Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Kylemore House Nursing Home
Name of provider:	Kylemore Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	09 January 2019
Centre ID:	OSV-0000055
Fieldwork ID:	MON-0024621

About the designated centre

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

Kylemore House Nursing Home is located in a residential area in Bray. The designated centre is a short distance from the sea front, DART train station, shops and other amenities. Kylemore House nursing home accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 12 single and 13 twin bedrooms. One twin bedroom has full en suite facilities. En suite toilet and wash basin facilities are provided in 10 single and seven twin bedrooms. A wash basin is provided in two single and five twin bedrooms. Bedrooms on the first floor are accessible by stairs or a stair lift. A variety of communal areas are available to residents on both floors. A dining room, two sitting rooms, a visitors' room and an enclosed courtyard area is provided on the ground floor. A sitting/dining room and balcony area is available on the first floor.

The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Kylemore House nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Current registration end date:	27/04/2020
Number of residents on the date of inspection:	29

How we inspect

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
09 January 2019	10:15hrs to 17:05hrs	Catherine Rose Connolly Gargan	Lead
09 January 2019	10:15hrs to 17:05hrs	Liz Foley	Support

Views of people who use the service

Several residents who spoke with the inspectors expressed their satisfaction with the service and care they received. Some residents told the inspectors the centre was their home and they enjoyed living there. Residents said they liked the activities and that they were interesting. Residents said they felt safe living in the centre and that staff were always kind and respectful towards them. Some residents commented positively about their bedrooms and one resident said she had her bedroom arranged as she liked it. Residents who spoke with the inspectors stated they enjoyed the food they received.

Residents told the inspector that they knew the person in charge. They confirmed that they knew they could make a complaint if they were dissatisfied. Some residents identified various staff members they would talk to regarding any issues or areas of dissatisfaction they experienced with the service. A small number of residents said they would tell their family if there was anything they were unhappy about.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Regulations. Inspectors followed up on progress with completion of 16 actions detailed in the compliance plan from the inspection in July 2018, to bring the centre into compliance with the regulations. Inspectors findings confirmed that 14 actions were satisfactorily completed. The two remaining actions related to improvements to parts of the premises and the system for monitoring the quality and safety of the service. These action plans had been progressed but not completed. The date for completion had expired. These two actions are restated in the compliance plan from this inspection.

Inspectors also followed up on notifications and unsolicited information received by the Office of the Chief Inspector, since the last inspection and findings are discussed in this report.

There was a clearly defined management structure in the centre. Governance and oversight of the service was found to be improved. Arrangements for monitoring the quality and safety of the service delivered to residents and their quality of life was strengthened considerably and used to inform continuous quality improvement in the centre. However, fire safety arrangements and the standard of infection prevention and control procedures in the centre required improvement. The person in charge worked full time in the centre and the provider representative attended

the centre a number of days each week. This arrangement ensured they were available to deal with issues as they arose, for example, complaints or operational issues.

There was sufficient staff available with appropriate skills to meet the needs of residents. Staff were appropriately supervised and facilitated to attend mandatory training and engage in professional development.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose and staff were aware of their roles and responsibilities. Appropriate assurances were given that further to immediate action taken by the provider on the day of inspection, no staff would be employed without completed appropriate vetting as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of residents in the centre. There was evidence that the needs and dependencies of the residents was informing staffing levels and skill-mix. For example the provider had recently increased nursing staff cover up to 22.00hrs each night, to improve supervision of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained a record of staff training and this was made available to inspectors. Staff were facilitated to attend mandatory and professional development training. Mandatory staff training requirements were up to date with the exception of fire safety training for five staff. Four of these staff had attended in house fire training. This finding is addressed under regulation 28: Fire safety.

Staff supervision had improved since the inspection in July 2018 and inspectors found that all staff were appropriately supervised according to their role.

Judgment: Compliant

Regulation 21: Records

A record of vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available for one new staff

member on duty on the day of inspection. The provider took immediate action and the staff member was taken off duty. The provider gave assurances that all remaining staff had Garda Síochána vetting disclosures in place and that no staff would be employed without completion of appropriate vetting procedures.

Inspectors found that not all documents in respect of each staff member as required by the regulations were in place in the sample of staff files examined.

