Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Centre name: Knockrobin Hill Care Home
Centre ID: OSV-0005774
Centre address: Knockrobin, Port Road, Wicklow, Wicklow.
Telephone number: 0404 62775
Email address: knockrobinhill@curamhealthcare.ie
Type of centre: A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider: Knockrobin Nursing Home Limited
Lead inspector: Leanne Crowe
Support inspector(s): Liz Foley
Type of inspection: Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection: 38
Number of vacancies on the date of inspection: 61
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 March 2019 09:15  To: 28 March 2019 18:10
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The table below sets out the outcomes that were inspected against on this inspection.

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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspectors’ rating for each outcome.

Inspectors met with residents and staff members during the inspection. They tracked
the journey of some residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records and policies were reviewed.

On the day of the inspection, there were 23 residents in the centre with a confirmed or suspected diagnosis of dementia, which represented 60% of the centre's population. Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia. Residents with dementia enjoyed an active and meaningful life in the centre. There was good access to an interesting and safe outdoor area for residents with dementia. Residents who spoke with the inspectors expressed their satisfaction with living in the centre.

Staff were available in sufficient numbers to meet the needs of residents. Staff knew residents and their individual needs well. The majority of interactions and care practices by staff with residents, as observed by the inspectors, were person-centred, therapeutic, respectful and kind. While a training programme was in place, a large proportion of the centre's staff was lacking some form of mandatory training in line with the regulations.

Residents' healthcare needs were met to a high standard and their health and wellbeing was optimised. Residents assessments and care plans were person-centred and informative, but there was an absence of care plans relating to end of life care.

There were policies and procedures in place to safeguard residents from abuse. Staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place regarding the management of behaviours and psychological symptoms of dementia, and use of restrictive procedures as part of some residents' care.

The compliance plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
This outcome sets out the inspection findings in relation to residents' healthcare, nursing assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. On the day of the inspection, 23 of the 38 residents in the centre had a confirmed or suspected diagnosis of dementia. Inspectors focused on the experience of residents with dementia and tracked the journey of a sample of these residents. Aspects of care such as nutrition, medicines management and end-of-life care were reviewed in relation to other residents.

The wellbeing and welfare of residents with dementia was maintained by a high standard of evidence based nursing care and appropriate medical and healthcare. Residents had person-centered care plans developed to meet their assessed needs and all staff were familiar with each resident's specific needs. The views and wishes of residents and families (where appropriate) were sought when their care plans were developed and reviewed. However, not all residents with dementia had a documented end of life care plan to ensure that their preferences and wishes informed their end of life care.

Prospective residents and/or their families, where possible, were encouraged to visit the centre before deciding to live there. The person in charge or the assistant director of nursing carried out an assessment on all residents prior to admission. This gave prospective residents and their family information about the centre and also ensured that the service could adequately meet their needs.

Inspectors found that the medical and nursing needs of residents with dementia were met to a good standard. Care plans were maintained on an electronic format. A comprehensive nursing assessment was completed within 48 hours of admission; this informed a person-centered plan of care which was individual to each resident's assessed needs. Nursing assessments included biographical, health and social care information which was assessed using validated tools. Standard nursing assessments included the resident’s risk of malnutrition, falls, level of cognitive impairment, skin integrity and their mobility needs, among others. Staff who spoke with inspectors were
knowledgeable regarding each resident's care preferences. Care plans were personalised and detailed the person-centered care observed throughout the inspection.

Residents with dementia had their healthcare needs met through timely access to medical treatment and allied health services as appropriate. Residents who lacked the capacity to make informed decisions about their health needs were supported in the decision-making process by the inclusion of the residents' next of kin or care representative, GP and independent advocate as appropriate. Psychiatry of old age was easily accessible and maintained regular contact with residents as required. Residents who were eligible were supported to access health screening including retinal, bowel and breast screening. One example of very person-centred care was seen in the instance of a resident with dementia who also had a sensory impairment. A team approach that included external expert advice, worked collaboratively to find a suitable way for this resident to communicate and this has impacted positively for the resident.

Staff provided end of life care to residents with the support of their general practitioner and the community palliative care team. However, not all residents with dementia had a documented end of life care plan and therefore their preferences and wishes may not inform their end of life care. There was an inconsistent approach to ascertaining the residents' preferences for resuscitation. Some care plans referenced decisions made in previous care settings and one represented the wishes of family while others lacked any preference. This was discussed with the person in charge during the inspection and while they assured inspectors that an holistic approach was taken, there was however no evidence of this in the sample of care plans viewed. Residents' spiritual needs were met to a good standard with frequent visits from local clergy.

