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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Knockeen Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Knockeen Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Knockeen, Barntown, Wexford</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Type of inspection:</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of inspection:</td>
<td>09 May 2018 and 10 May 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000243</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022215</td>
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</tbody>
</table>
About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barnstown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses’ station, administrative offices, a suitably equipped kitchen and a laundry room. There was staff changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, palliative care, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill (physical, sensory, and intellectual disability). The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident’s potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents’ needs. The centre currently employs approximately 44 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>20/11/2020</th>
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<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>48</td>
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</tbody>
</table>
To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 May 2018</td>
<td>08:30hrs to 17:30hrs</td>
<td>Vincent Kearns</td>
<td>Lead</td>
</tr>
<tr>
<td>10 May 2018</td>
<td>07:00hrs to 15:00hrs</td>
<td>Vincent Kearns</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

Residents who met with the inspector were very complimentary about the care and support provided by staff. Residents informed the inspector that they knew staff very well. A number of residents and staff were from the local community and some staff had worked in the centre for many years. Staff were described by residents as being very kind, caring and responsive to their needs.

Residents stated that they would have no hesitation in speaking to any staff member if they had a concern or any issue. Residents said staff treated them with respect and dignity at all times. They described the centre as a friendly place and confirmed that they felt safe living there. Residents said that staff kept them fully informed and up to date about any changes to their health and support needs, or any changes in the centre itself. Residents knew, for example, what activities were planned and any social events, such as a planned outing to a pantomime show scheduled in the next couple of weeks.

Some residents outlined how they enjoyed their set routine each day. A number of residents outlined how they were afforded choice in all aspects of their lives, that they had freedom to choose when they got up and how they spent their day. One resident informed the inspector that regardless of the weather; he went for a 45 minute walk every day. Some residents said they preferred not to take part in the organised group activities and said that their wishes were always respected. A number of residents commented that they really enjoyed the activities provided and particularly the live music sessions and art therapy classes provided in the centre.

Residents highlighted that they enjoyed the excellent food provided and particularly the home baking which was described as always very good and appetising. Residents also pointed out that the centre had beautiful gardens and grounds to be enjoyed when the weather allowed. Residents informed the inspector that they felt that they were well supported by all staff but also encouraged to be independent as much as possible. A number of residents said that they had been living in this centre for a good while and were happy and well settled living there.

Capacity and capability

There was a well established and defined management structure in the centre that clearly outlined the lines of authority and accountability. The centre had a positive regulatory history to date and all the actions from the previous inspection had been
completed. Overall, there was evidence that effective leadership, governance and management was in place. The person in charge was providing suitable staffing to meet the needs of the residents. From a sample of staff files viewed, all staff had attended suitable training. The person in charge also fulfilled the role of provider representative, and she confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2017 for nursing staff were seen by the inspector.

The person in charge was fully engaged in the governance and administration of the centre on a consistent basis. The inspector observed that she met with residents and their representatives each day, and knew all residents and their representatives well. The person in charge was supported by an experienced clinical nurse manager and nursing staff. There was also administration, household and care staff who completed the care team. The person in charge met with staff regularly and minutes were maintained of these meetings. All staff spoken with praised the person in charge's leadership qualities and was described by staff as being very "hands on" in her approach. That she was always resident focused in her decision making. Residents and their representatives clearly knew the person in charge well and were observed to be at ease interacting with her and all staff. Residents and their representatives were very complementary of the care and consideration that she and her team afforded them.

The person in charge outlined some of the recent improvements in the centre including the implementation of a computerised care planning system, an organised team building event for staff and a number of premises improvements. These included improved and extended bedroom and dining room accommodation such as the new sitting areas that had been added onto the two palliative care suites. In addition, the person in charge outlined an initiative to give scheduled protective time for care administration for healthcare staff. This was designed to facilitate staff in supporting residents with specific areas of support needs. In addition, this initiative was also provided for staff nurses in relation to facilitating an effective care planning and review process.

There was evidence of quality improvement strategies and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. For example; audits were carried out in relation to medication management, care planning and falls governance. Following completion of audits, there was some evidence that the person in charge highlighted any issues to responsible staff for action. These arrangements gave some assurance to the person in charge that improvements were being monitored, measured and actioned. However, the audit and escalation process required further development to ensure it adequately identified all areas requiring improvement such as risk management and care planning records to ensure positive outcomes for residents. This issue was discussed with the person in charge.
Regulation 14: Persons in charge

The person in charge was an experienced nurse and had worked full-time in the centre for some time. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a strong commitment towards providing a person-centred, high-quality service. She had committed to continued professional development and she had regularly attended relevant education and training sessions, including a post-graduate management training course. The inspector found that she was well known to all residents and staff. Residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable. The person in charge was also described by a number of staff as a very approachable manager who was always supportive of staff. There were arrangements for the clinical nurse manager or the staff nurse on duty to replace the person in charge for short periods including the evenings, weekends and during annual leave periods.