The records of emergency evacuation drills seen by inspectors lacked detail and as such did not provide sufficient assurances regarding staffing resources available to safely evacuate residents in the event of an emergency, especially at night when there was less staff on duty.

Judgment: Not compliant

Regulation 23: Governance and management

There was evidence that the governance and management of the centre had been reviewed and strengthened since the inspection in July 2018 and residents' quality of life in the centre was improved. Supervision of residents' care was also improved with employment of two staff nurses up to 22:00hrs each day to ensure residents' needs were met.

A standing agenda that reviewed all areas of the quality and safety of the service and the quality of life for residents informed proceedings for the centre's governance meetings. These meetings were convened every two weeks and attended by the provider representative and person in charge. A new electronic data management system to support monitoring of the quality and safety of the service and quality of life for residents was introduced since the last inspection. Auditing of a number of key aspects of the service were completed and others were in progress. Action plans were generated from analysis of audits and areas identified for improvement were reviewed at the governance meetings. However, inspectors' findings in relation to fire safety arrangements and infection prevention and control procedures in the centre did not provide sufficient assurances that the quality and safety of these areas were comprehensively reviewed. The provider representative took immediate action on the day of inspection to ensure that residents' safety in the event of an emergency evacuation of the centre was assured.

A report detailing an annual review of the quality and safety of the service and quality of life for residents for 2018 was in preparation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Minor revisions were made to the centre's statement of purpose on the day of inspection. The revised document contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and clearly described the management structure, the facilities and the service provided.

The provider forwarded a copy of the centre's revised statement of purpose to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained in the centre. Inspectors examined the records of accidents and incidents that occurred between September and December 2018 and found that any accident or incident where residents sustained a serious injury were appropriately notified to the Office of the Chief Inspector. Notification of all other events as specified by the regulations were also notified to the Office of the Chief Inspector within the required timescales.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was available to residents and visitors. A record of complaints received was maintained, each was investigated, the outcome was communicated to complainants and they were closed out to the satisfaction of complainants. The designated complaints officer is the person in charge and an appeals process is available. Complaints were reviewed at the centre's governance meetings. Residents who spoke with the inspectors confirmed that they were satisfied with the service and would have no hesitation in expressing their dissatisfaction or concerns. An advocacy service was available to assist residents if necessary.

Judgment: Compliant

Quality and safety

The quality and safety of the service and the quality of life for residents living in the

centre was improved since the inspection in July 2018. The provider took a proactive approach to managing risk in the centre with measures and procedures in place in most areas to ensure residents' health and safety needs were met.
However, inspectors found that residents' safety in the event of an emergency evacuation of the centre was not assured. The provider took immediate action on the day of the inspection to ensure residents' evacuation out the centre in an emergency was not hindered. While the centre environment was visibly clean, some infection prevention and control practices in the centre were not in compliance with Regulation 27 and did not reflect the National Standards.

Residents were well supervised by sufficient staff and were facilitated and supported to participate in meaningful activities. Dedicated activity staff facilitated a variety of meaningful and interesting activities for residents. Residents spoke positively to inspectors about the activities available to them.

Residents' healthcare and nursing needs were found to be met to a good standard on this inspection. Residents were provided with timely access to medical and allied health professional services. Residents were encouraged and supported to exercise choice and optimise their independence where possible.

The day room on the first floor and parlour area on the ground floor were observed to be bright and stimulating. However, as found on the last inspection, the sitting room on the ground floor where less able residents spent the day, lacked natural light. Residents' bedrooms were personalised. Storage space for equipment was inadequate. Commodes were observed in residents' bedrooms.

Residents were consulted with regarding their care and the service provided. The provider welcomed residents' views and provided them with opportunities to participate in the running of the centre with a residents' committee that met regularly.

Residents stated they felt safe in the centre and spoke positively about the care team and management in the centre. Staff knew residents and their individual needs well. A safeguarding policy was in place and all staff were facilitated to attend training on safeguarding residents from abuse. Staff were aware of their responsibilities to report suspicions, disclosures or incidents of abuse they may witness.

Regulation 11: Visits

There was an open visiting policy in the centre. Alternative areas to residents' bedrooms were available for residents to meet their visitors in private if they wished.