The nutrition and hydration needs of residents with dementia were met to a good standard. Residents with dementia were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weight was monitored on a monthly basis to identify unintentional weight loss or gain at an early stage. One resident with dementia experienced unintentional weight loss. A nutritional support plan was in place. The plan included regular reviews by a dietician, speech and language therapist and regular weight and intake monitoring. Residents with dementia who required modified consistency diets and thickened fluids, received the correct diet and their modified meals were presented in an appetising way. Residents with dementia who required assistance with meals were discreetly assisted at meal times. The centre operated a buffet breakfast for residents which was available from 8am to 11am daily and supervised appropriately. Residents enjoyed this relaxed dining experience and social occasion. Discreet assistive equipment enhanced the dining experience for more dependent residents.

There was a proactive approach to risk management. Residents were routinely assessed for risks, including falls, malnutrition, abscondion and pressure sores. These risk assessments informed care and referral to appropriate preventative therapies for example, physiotherapist and occupational therapist, if indicated. There was a low incidence of falls resulting in serious injury to a resident. Incidents were investigated and documented. The management of a resident following an adverse incident was robust however, there was inconsistent practices around head injury assessment following unwitnessed falls. Residents were supported to maintain their independence.
through person-centered interventions and positive risk taking.

There were safe medication management practices in the centre. Centre-specific policies and procedures supported and reflected the day-to-day operational aspects of safe medication practices. Improvements were required to ensure regular medication reviews were completed for all residents. Two residents’ with dementia were receiving medications covertly as directed by a medical practitioner in order to manage behavioural and psychological symptoms associated with dementia. These residents did not have a care plan to direct this practice. Medicines were stored safely in the centre and medication fridge temperatures were recorded daily. Procedures were in place for return of unused or out-of-date medicines to the pharmacy.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were measures and procedures in place to ensure the prevention, detection and response to abuse of residents. Staff who spoke with inspectors were familiar with the signs of abuse and aware of their responsibility to report any suspicions of abuse. However, seven staff had not received training in safeguarding vulnerable adults.

Some residents had responsive behaviors (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were supported by a person-centred and consistent approach to managing responsive behaviours. Behavioural assessments were completed and informed an holistic approach to managing residents' responsive behaviours. This approach resulted in a reduction in the number of episodes of responsive behaviours and a reduction in the intensity of these episodes. Inspectors observed person-centred and discreet staff interventions during the inspection.

A restraint-free environment was promoted within the centre and the restrictive practices were at a minimum, with approximately 5% of residents using a form of restraint. All forms of restraint were risk assessed and documented in the restraint register. Alternative non-restrictive equipment such as low-low beds and half-length bedrails were used to support vulnerable residents.

The nursing home did not act as a pension agent for any resident in the centre. A lockable unit was available to each resident in their bedroom for securing their personal
possessions. A small number of residents also placed small amounts of money for their day-to-day expenses with the centre for safekeeping. This money was held securely and all transactions were transparent and signed by the resident where possible. A sample of records relating to this process was reviewed by the inspectors and found to be correct.

Inspectors followed up on a notification regarding the unexplained absence of a resident from the centre and found that appropriate safeguards were in place to protect all residents.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:
The inspectors found that residents were consulted regarding the planning and organisation of the centre. Residents' privacy, dignity and right to make choices about how they spent their day was promoted and respected. The programme of activities met the interests and capabilities of each resident. Inspectors found that residents, including those with dementia, were empowered and assisted to enjoy a meaningful quality of life in the centre. Residents with dementia integrated with other residents in the centre.

A full-time activities co-ordinator was employed in the centre from Monday to Friday, and was occasionally on duty at weekends. They were responsible for completing 'A Key to me' document and personal life histories for all residents, including those with dementia. These were done in consultation with residents and their relatives. They were used to inform residents' social care plans and to develop the centre's activity programme, which was created by the activity co-ordinator. Inspectors found that the programme was varied and included sensory-based activities, which is suitable for people with advanced dementia. On the day of the inspection, baking and one-to-one activities took place. Inspectors observed these activities and found that residents were supported to engage in a meaningful manner, in line with their capabilities. Other activities being carried out on the week of the inspection included arts and crafts, board games, a tea party, flower arranging, dog therapy and exercises. The activities co-ordinator described how they adapted activities to the needs and capabilities of residents with dementia. They also outlined plans to purchase raised planters to support residents to garden and described upcoming outings. A hairdresser visited the centre regularly and a barber attended on a monthly basis. While the activities co-ordinator was currently supported by care staff to carry out the activities, the person in charge informed inspectors that there were plans to recruit an additional activities staff.
A bar for residents had been installed in the ground floor reception area. This was open on Friday afternoons and the person in charge described how residents enjoyed the social atmosphere during this time.