Judgment: Compliant

Regulation 15: Staffing

A nurse was on duty in the centre at all times. The inspector observed positive interactions between staff and residents over the course of the inspection. Staff demonstrated an excellent knowledge of residents' health and support needs, as well as their likes and dislikes. All staff were supervised on an appropriate basis. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Newly recruited staff underwent a suitable induction and probationary period, and all staff completed an annual appraisal with the person in charge. Records viewed by the inspector confirmed that, overall, there was an adequate level of training provided and completed by staff that was relevant to the care and support needs of residents. There were numerous training dates scheduled for 2018. Mandatory training was ongoing and all staff had completed mandatory training in areas such as fire safety, manual handling and safeguarding.
Judgment: Compliant

**Regulation 23: Governance and management**

Overall, the person in charge had adequate governance and oversight of the service. There were adequate management systems in place to ensure that the service provide was safe, appropriate and effectively monitored. The person in charge was available out of hours and staff gave specific examples of such managerial support being provided. The person in charge was supported on a daily basis by the centre administrator who was also person participating in management. She had specific responsibility for financial and administrative operations of the centre. The household and catering department also reported to her. She also attended all management meetings and dealt with any human resource issues that may arise.

The person in charge also had the support of the clinical nurse manager who was an experienced nurse manager who had worked in the centre since it opened. There was an annual review of the service carried out in 2017 which informed the quality and safety of care delivered to residents in consultation with the residents and their families.

Judgment: Compliant

**Regulation 34: Complaints procedure**

Residents and their representatives confirmed that any complaints were listened too and acted upon. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance and was included in the statement of purpose and residents guide. The inspector reviewed the electronic complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately.

Judgment: Compliant

**Quality and safety**

Overall, the care and support provided to residents was seen to be of a good standard. Residents said their choices and wishes were actively sought and always respected, and that they received very good care and support from all staff.
Residents told the inspector that they were also well supported to live as independent a life as possible. For example, one resident outlined how they were able to manage their own medications each day with the support of staff. The overall ethos of the centre was to provide a relaxed, homely and supportive environment for residents. The centre was warm, clean and bright and walking around the centre was a pleasant experience. There were appropriate homely furnishings and colour schemes throughout the centre. There were paintings by residents on walls throughout the corridors. There were plenty of seating areas strategically positioned throughout the premises and resident rooms were personalised. Residents stated that they were happy with the accommodation provided and some residents said that it was very comfortable place to live. The centre also had two enclosed gardens that contained plenty of comfortable seating. There was also extensive professionally landscaped gardens containing plenty of seating and accessible paths strategically position throughout the two acres site. Residents told the inspector that when weather permitted it, they and their visitors regularly enjoyed these beautiful gardens.

There was evidence that care and support was provided to a good standard. The centre had a computerised care planning system in place for the past 18 months. From a review of care plans there were adequate details to support staff in effectively managing residents' health and social care needs. There was a choice of General Practitioners (GPs) attending the centre. Nursing care was provided by a minimum of one registered nurse on duty both day and night time in the centre. These arrangements meant that, overall, residents' care and support needs were being adequately met on an on-going basis.

There was suitable practice, policies and staff training to support residents with behaviour that challenges. Care plans demonstrated clear strategies such as "Antecedents, Behaviour and Change" (ABC) charts that were in place to support residents with behaviour that challenges. However, some care plans in relation to behaviours that challenge required improvement, as not all care plans reviewed were comprehensively completed or updated to inform and guide staff in their practice.

The person in charge outlined how they were endeavouring to provide a restraint-free environment. While bed rails and lap belts were in use, they were only used following an appropriate assessment and appropriate alternatives were trialled prior to their use. Records demonstrated that residents were monitored and observed regularly while a bed rail or lap belt was in place. These arrangements ensured that restraint was only used as a last resort, and monitored closely and reviewed regularly to ensure residents' safety while also endeavouring to respect residents' expressed preferences.

There was evidence that residents were protected from abuse and harm. Residents who spoke to the inspector confirmed that they felt safe in the centre. All staff spoken with were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident.