Judgment: Compliant

Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. There was evidence that where possible, residents were provided with opportunities to share their wishes with regard to end-of-life care. Where appropriate, staff also made efforts to get information that reflected residents' wishes from their relatives. Residents' end-of-life care wishes were described in their care plans.

Residents were provided with good support to meet their spiritual needs from the local clergy. Measures were taken to ensure residents did not experience pain; residents' level of pain and the effectiveness of pain relief medicines administered was monitored.

Residents' families were facilitated to stay overnight with them when they became very ill.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the centre for the most part to be clean, uncluttered and comfortably furnished.

The following areas were identified as needing improvement to ensure the centre met the individual and collective needs of residents including residents with dementia.
• Sluicing facilities were not adequate. There was insufficient space for staff to work. Space for drying or storing cleaned equipment was limited and too confined to safely segregate dirty and clean equipment. The sluice area was not secured and therefore unauthorised access to this potentially hazardous area was not controlled.
• Some showers and toilets did not have suitable grab rails fitted to promote residents' safety and independence. This action was not completed from the last inspection.
• Storage for residents' assistive equipment was not adequate. This was highlighted on a previous inspection. Commodes when not in use were stored in some residents' bedrooms.

The communal room on the ground floor, where the more dependent residents spent their day, lacked sufficient natural light. Limited natural light is not in line with best practice standards for residents with dementia due to their potential for altered perceptions of their environment. This was highlighted on the previous dementia themed inspection in July 2018. Although there was another sitting room and a dining room on the ground floor, residents in assisted wheelchairs and with impaired

mobility could not access these rooms due to the presence of two steps.

Fitting of call bells in bathrooms/toilets and one sitting room on the ground floor was an action from the last inspection and found to be partially completed. A call bell was required in one sitting room on the ground floor, there were no residents observed in this area during the inspection, inspectors were informed that installation was in progress.

Judgment: Not compliant

Regulation 18: Food and nutrition

Resident's had access to fresh drinking water and a choice of meals and snacks according to their individual needs and preferences. Food was cooked freshly on a daily basis in the centre. Residents told the inspectors they had a choice of meals and enjoyed the food that was served. Residents were observed by inspectors at lunch time in two dining rooms. A small number of residents needing additional support and supervision dined in a day room on the ground floor. Mealtimes were a relaxed occasion in the centre and residents were provided with discreet support and assistance by staff as necessary.

Staff were knowledgeable regarding residents' nutritional needs, modified diets and specialised diets. Staff had access to up-to-date information regarding residents' nutritional needs and ensured they received food preparation as recommended to meet their needs. Dietary recommendations made by the dietician and the speech and language therapy services for individual residents was communicated to the chef, recorded in residents' care plans and described in a staff communication document in the dining rooms. Catering staff operated a safe food system and had documentation to support the safe handling of food, from receiving food deliveries to storage to cooking.

Judgment: Compliant

Regulation 26: Risk management

A safety statement document was available and reviewed by the provider within the past year. The centre's risk management policy included identification and assessment of risks throughout the centre. Controls were in place to mitigate risk of abuse, unexplained absence of a resident, accidental injury to residents, self-harm and aggression and violence. Measures to control identified environmental and clinical hazards were specified and implemented in practice. Risk management in the centre was a standing agenda item reviewed every two weeks at the governance

meetings that were attended by the centre's provider representative.

A health and safety staff representative was appointed. The centre's health and safety representative carried out environmental audits and was proactive in ensuring all environmental hazards were identified and had sufficient controls in place to mitigate the level of risk. Improvement was found to be necessary to ensure hazards to residents' safety posed by inspectors' findings in relation to fire safety and infection prevention and control procedures in the centre. These findings are discussed and actioned under Regulations 27: Infection control and 28: Fire precautions.

Health and safety committee meetings were held at regular intervals. A record of falls by residents was maintained. Each incident was investigated and learning was identified and implemented. An audit of falls to residents in the centre from October to December 2018 was made available to inspectors. An action plan detailed the interventions implemented or the actions in progress to mitigate further risk of falls by individual residents.