A variety of magazines and newspapers were available for residents so they could keep up to date on national and local news from their community. Wireless internet was accessible throughout the building and a laptop was available for residents' use. Residents had access to a telephone if required.

Residents could independently access the centre's secure garden. This contained trees, shrubbery and suitable seating and shading. Bird boxes built by the residents were hanging in the garden, and a large portion of the wall had been painted with different landscape scenes.

Two residents' meetings were held since the centre opened. Minutes of these had been recorded and were reviewed by inspectors. Items discussed included food, activities and residents' safety. Actions identified at meetings were addressed.

As part of the inspection, inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record the quality of interactions between staff and residents at five minute intervals in the sitting rooms and the dining-room area. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the effect of the interactions on the majority of residents. The overall quality of the interactions were found to be very positive and person-centred. Staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Inspectors found that a small minority of interactions during an observation in the morning were task-orientated care, and these were discussed with the management team at the conclusion of the inspection.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. The inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew residents well.

Communication care plans were in place for residents and were sufficiently detailed to guide care provision. Inspectors noted that a multi-disciplinary and person-centred approach had been taken to meet one resident's communication needs.

Residents were facilitated to exercise their civil, political and religious rights. The person in charge described arrangements in place to facilitate voting in future elections. Residents were supported to practice their respective faiths. There was evidence that residents' right to refuse treatment or care interventions were respected.

An independent advocate was available to meet with residents if required.

**Judgment:**
Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Systems were in place to ensure that the complaints or concerns of residents with dementia or their representatives were accessible and responded to appropriately. There was evidence that complaints were taken seriously and feedback was welcomed.

The complaints procedure was displayed in the centre and in the residents' guide, which was accessible to each resident. The person in charge was the nominated complaints officer for the centre. The inspectors found that residents with dementia and/or their families knew how to make a complaint. The centre had recorded seven concerns since opening; these were appropriately documented. The sample of complaints reviewed were found to be investigated with outcomes communicated to the complainant and the level of satisfaction recorded.

A person other than the complaints officer was assigned to review the process to ensure complaints were appropriately managed in line with the centre’s policy. Advocacy services were available to assist residents with making a complaint if necessary.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

Findings:
The centre opened in 2018 and, at the time of the inspection, was admitting residents in line with its admission schedule. While it was not at full capacity at the time of the inspection, inspectors found that there were appropriate staff numbers to meet the assessed needs of residents. There was also evidence that staffing levels were being
revised in line with the centre's increasing population. The staff team on the day of the inspection consisted of the person in charge, the assistant director of nursing, nurses, health care assistants, an activity co-ordinator, administration, maintenance, catering and household staff. Two managers within the group were also present on the day.

While an ongoing training plan was in place, 27 of the 38 staff members that were employed by the centre on the day of the inspection were lacking some form of mandatory training; either in fire safety, moving and handling practices or the prevention, detection and response to abuse. A number of training dates had been scheduled for the coming months but due to the potential risk that untrained staff posed to residents, inspectors asked that urgent action be taken to address this. The person in charge submitted revised training dates confirming that all staff will have had mandatory training within one month of the inspection. Staff who spoke with inspectors were able to confirm the training that they had completed and describe this training in detail.

Two volunteers were operating in the centre at the time of the inspection, and their roles ensured they were only present in communal areas under supervision by staff. However, they did not have their roles and responsibilities set out in writing in line with regulatory requirements and one volunteer did not have completed a Garda Síochana vetting disclosure on file.

Staff were observed interacting with residents in a kind, patient and meaningful manner throughout the inspection. Residents who spoke with inspectors were complimentary about how staff provided care to them, emphasising that they took time to sit with residents and get to know them.

A planned and actual staff rota was in place, with changes clearly indicated. The roster reviewed by inspectors reflected the staff on-duty on the day of inspection.

A number of staff had been recently recruited and inspectors found that documentation relating to such recruitment was well-maintained. A comprehensive induction process was in place for newly-recruited staff. A sample of staff files were reviewed and these were found to contain all of the information required by Schedule 2 of the regulations, including evidence of An Garda Síochana vetting. All staff nurses had up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

The person in charge met with the various groups of staff on a regular basis to discuss any operational matters. There was evidence that minutes of these meeting were taken and any actions recorded.

**Judgment:**
Non Compliant - Moderate

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):

Findings:
This was a new nursing home. The design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The inspectors found the centre to be clean, warm, well maintained and suitably decorated to reflect residents' preferences.

