



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Kilcara House Nursing Home
Name of provider:	Mertonfield Limited
Address of centre:	Kilcara, Duagh, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	01 July 2024
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0043280

## About the designated centre

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

Kilcara House Nursing Home is a family run designated centre set in a rural location within a few kilometres of the towns of Abbeyfeale and Listowel and can accommodate 29 residents. It is a two-storey building with stairs and lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale Duagh and the new wing and upstairs has eight beds. Bedroom accommodation comprises single and twin rooms and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and two dining rooms. There is a secure enclosed courtyard with seating and there is a mature garden with walkways and seating at the front entrance to the centre. Kilcara House nursing home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term, convalescence care and respite care is provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 1 July 2024	09:00hrs to 17:30hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

This unannounced inspection took place over one day in Kilcara House Nursing Home. Overall, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. The inspector met many of the residents on inspection and spoke with seven residents in more detail to gain insight into their lived experience in the centre. Residents gave positive feedback about the centre and were complimentary about the care provided and kindness of staff. It was evident that the team knew residents well and provided care in accordance with their wishes and preferences.

On arrival to the centre, the inspector met the nurse in charge, who guided the inspector through the risk management procedure of identification check, signing in and hand hygiene. The inspector observed that the entrance area had seating, a fish tank and lots of pictures. In the main entrance hallway, the suggestion box, registration certificate, advocacy and complaints procedure were displayed along with other reading material such as the residents' guide, statement of purpose, previous inspection reports and health and safety statement. The defibrillator was located here.

Some residents were in the dining room having their breakfast, others were just finishing their breakfast and going to the back day room where activities were facilitated. More residents were receiving personal care in their bedrooms, following which they were assisted to the dining room for breakfast. Residents told the inspector that they could choose what time to get up and where to have their breakfast. One resident told the inspector that they were out the night before, playing cards and had a great night with their friends.

Kilcara House Nursing Home is situated in a rural area, between the towns of Listowel and Abbeyfeale, in North Kerry. The centre is a two storey facility, on a large mature site and can accommodate 29 residents. There were 26 residents living in the centre on the day of this inspection, the majority living on the ground floor and three residents residing upstairs. The inspector saw that there was a lift connecting the two floors, however, residents could not use this independently as it required repair (identified on the last inspection completed in September 2023).

Bedroom accommodation in the centre comprises 21 single and four twin rooms and all but three had en-suite facilities. All but one resident had personal storage space of a double wardrobe (one resident had a single wardrobe), chest of drawers, bedside locker and some residents had additional personal storage space of a second bedside locker and shelving. The inspector saw that bedroom and hallway flooring had been replaced since the previous inspection. Some areas had been painted since the last inspection while other rooms, doors, and architraves were seen to be worn and damaged. The joining between the wall and flooring in many of

the en suite bathrooms had lifted, were damaged and visibly unclean. Many of the mirrors in en suites were corroded and stained.

There are two dining rooms in the centre and the inspector observed the dining experience for residents at breakfast and dinner time. Residents came to the dining room for breakfast throughout the morning and were served their preferred choice. At dinner time, for residents who could dine independently, the dining experience was observed to be a pleasant, sociable and relaxed occasion. Residents had a choice of meals from a menu, that was updated daily. At dinner time, residents in this dining room told the inspector that they enjoyed mealtimes and they always could get an alternative to the menu, if they did not like what was offered. The inspector observed that residents who required a modified (soft) diet were served their meal on a small side plate, and the textured meal did not look appetising. Mid morning and mid afternoon staff were seen to offer residents beverages, including going to bedrooms and actively engaging with residents and encouraging them to take fluids.

The centre had a good social activity schedule in place, which included group and one-to-one activities. Residents were seen enjoying activities throughout the day such as the exercise programme, card-playing, prayers, and reminiscence.