Judgment: Compliant

Regulation 27: Infection control

Housekeeping systems and practices were in place and staff were knowledgeable regarding their role in preventing and controlling the spread of infection. Facilities for hand hygiene were available in all bedrooms, bathrooms and in close proximity to communal areas. Staff training records confirmed that most staff in the centre had attended training on infection control. However, inspectors did not observe good standards of hand hygiene practices by two staff.

Although cleaning equipment provided was in line with best practice guidelines, some areas of the centre were found to require improvements to levels of cleanliness. For example, the top surface of the food trolley had dust on it and the cleaning trolley was unclean. These findings were not in line with best practice standards in infection prevention and control.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety management procedures were in place but required improvement. The fire safety register was viewed by inspectors and confirmed that daily, weekly and monthly checks were completed. An emergency response plan was available to inform procedures in the event of an emergency.

The centre had a fire detection and alarm system which was serviced quarterly by an external fire consultant. As part of the centre's monitoring of fire safety in the centre three fire detection units were identified as needing repair and an engineer was on site addressing this issue during the inspection.

Timely emergency evacuation for residents was also not assured due to the storage of waste bins and equipment for disposal on the external emergency evacuation route. Inspectors found that all gates located on the external emergency escape routes were locked. A key for the gate to a lane at the back of the centre was located nearby. The keys for the locks on the other gates were held by the nurses on duty. There was a risk that the series of locked gates would delay evacuation for residents to a place of safety in the event of an emergency. A used linen skip and a weighing chair partially obstructed an internal evacuation route. The manager sought advice from an engineer who was on-site in the Nursing Home and assured inspectors that the locks on gates and any equipment obstructing escape routes would be removed on the day of inspection.

Personal emergency evacuation plans (PEEPs) were completed for each resident, these assessments considered each residents' level of cognition to determine their safety and assistance needs. However, they lacked sufficient detail regarding residents' supervision needs post their emergency evacuation.

Mandatory staff training requirements were up to date with the exception of fire safety training for five staff. Four of these staff had attended in house fire training. This training was scheduled in the days following the inspection.

The doors to the sluice room and the doors on a storage cupboard opened out into a corridor/evacuation route. These doors did not fully close and were not fire doors. In addition they did not have smoke seals fitted. These findings posed a risk to the safety of residents in the event of fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were prescribed and administered in line with professional guidelines. Transcription of residents' medicines was minimised. A record of a medicine prescription transcribed by nurses was found by inspectors to be complete and to reflect professional guidelines. A local pharmacy supplied residents' medicines. The pharmacist was facilitated to meet their legislative obligations.

There were clear arrangements in place for the ordering, receipt, storage, administration and disposal of medicines. Medicines that were no longer used or had expired were returned to the pharmacy for safe disposal. Medicines controlled under misuse of drugs legislation were securely stored and the balances were checked at each staff changeover. Medicines requiring refrigerated storage were stored

appropriately and storage temperatures were monitored.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors found that the information in residents' care plans was significantly improved since the inspection in July 2018.

Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, activity and their mobility support needs.

Care plans were developed to inform the care supports and assistance each resident needed. The care plans reviewed by inspectors were generally person-centred and described residents' individual care preferences and wishes. Residents were closely monitored for any deterioration in their health and well being. For example, a small number of residents with unintentional weight loss had frequent weighing and intake monitoring procedures in place. Residents with swallowing difficulties were closely supervised. Staff who spoke with inspectors were knowledgeable regarding residents' individual needs and their care preferences.

Inspectors were told that where possible, residents, or their families on their behalf were involved in their care plan development and subsequent reviews. However, records were not consistently maintained of this consultation process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health care professionals to meet their individual needs. Residents health care and nursing needs were met to a good standard. Non compliance's identified during the inspection in July 2018 regarding the standard of nursing care provided to residents in the following areas of residents' care were found to be satisfactorily addressed

- care of residents at risk of developing pressure related skin injury,

- care of residents with urinary catheters,

- supervision of residents

- management of residents with responsive behaviours

- transcription of residents medicines by nursing staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported to ensure any behaviour that caused them distress was minimised. A small number of residents in the centre were predisposed to episodes of responsive behaviours and needed some support to manage their behaviours. Episodes of responsive behaviours that occurred were tracked and recorded. These residents' behaviour support care plans were sufficiently detailed with information that informed staff on triggers to the behaviours, prevention interventions and effective person-centred de-escalation strategies. Staff who spoke with the inspector were knowledgeable regarding care of residents with responsive behaviours.