The centre can accommodate 99 residents across three floors in single bedrooms with ensuite shower rooms. All floors were accessible via a passenger lift. At the time of the inspection, there were 38 residents who were being accommodated on both the ground and first floors. Inspectors found that the centre was spacious and well-maintained, with different corridors and bedrooms decorated in various colour schemes. Bedrooms contained sufficient furniture and storage, including a lockable drawer for valuables. These rooms were personalised with residents' personal belongings from home, such as ornaments and furniture. The doors to the ensuite shower rooms were visible from residents' beds. 'Life bios' and pictures of residents participating in activities were displayed outside their bedrooms, with the permission of residents or their families. These pictures helped residents to identify their own bedroom.

Colour was used throughout the building to support residents with dementia. All toilet and shower room doors in bedrooms and communal areas were painted the same colour and displayed signage with pictures and text to assist residents with dementia to identify these rooms. Grab rails and toilet seats were also a contrasting colour. Different colour schemes and art displayed on corridors supported residents to identify different areas of the centre.

A variety of communal spaces were available on each floor, including a dining room, a large sitting room, a sun room and a visitors' room. A combined treatment room and hair salon was also located on the ground floor. Directional signage to these rooms were located at strategic points along the centre's corridors. A secure outdoor area was independently accessible to residents and contained trees, shrubbery and seating. Murals on the walls of this area had been painted with colourful scenes, some of which were visible from the ground floor dining room and bedrooms. A bar had been installed in the ground floor sitting room, which was opened on Friday afternoons for residents. Tea and coffee making facilities were available for visitors.

Corridors were wide, contained handrails on either side and were clear of any obstacles, which supported active residents to walk unimpeded.

There was sufficient storage space for residents’ equipment throughout the building. Suitable adaptions and other supportive equipment were provided for residents including hoists and assistive chairs. Inspectors found that there were suitable arrangements in place for servicing equipment. There was sufficient storage space for such equipment on each floor. Sluicing facilities were available, but access was restricted to staff.
A functioning call bell system was in place throughout the centre.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Leanne Crowe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents with dementia did not have an end of life care plan.

There was an inconsistent approach to assessing and documenting preferences for resuscitation.

Two residents receiving medications covertly did not have a care plan to guide this

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
practice.

1. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Each resident will have a care plan commenced based on assessment referred to in Regulation 5 (2), no later than 48 hours following admission. Each Care plan will reflect clear guidelines in the approach to assessing and documenting preferences for resuscitation, including evidence of the resident in the decision process in the company of family. The PIC will provide training in the development of End of Life Care to enhance a consistent approach in the completion of individual care plans.

Residents receiving medication covertly will have a focus care plan in guiding practice, this will be completed with GP and resident/family.

**Proposed Timescale:** 30/05/2019
**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There were inconsistent practices relating to the assessment of residents following unwitnessed falls.

2. **Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
All Nurse’s will have education on completion of incident report and process in neurological observations and having a focus care plan in place as per Regulation 5, to provide appropriate medical and health care for a resident, including a high standard of evidence based nursing in accordance with Professional Guidelines by An Bord Altranais agus Cnaimhseachais.

**Proposed Timescale:** 30/05/2019

**Outcome 02: Safeguarding and Safety**
**Theme:**
Safe care and support
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Seven staff had not been trained in the detection and prevention of and responses to abuse

3. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure all staff are trained in the detection and prevention of response to abuse. Since day of inspection Knockrobin Hill Care Home has completed Safeguarding of Vulnerable Adults on 17/04/2019. There was a total of 16 staff in attendance which included new starters or those who are scheduled to start in the coming weeks.

Proposed Timescale: 08/04/2019

Outcome 05: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Twenty seven of the 38 staff members that were employed by the centre on the day of the inspection had not attended mandatory training.

4. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
All staff have access to Mandatory training in Knockrobin Hill Care Home. Following inspection on 28th March 2019 the following training has been completed;
Fire Awareness – 11 staff in total completed on 29th March 2019
SafeGuarding of Vulnerable Adults – 16 staff in total (including new starters) 17th April 2019

Proposed Timescale: 08/04/2019

Theme:
Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The roles and responsibilities of the volunteers operating in the centre had not been set out in writing.

5. Action Required:
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
PIC has completed roles/responsibilities of individuals (2 people) who attend Knockrobin Hill Care Home as a volunteer. Each Volunteer will complete prior to starting;
1- Completion of Garda Vetting
2- Service Level Agreement
3- Confidentiality agreement
4- GDPR agreement
5- Photo consent.
Each Volunteer will partake in SafeGuarding of Vulnerable Adults and Manual Handling.

Proposed Timescale: 08/04/2019

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A vetting disclosure was not in place for one of the two volunteers operating in the centre.

6. Action Required:
Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
Garda Vetting certification was produced for 1 Volunteer group who provided dog therapy, along with a service agreement from the company. Garda application was completed for the second volunteer.

Proposed Timescale: 08/04/2019