Throughout the day, care provided to residents was observed to be unhurried, and residents and staff chatted comfortably with each other; staff were observed to encourage residents to be independent in accordance with their ability. Staff that spoke with the inspector were knowledgeable about residents and their care needs.

Grab rails were available along the corridors to assist residents to mobilise safely and residents were observed mobilising during the day into communal areas. The communal areas in the centre comprised the front dayroom which was inside the front door, two dining areas, a conservatory and a second larger sitting room which was situated in the back corridor of the premises. The inspector saw that there was an ample amount of furniture available for residents use in the sitting rooms, however, a number of arms chairs were stained and worn and required repair or replacement. Some areas of the centre did not appear clean, in particular residents bathrooms and bedroom floors; there were strong unpleasant odours in some rooms.

Residents had access to a enclosed courtyard at the back of the premises. The inspector observed that this area had been upgraded following the findings of the previous inspection. Additional seating furniture was in place; the overhanging pergola was brightly painted and residents commented on how lovely it was. To the front and side of the centre there were benches available for residents, under mature trees.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This unannounced risk inspection was undertaken to monitor ongoing compliance with the regulations. The findings of this inspection were similar to the last inspection in that the management systems required strengthening to ensure the service was effectively monitored to enable safe and consistent care provision. While some improvement was noted regarding aspects of fire safety precautions, residents records relating to assessment and care planning and aspects of food and nutrition, on this inspection, action was required to comply with the regulations in relation to other aspects of food and nutrition, medication management, the premises, infection control, care planning and general oversight of the service. These will be further discussed under the relevant regulations in this report.

Mertonfield Ltd is the registered provider of Kilcara House Nursing Home. The company has two named directors, one of whom works in the centre full-time. The management structure in place had clearly identified lines of authority and accountability. The person in charge works full time and is responsible for the day-to-day operation of the centre in addition to providing oversight of clinical issues. They are supported by an assistant director of nursing, and a team of nurses, healthcare assistants, catering staff, domestic, activities and administration staff. There were appropriate levels of staff available, based on the assessed needs of residents, on the day of this inspection.

Following completion of the fire safety works and review of fire safety precautions, the provider reduced the number of residents they may be accommodated in the centre from 31 to 29. The provider agreed to the request to submit the appropriate applications to vary conditions 1 and 3 of registration to regularise this.

Accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed to enable better outcomes for residents. Associated notifications were submitted to the Chief inspector.

Weekly key performance indicators (KPIs) were being collected on areas such as falls, infection, restraint and wounds. However, the systems in place to monitor the ongoing quality and safety of the care delivered to residents remained inadequate. Inspection findings reflected the need for enhanced oversight of the day-to-day operation of the centre by the management team, to ensure that issues identified for improvement on this and previous inspections, were captured through the centre's own audit process. Auditing was found to be inconsistent and was not being used to drive quality improvement within the centre. This is further detailed under Regulation 23: Governance and management.

The inspector saw that there was a lift connecting the two floors, however, residents could not use this independently and needed to ask staff for assistance, as it required repair; this was also a finding on the last inspection completed in September 2023.

The complaints' log was reviewed and this showed that complaints were recorded and resolved in a timely manner. As part of their quality initiative, where possible, residents signed the complaints record to indicate they were happy with the process and outcome. Nonetheless, the complaints procedure and policy were not updated to reflect the Statutory Instrument (SI) regulatory requirement SI 628 of 2022.

All residents had a contract for the provision of services in the centre and these were updated on inspection to ensure specified information was recorded in line with regulatory requirements. The directory of residents was compliant with regulatory requirements. All Schedule 5 policies and procedures were not in place; some policies did not have the requirements as specified in the regulations or had not been updated in accordance with changes to legislation. This is further discussed under Regulation 4: Written policies and procedures.

#### Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as specified in regulatory requirements.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents on the day of this inspection. There was a registered nurse on duty 24 hours per day, as per regulatory requirements. Residents spoke positively of staff; the inspector spoke with many staff and found that the care team knew the residents very well and promoted their independence.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training records showed that mandatory training was up to date for staff. Recent training completed by nursing staff included subcutaneous medication administration via pump in anticipation of a resident's care needs.

