. While it outlined the specified risks detailed in the Regulation 26, in general, the risk register was not centre-specific.

Judgment: Not compliant

Regulation 27: Infection control

Storage racks for urinals and bedpans in the sluice room were inadequate to ensure compliance with infection prevention and controls best practice.

Care staff entering the kitchen did not have appropriate protective clothing in line with national standards to prevent contamination.

The sluice room and laundry room were de-cluttered during the inspection in line with best practice national standards.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety precautions were in place to enable the safety of residents and staff. Personal emergency evacuation plans (PEEPS) were in place for all residents and residents were involved in the fire evacuations. Staff spoken with knew the fire evacuation procedures and the appropriate usage of fire safety aids such as ski-sheets and the evacuation chair.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Practices relating to medication management had improved since the previous inspection. Additional information formed part of the drug administration records such as antibiotic and anti-psychotic usage and the rationale for its use.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans required further review to ensure they were dated to ensure the information available was current. While person-centred information was available in assessments, this information did not always inform care planning to enable best

outcomes for residents.

Discussions relating to end of life care decisions and resuscitation decisions were not routinely documented to ensure that peoples' rights were respected and upheld. While consent was obtained for some decisions and interventions, it was not routinely sought in line with best practice.

Judgment: Not compliant

Regulation 6: Health care

Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals: physiotherapy, general practitioners (GPs), psychiatry of old age and community based psychiatric services, the dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there was a decision-making tool to enable positive supports to residents with challenging behaviour, there were not in place in the sample of care plans reviewed. Nonetheless, observation showed that staff had in-depth knowledge of residents and their communication and care needs and positively engaged with residents.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had up-to-date training and those spoken with had good knowledge and expressed no hesitation in reporting anything untoward. The service was pension agent for two residents and records examined demonstrated appropriate safeguards to protect residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to an external advocate and minutes of advocacy meetings were available which showed discussions with residents regarding their rights and any queries they had.

Residents' meetings were held three times a year basis and co-chaired by the person in charge and the activities person. Prior to the last meeting in November, the person in charge undertook a residents' survey and the information raised in the feedback informed the residents' meeting. She reported that this worked very well with good discussions and issues were cleared up.

Internet access and broadband were available in the centre. Daily newspapers as well as local magazines and news letters were available to residents. One of the residents enjoyed writing, and a writing desk was provided in the small quiet room off the 'back sitting room' for her enjoyment.

Residents gave positive feedback regarding their activities and the activities person and how inclusive and encouraging she was but respected their right to refuse to part-take in the activities.

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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0023121

Date of inspection: 15/01/2020

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Management have put in place a second member of staff in kitchen to assist and serve at mealtimes. We now have two member of staff starting at 730 am to help with morning shift. Also a second nurse has been roster daily. The second person starting at 730am will stay on duty until 6pm each day to help with evening meals.</p> <p>The extra kitchen staff are in place now. We are awaiting a start date from agency for new nurse due to start mid-march full time.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A second nurse on duty daily will observe and supervise staff. All training has been and will continue to be kept up to date. Our activities coordinator has been booked on a course suitable to her role.</p> <p>We are awaiting a start date from agency for new nurse due to start mid-march full time.</p> <p>Activities coordinator course booked.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Register provider will ensure that all staff records set out in schedules 2, 3, and 4 are kept up to date and available for inspection.</p> <p>25/02/2020 completion (ongoing)</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will ensure that management systems are in place to ensure that the service provided is safe, appropriate consistent and effectively monitored. The registered provider is carrying out non clinical audits. Also an extra nurse has been rostered and kitchen staff have been rostered daily to improve delivery of care as most residents now are of high dependency. The annual report has been completed for 2019 which is normally completed end of January. The duty roster will ensure that timing for all shifts are correct</p> <p>We are awaiting a start date from agency for a new nurse to come on board full time. We have a nurse doing part time at moment while awaiting start date for full time nurse, due to start mid-march full time position.</p> <p>The duty roster has been amended. Annual report has been completed.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The registered provider will ensure that all residents will be given a new contract of care when any new additional fees may be charged. Occupancy type will also be identified.</p> <p>Have started new contracts already. Completion by February 27th 2020</p>	

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider will ensure that all policies and procedures are kept up to date and Centre specific</p> <p>Have started already completion by February 28th 2020</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Firstly most signage has been removed. Over the past year the PIC has two residents occupying one of the 3 bedded rooms .Kilcara is now applying for registration for 33 beds down from 35.On assessment all residents have adequate storage space. Families and residents are given opportunities to voice any concerns. The vast majority of families visit Kilcara prior to admission to check suitability. We have already started renewing some furniture which is part of our plan for 2020.</p> <p>Have started work on rooms already 2 rooms down sized. One is occupied by 3 residents and families have refused to move residents as happy. Our plan is to down size bed capacity to 32 when circumstances allow in the remaining triple room .</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Firstly medication will no longer be administered during meal times. A second nurse and extra staff member in the kitchen daily will assist with mealtime. This will ensure meals are supervised and an enjoyable experience for all residents. Timing for evening meals have been changed to suit all residents. All staff have been reinforced of the importance of presenting meals in acceptable manner to residents age profile</p>	

We are awaiting a start date from agency for new nurse due to start mid-march full time
 Evening meal times have already been changed to suit residents.
 Second person has already start in the kitchen.

Regulation 25: Temporary absence or discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
 Management and all RGNS have always send a comprehensive transfer letter to acute services or other facilities. We will ensure from now that a copy of every transfer letter is kept in residents care plan.

Have started keeping copies of all correspondence to acute services and other facilities (Done)

Regulation 26: Risk management	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
 Any staff member who enters the kitchen are required to wear a white coat and hat. These will be available outside the Kitchen door for access.(done)
 The sluice room assessment has been updated.(done)
 A risk assessment has been put in place for the hairdressing facility.(done)

All of above have been completed.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The sluice room has been inspected numerous times over past 10 years. No issues/concerns have been raised. The registered provider will put an extra rail in place

for bedpans and urinals use as requested.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All care plans are person centered and reviewed 3 monthly or more often if required. The resident in question was involved in resuscitation decision along with family. The resident asked a family member NOK to sign form.. It has since been signed by resident personally. Management ensure that all residents are involved in all decisions made involving all aspects of their care.

Done ongoing

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Has now been put in place. The other resident

One resident does display challenging behaviour on occasions. A risk assessment is in place and a plan of care. The ABC model has now been put in place.

The second resident does not display challenging behaviour it has been documented as a personality issue. This has been investigated by G/P and acute services and documented in care plan. The ABC model has now been put in place as requested.

Done 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	12/02/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	12/02/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	12/02/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre	Not Compliant	Orange	

	are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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.	Not Compliant	Orange	
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	12/02/2020
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	12/02/2020
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	Not Compliant	Orange	25/02/2020

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	12/02/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	12/02/2020
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	12/02/2020
Regulation 24(1)	The registered	Substantially	Yellow	27/02/2020

	<p>provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms 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.</p>	Compliant		
Regulation 24(2)(d)	<p>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 any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.</p>	Substantially Compliant	Yellow	27/02/2020
Regulation 25(1)	<p>When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or</p>	Not Compliant	Orange	12/02/2020

	elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	12/02/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	12/02/2020
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	Not Compliant	Orange	26/02/2020

	Authority are implemented by staff.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	28/02/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Yellow	12/02/2020
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	12/02/2020