Residents outlined how they were consulted with and facilitated to participate in the
organisation of activities in the centre. For example, residents' care plan assessments included an evaluation of residents' social and emotional well-being; including suitable activities assessments such as "It's All About Me". There were adequate opportunities for all residents to participate in activities in accordance with their interests and capacities and residents told the inspector that there was an excellent range of activities provided. For example, the inspector spoke to a number of residents while they were enjoying a session of art therapy that was facilitated by a visiting art therapist. Residents stated that they really enjoyed this activity and showed the inspector many examples of their excellent work. The inspector noted the calm and relaxed atmosphere in this room with the soft background music and use of essential oils. The inspector was informed by the art therapist that many of the residents favoured using pastels as a medium; which facilitated their relaxed, flexible and spontaneous use. The inspector also noted that this art session was very inclusive and residents with varying levels of skills were all included.

There were some proactive health and safety practices and accident prevention measures in place and there was a low level of accidents recorded in the centre. However, improvements were required in relation to risk management. For example, following one recent near miss incident involving a resident unexpectedly leaving the centre, the risk assessment records had not been amended or updated. The records of the hazard control measures or any additional control measures following this near miss event had not been recorded as being reviewed in the context of this near miss adverse event. These records required review to assist staff in the prevention of any potential similar reoccurrence for this type of potential adverse event. In addition, there were a number of potential hazards that required to be risk assessed. For example; the unrestricted access to the sluice room and the absence of hand rails on one bedroom corridor or at any entrances to the centre required risk assessing.

The inspector spoke with some residents who were knowledgeable of the fire safety precautions in the centre. Overall there were suitable fire safety procedures and practices in place. For example, fire safety equipment was serviced on an annual basis. Fire evacuation practice drills were completed and the fire alarm panel was serviced on a quarterly basis. The emergency lighting was also regularly checked by staff and was serviced on an annual basis. However, such servicing was required to be completed on a quarterly basis.

**Regulation 13: End of life**

Overall there was evidence of a good standard of end of life care and support provided. The person in charge outlined that appropriate access to the specialist palliative home care team being provided to residents requiring palliative care. There were two designated palliative care suites with single bedrooms, seating and ensuite facilities. These rooms had been recently renovated and extended and also had private access to garden areas. There was an Oratory available for resident and visitor use and religious services were held regularly in the centre. There was a
hospitality room for residents and their visitors use that was comfortably designed and suitably furnished with seating and kitchenette facilities provided. In addition, there were overnight facilities available to enable families remain overnight, if required. The person in charge outlined how residents were facilitated to sensitively provide information in relation to their preferences and wishes in relation to their end of life care needs. The inspector found that staff were aware of the policies and processes guiding end of life care. Some staff had received further extensive training in palliative care and staff to whom the inspector spoke outlined suitable arrangements for meeting residents’ needs, including ensuring their comfort and care.

Judgment: Compliant

**Regulation 17: Premises**

The inspector noted that the design and layout of the centre was adequate to meet the individual and collective needs of residents and was in keeping with the centre’s statement of purpose. Overall, the premises had been well maintained and redecorated to a high standard. The centre was observed to be warm, bright, furnished to a high standard and appeared clean throughout.

Judgment: Compliant

**Regulation 18: Food and nutrition**

Residents were provided with a varied, wholesome and nutritious diet that was properly prepared, cooked and served. Residents’ special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times. Residents received suitable assistance and support from staff, when it was required.

Judgment: Compliant

**Regulation 26: Risk management**

Improvement was required regarding the arrangements for the identification, recording, and learning from potentially serious incidents involving residents. In addition, there were some potential hazards that required to be risk assessed including an unsecured access to the sluice room, the absence of support rails at any entrances or in the enclosed garden areas and the existing hazard control
measures for access to the upstairs section of the centre required review.

**Judgment: Not compliant**

**Regulation 27: Infection control**

The inspector noted that the centre was cleaned to a high standard. Procedures in place were consistent with the standards for the prevention and control of health care associated infections published by the Authority.

**Judgment: Compliant**

**Regulation 28: Fire precautions**

Overall there were suitable fire safety procedures in place. The fire alarm panel was serviced quarterly and most recently in February 2018. Fire safety equipment was serviced on an annual basis. Regular fire drills had taken place in the previous 12 months and a description of the fire drill, duration, participants and any issues identified was recorded. The emergency lighting was regularly checked by staff and was serviced on an annual basis. However, such servicing was required to be completed by a competent person on a quarterly basis.