Judgment: Compliant



## Regulation 19: Directory of residents

Directory of residents was compliant with specified regulatory requirements.

Judgment: Compliant

## Regulation 21: Records

The registered provider had not ensured that records were maintained in compliance with Schedule 2 ( Documents to be held in respect of the person in charge and for each member of staff) of the regulations as follows:

- one file did not have a photograph of the staff member
- one file did not have a current address
- two files did not have the required two written references including one from the employee's most recent employer.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The registered provider did not have sufficiently robust governance and management systems in place to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, evidenced by:

- the management systems in place to monitor, evaluate and improve the quality and safety of the service were not effective and did not enable issues identified for improvement on this inspection to be captured through the centre's own audit process. Auditing was found to be inconsistent and a review of records indicated that audits were not being completed or were ineffectively completed, therefore, quality improvement action plans could not be developed,
- risk management systems were not effectively implemented to identify and manage risks in the centre. Known risks were not included in the centre's risk register. Consequently, risks were not assessed, categorised according to their priority, or controls put in place to effectively manage the risks to residents. For example: the broken bedpan washer which would not be fixed for some time; the lift between floors was broken and this was identified on the last inspection in September 2023; risk associated with the broken lock allowing unobstructed access to the clinical store press on the corridor for example.

Judgment: Not compliant

#### Regulation 24: Contract for the provision of services

Contracts of care were updated on inspection to ensure all the requirements specified under Schedule 3 were recorded.

Judgment: Compliant

#### Regulation 31: Notification of incidents

Improvement was noted regarding submission of notifications to the Chief inspector. The incident and accident book was examined and all incidents requiring notification were submitted. The restraint register was reviewed and quarterly notifications submitted to the Chief Inspector correlated with this. Incidents relating to the activation of the fire alarm were submitted.

Judgment: Compliant

#### Regulation 34: Complaints procedure

The complaints procedure displayed did not reflect the requirements as set out in the updated legislation of 2022 regarding specified personal, and time-lines regarding the complaints management, including the review process.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

Action was necessary to ensure Schedule 5 written policies and procedures were in place, available to staff and implemented into practice, as follows:

- Schedule 5 policies relating to 1) the use of restraint 2) complaints procedure and 3) health and safety of residents, staff and visitors were not available.

Judgment: Substantially compliant

## Quality and safety

Overall, the findings of this inspection were that while improvement was noted in some aspects of care delivery such as care documentation and fire safety, improvement was necessary regarding the governance and management systems to enable the quality and safety of care. In particular, this related to inadequate monitoring of infection prevention and control and the premises to enhance residents' quality of life. These findings will be further discussed under the relevant regulations.

Residents had access to a general practitioner (GP) of their choice and medical notes reflected good oversight of medication and responses to changes in medication to enable best outcomes for residents. Advanced care directives were discussed with residents and their decisions recorded to ensure they were cared for in accordance with their preferences. Assessments, in general, were comprehensive, and the associated care planning had positive goal-setting to promote residents' independence. Records reflected good pain management, oversight of catheter changing and maintenance, records of episodes such as seizure activity, and antibiotic rationale usage as part of medication management. There were arrangements in place for residents to access allied health and social care professionals such as dietetic services, speech and language, and community palliative care services. A review of residents' care records evidenced that the treatment plans and recommendations of the medical and allied health and social care professionals were incorporated into resident's care plans. There was a low incidence of pressure ulcer development in the centre and good wound care practices implemented.

Pre-admission assessments were not fully completed and required action and this is detailed under Regulation 5, Individual assessment and care plan.