Use of equipment that restricted residents in the centre reflected the National Restraint policy guidelines. A restraint free environment was promoted and modified length bed-rails were on order to promote minimal use of full-length bed-rails where possible. Residents' need for and safety using full length restrictive bed rails was assessed and alternatives were tried before implementation.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure residents were protected and safeguarded from abuse at all times. Residents who spoke with inspectors said that they felt safe in the centre. All interactions observed by inspectors during the day of the inspection between staff and residents were respectful, courteous and kind. Staff were facilitated to attend training on safeguarding residents from abuse and the training records confirmed that all staff had attended up-to-date safeguarding training. Staff who spoke with inspectors also confirmed that they had attended safeguarding training and clearly articulated their responsibility to report any disclosures of abuse or abusive incidents they may suspect or witness.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights were respected in the centre. Improvements that had been made since the last inspection included increased allocation of staff time to activities. Care staff were allocated to facilitate residents' activities daily in addition to the 25 hours per week that the activities coordinator provided. Residents' activity needs and capabilities were assessed and care plans were in place. Residents' activity care plans had sufficient detail to guide staff to meet the social and recreational needs of the residents in accordance with their interests and capacities. While each resident's participation in the various activities was recorded, improvement was necessary in the records in relation to residents' level of engagement in activities to ensure that the activities provided for them met their interests and capabilities.

Residents had choice within the refines of the centre for example, residents could choose to participate in activities how they spent their day, the time they got up in the morning and the time they retired to bed. Residents also had a good choice of meals and snacks. Residents' meetings were held regularly throughout the year and feedback was reviewed at the governance and management meetings. It wasn't evident from the minutes of the residents' meetings reviewed that actions taken by management to address issues raised by residents were communicated back to them at this forum.

Residents were supported to undertake personal activities in private. Residents has access to clergy from the various religious faiths and to practice their religious faiths in the centre. Residents were supported and facilitated to vote in line with their civic rights.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kylemore House Nursing Home OSV-0000055

Inspection ID: MON-0024621

Date of inspection: 09/01/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: In order to come into compliance with Regulation 21 we have taken the following actions Given the legislate change that no induction training can be carried out while we wait for Garda Vetting, the Person in charge will ensure no new staff member will commence employment until the vetting process has been fully completed. The provider representative has reviewed the staff documentation template for new staff to ensure that it includes details of all required and relevant documentation. The person in charge now ensures that records of emergency evacuation drills are written in detail and demonstrate that there are sufficient staffing resources available at all times to safely evacuate residents in the event of an emergency. The health and safety officer will identify during and/or post fire drills any specific and relevant areas that need attention. In the Governance and Management meeting a time line for further training or if equipment is needed, will be discussed. Our clinical governance meeting template has been reviewed to ensure all other necessary components as required under regulation 21 is included and our auditing program will also ensure this process.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to come into compliance with Regulation 23 we have taken the following actions	

Immediately following the inspection fire Safety – PEEPS were updated to include the level of resident supervision following evacuation.

The external gates on the side passageway were unlocked immediately as a temporary measure on the day of the inspection. A new digital lock as requested has been ordered and we await a completion date from our supplier to install same to the side entrance. External gate lock by 28/02/2019

There are fire doors on the sluice room and linen press the missing seals will be replaced by the 22nd February

A comprehensive infection control audit was undertaken. This included all areas of the Centre wherein clinical and non-clinical areas were audited. Findings of areas of non-compliance were discussed with all staff and corrective actions have been implemented as necessary

A report detailing an annual review of the quality and safety of the service and quality of life for residents for 2018 was in preparation on the day of the inspection and is now completed

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
We will commission our architect to review the premises with a view to providing more storage for hoists. Review by Architect by 30/04/2019 depending on her availability.