**Judgment: Substantially compliant**

**Regulation 29: Medicines and pharmaceutical services**

Medicines were appropriately prescribed and administered to residents. These medications were reviewed regularly by the residents' GP and changes were made where required. Residents were not rushed when taking medications. The opportunity for medicine administration was used as an opportunity to engage and converse with residents. Medications were stored and managed in line with relevant legislation and guidelines. Records relating to medication management were well-maintained. Some residents self-medicated and this practice was supported by a centre specific policy and appropriate assessments. There was adequate and secure storage provided for the residents' medicinal products and access was limited to each individual resident. The person in charge outlined adequate evaluation (including on-going evaluation) of the residents' ability to self-administer as appropriate. There was also adequate recording and monitoring practices to facilitate the resident with self-administration.
### Regulation 5: Individual assessment and care plan

Whenever possible, the person in charge met prospective residents and or their representatives prior to admission. This arrangement gave the resident or their family an opportunity to meet in person, provide information and determine if the service could adequately meet the needs of the resident. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident’s dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident spoken to was knowledgeable about what a care plan was and confirmed that the nursing team consulted with them on all changes. However, some improvement was required in relation to care plans for example, one care plan reviewed had not been updated following a recent episode of behaviours that challenge.

**Judgment:** Substantially compliant

### Regulation 6: Health care

Residents’ health care needs were met through timely access to treatment and therapies. Resident’s had suitable access to GP’s, and allied health care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner. The centre had a treatment room available for all clinical interventions that were required such as physiotherapy interventions, wound dressing changes or clinical review by a Doctor.

**Judgment:** Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector noted that few residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for residents exhibiting behaviours that challenge and the use of suitable de-escalating techniques. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required.
<table>
<thead>
<tr>
<th>Regulation 8: Protection</th>
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<tbody>
<tr>
<td>There were organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. All staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.</td>
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<tr>
<th>Regulation 9: Residents' rights</th>
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<tbody>
<tr>
<td>Residents' rights, privacy and dignity was respected by staff in the centre and residents were facilitated to maintain their privacy and undertake any personal activities in private. Residents were supported to retain as much control of their own decision making as possible. Residents were kept informed about their rights, including, civil, political and religious rights. These rights were respected by staff, and advocacy services were also available to assist residents, where required. Residents' access to the community was maintained for example, by access to local and daily newspapers, local parish letters, visits by local volunteers such as the St. Vincent de Paul Society, and local media and aids such as telephone and wireless Internet access. Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre.</td>
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Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Health care</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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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.
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 26: Risk management</td>
<td>Not Compliant</td>
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Outline how you are going to come into compliance with Regulation 26: Risk management:

Improvement was required regarding the arrangements for the identification, recording, and learning from potentially serious incidents involving residents. In addition, there were some potential hazards that required to be risk assessed including an unsecured access to the sluice room, the absence of support rails at any entrances or in the enclosed garden areas and the existing hazard control measures for access to the upstairs section of the centre required review.

Onsite training ½ day organised for 05/07/2018 from Nursing Matters around Risk management for the D.O.N., C.N.M., and two nominated Risk Management champions. The unsecured access to the sluiceroom has been risk managed and now has a digital lock. 07/06/2018

The lock on the access to the upstairs section has been replaced 07/06/2018

The absence of support rails at any entrances or in the enclosed garden areas has been risk assessed in conjunction with the attending Physio and current designs lends itself to intermittent support to residents through designed seating, raised bedding area and low sitting walls to rest on. 06/06/2018

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The emergency lighting was regularly checked by staff and was serviced on an annual basis. However, such servicing was required to be completed by a competent person on a quarterly basis.

Contract for quarterly servicing of emergency lighting has been awarded to T. Redmond Electrician commenced on 31 May 2018

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Some improvement was required in relation to care plans for example, one care plan reviewed had not been updated following a recent episode of behaviours that challenge.

Memo sent to all nursing staff about their obligation update careplans in a timely manner. 11/05/2018

Onsite Traning ½ day organised for 05/07/2018 from Nursing Matters around timely updates of careplans.

C.N.M. and D.O.N. to review and audit careplan documentation on Wednesday the 13/06/2018 and 20/06/2018. Create and Action plan and discuss at arranged Nurse’s meeting on the 21/06/2018.

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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>07/06/2018</td>
</tr>
<tr>
<td>Regulation 26(1)(d)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/07/2018</td>
</tr>
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<td>---------------------</td>
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<tr>
<td>Regulation 28(1)(c)(iii)</td>
<td>The registered provider shall make adequate arrangements for testing fire equipment.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/05/2018</td>
</tr>
<tr>
<td>Regulation 5(4)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/07/2018</td>
</tr>
</tbody>
</table>