Documentation reviewed from a suitably qualified fire specialist and observation on inspection showed the risks previously identified in the systems of containment and management of fire were addressed as follows:

- zoned fire safety floor plans were displayed
- compartment boundaries identified and included in the zoned floor plans
- fire doors were upgraded
- additional external emergency lighting was installed
- electrical supply panel was enclosed with a fire rated construction
- all trap doors to attic upgraded to comply with current standards.

Nonetheless, other issues were identified regarding fire safety and these will be further detailed under Regulation 28, Fire precautions.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Controlled drugs records were reviewed by the

inspector and they were maintained and managed in line with professional guidelines. A sample of medication prescriptions and administration records were examined. Some medications were transcribed, and while the GP signed the prescription, the maximum dosage of 'as required' medications was not detailed to be assured that medications would be administered appropriately. This is further discussed under Regulation 29, Medicines and pharmaceutical services.

Residents' nutritional and hydration needs were assessed and in general, they were closely monitored in the centre. Care records showed that, when necessary, residents had a three-day food and fluid chart maintained to monitor a resident's intake and put the necessary nutritional management systems in place to enable better outcomes for residents. The associated assessments and care plans formed part of residents care documentation seen. Nonetheless, the dining experience of residents requiring textured diets required review and this is further discussed under Regulation 18, Food and Nutrition.

A sample of residents surveys was reviewed and feedback given was mostly positive with resident stating that staff were excellent, and reporting - I can do what I wish here, and staff are a great help. Residents' meetings were facilitated; minutes of these meetings showed that residents did have the opportunity to give their opinion, make suggestions and ask questions; and were responded to in a respectful and helpful manner. Residents had access to the services of an advocate, who regularly attended the centre. There was a variety of activities available to residents that included group and one to one sessions.

### Regulation 10: Communication difficulties

Observation on inspection showed that staff had good understanding of all residents' communication needs. Staff were seen to actively engage with residents in accordance with their ability. Throughout the day staff took time to sit and chat with residents, tell them about the local news and read the newspaper. Some residents preferred their own company and this was respected.

Judgment: Compliant

### Regulation 11: Visits

Visitors were seen calling throughout the day. Staff knew them well and welcomed them to the centre and provided updates on their relatives' status. Visiting was facilitated in either the back day room, conservatory or residents' bedrooms.

Judgment: Compliant

## Regulation 17: Premises

The following required action to ensure the premises met the requirements of Schedule 6 of the regulations:

- the lift connecting the two floors, required repair. This was a finding on the inspection 12 September 2023
- the lock to the clinical store press on the corridor was broken for some time allowing unauthorised access to clinical equipment; the provider was requested to replace it and this was completed before the end of the inspection
- privacy curtains in twin bedrooms were in a poor state; one had a large hole and the second had several repairs and looked unsightly; these curtains could not fully enclose the bed-spaces to ensure the privacy of residents
- mirrors in en suite bathroom were corroded and stained and unsightly.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Action was required to achieve compliance with this regulation, evidenced by the following findings:

- the inspector observed that residents who required a modified (soft) diet were served their meal on a small side plate, which is not reflective of an adult meal portion. The textured meal did not look appetising.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The residents' guide was reviewed and required updating to reflect the specified requirements as detailed in the regulations, such as information regarding contracts of care. In addition, the information relating to the complaints' procedure referred the reader to the HSE complaints' mechanism to support their complaints procedure rather than detail the centre's own complaints' procedure.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk management policy did not have the specified risks as detailed under Regulation 26. There were inadequate arrangements for the identification, recording, investigating and learning from serious incidents as known risks were not identified and recorded in the risk register. The level of risk was not quantified or measures put in place to either reduce or eliminate risks, such as the risk associated with the broken bedpan washer and the lack of maintenance of the lift for example.