We have requested a quotation from our existing contractor to install a call bell in the ground floor sitting room and will instruct him to proceed once reviewed. The missing grab rails will be fully completed by the 19th February. All Grab Rails by the 27/02/2019

Following the last inspection the provider representative completely reconfigured this room, installed new lighting and erected scenic views outside each of the 3 windows. There are 2 rooms to the front of the Nursing Home which we also reconfigured following a previous inspection, moved the residents but failed to orientate them After several months of discussions and residents' meetings we moved everyone back. We again tried it months later all to no avail. We are bound by their decision.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
In order to come into compliance with Regulation 27 we have taken the following actions

A Staff Nurse and Senior Care Assistant have been identified who will take responsibility

for all aspects of Infection Control for monitoring compliance with the national standards for infection prevention and control. They will be supported in this role by the Provider representative who will provide appropriate training to gain the necessary knowledge to carry out this role.

The designated staff will also take responsibility for infection control auditing and monitoring compliance with high standards of infection control and best practice.
The Peron in charge will monitor their progress in terms of their knowledge, skills, and asses the overall benefit in terms of their competencies and behaviors. On completion of this training the designated staff will provide in-house infection control training for all staff members.

A hand hygiene audit was completed and the results were measured and the areas needing improvement discussed. Further actions are that dates will be set out by the Person in charge to conduct hand hygiene audits to ensure compliance. In addition further hand hygiene pictorial and written information has been disseminated to staff via the staff information notice board and has also been placed at strategic locations around the Home.

A comprehensive infection control audit was also undertaken. This included all areas of the Centre wherein clinical and non-clinical areas were audited. Findings of areas of non-compliance were discussed with all staff and corrective actions have been implemented as necessary. Areas that needed immediate attention such as the sluice room to be locked after use, clean down top of Bain Marie after use each day and housekeeper to keep trolley clean were highlighted to the relevant staff members

All clinical staff. have been reminded of the relevance of decontaminating their hands in all areas particularly in communal areas.
All non-clinical staff have also been reminded of the importance of ensuring that all areas are maintained to a high standard of hygiene. The Provider representative has added the housekeeping trolley as part of the housekeeping cleaning schedule.

An Environmental Hygiene audit tool has been developed and results of this will be discussed with staff to ensure engagement and compliance. In addition to the above the Provider representative and the Person in charge will monitor and ensure that continued staff training is provided in a meaningful and realistic manner

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to come into compliance with Regulation 28 we have taken the following actions
At the time of the inspection two side gates were locked as they always have been and 3 staff held keys however when this was raised by the inspector for the first time,the locks were removed immediately. The engineer who deals with Fire Safety was on site during the inspection and was asked to quote us for alternatives. The provider representative has chosen a suitable alternative and is awaiting a date for installation of a digital lock to the side entrance

All staff have now completed their mandatory staff training requirements . The provider representative will continue to provide the necessary training for all staff that is both mandatory and as is highlighted as being relevant in the governance and management meetings. In house training was provided immediately to ensure that all staff were aware of the relevance of specific areas for example
Means of Escape - not been blocked and detailed fire drills which were area specific

PEEPS - has been updated to include supervision needs post emergency evacuation for all residents
In relation to the fire doors for sluice room and linen press our Architect is looking at this as we consider these doors to be fire doors albeit with missing seals which are being replaced.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
In order to come into compliance with Regulation 5 we have taken the following actions

Care Plans will highlight specific and relevant evidence of our resident or families' involvement in care plan development and/or subsequent reviews in our electronic recording system. Staff Nurses have been retrained in this area of care planning which now contains a section for documentation of care plan meetings. Staff nurses will be monitored by the Peron in charge

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Our technical support were contacted and our electronic record system has been updated to include resident's level of engagement in each activity and all staff have been informed of the relevance to document this for each activity.

The person in charge will continue to monitor compliance with this as part of the audit program which will record level of engagement in activities and the action plans following resident meetings

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	25/02/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	15/03/2019

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	15/03/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable firefighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	15/03/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	15/03/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures,	Substantially Compliant	Yellow	15/04/2019

	including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	12/02/2019
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.	Substantially Compliant	Yellow	25/02/2019
Regulation 9(2)(b)	The registered provider shall provide for residents	Substantially Compliant	Yellow	28/02/2019

	opportunities to participate in activities in accordance with their interests and capacities.			