Judgment: Substantially compliant

## Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with National Standards for Infection Prevention and Control in Community Services published by the Health Information and Quality Authority (HIQA). This was evidenced by:

- there was no infection control clinical lead appointed in the service as described in the national standards
- there was a lack of oversight of multi-drug resistant organism (MDROs) and prophylactic antibiotic prescribing,
- there was poor oversight of cleaning; there were inadequate designated colour coded clothes to enable change of clothes between each room to ensure safe cleaning of bathrooms, floors and other surfaces, to minimise the risk of transmitting a health care-associated infection,
- some areas of the centre did not appear clean, in particular residents bathrooms and bedroom floors; there were strong unpleasant odours in some rooms. The floor surface to bedrooms that had been washed were slippery. A room vacated a week prior to the inspection had not been deep cleaned and was visible unclean,
- daily cleaning schedules located behind the doors of rooms evidenced gaps in daily cleaning,
- the bedpan washer was broken and was awaiting repair; urinals were seen in the sluice sink soaking in bleach following decanting of their contents into the sluice hopper, this practice increases the risk of environmental contamination and the spread of MDRO colonisation,
- there was no PPE in the sluice room for staff to use while undertaking activities here
- in the secure clinical room there were two sinks, however, neither were designated as a handwash sink; advisory signage was displayed between the two sinks,
- Hibiscrub (antibacterial solution) remained on the resident's wash sink for several months even though the resident no longer required it

- residents' wash basins were observed to be stored on the ground in their en suite bathrooms increasing the risk of cross infection
- wheels and legs of equipment such as commodes and shower chairs were seen to be rusted so effective cleaning could not be assured
- wall and floor joining in en suites bathrooms had separated and were damaged and stained
- there was inappropriate storage including old and broken items in the laundry, including items on the floor, preventing cleaning
- while there were two sinks in the laundry and the sluice room, the handwash sink was not identified as such
- several items were stored on the ground in the cleaners' room and a large container was inappropriately stored within the low sluice sink
- the upholstery of many chairs was worn and stained so effective cleaning was not evidenced.

Judgment: Not compliant

### Regulation 28: Fire precautions

Notwithstanding progression of the fire safety works, further action was necessary to ensure fire safety in the centre, as follows:

- while weekly fire safety checks were completed, these was not completed appropriately, as the records indicated that there were no issues regarding obstruction of fire evacuation doors, however, the privacy screen in one twin bedroom partially obstructed the fire door; all safety checks indicated that there were emergency evacuation floor plans displayed, however, the plans displayed did not have emergency evacuation routes detailed,
- there were gaps in the daily fire safety checks
- full compartment evacuations had not been completed to be assured that this could be done in a timely and safe manner to safeguard residents and staff.
- door wedges were seen to be used in two fire doors so should the fire alarm be activated, these fire floors would be unable to close.

The partial obstruction of a fire safety door by a privacy curtain was addressed on inspection with the re-positioning of the curtain pole outside the emergency door frame.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Attention was required regarding residents' prescriptions as adequate assurances were not provided that residents were protected by safe medicines management practices and procedures. This was evidenced by the following findings:

- Transcription of medications occurred in the centre. However, the date of transcription or the date the GP signed the prescription were not recorded so it could not be assured that nurses were administering medications from a valid prescription. In addition, 'as required' transcribed medications did not have the maximum dosage detailed, so it could not be assured that medications were administered in accordance with manufacturers' instructions and relevant professional guidelines.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While improvement was noted regarding assessment and care planning, the pre-admission assessment process required attention as follows:

- Pre-admission assessments examined had very limited information detailed and it was difficult to see how it could inform the decision-making process regarding the centre's ability to care for the resident in accordance with their assessed needs; some pre-admission assessments were dated the day of admission or post admission date.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to allied health professionals such as speech and language therapy, dietician, tissue viability and palliative care specialists. Care documentation demonstrated that their evaluation and care assessment records informed the residents' care planning process to enable better outcomes for residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated to have a good quality of life. Residents reported that staff were kind, helpful and they could raise concerns and these would be acted



upon. Minutes of residents meeting showed good discussions with follow up with residents. The person in charge and other staff such as the chef and activities person attend these meetings and this enabled open discussion and engagement to influence the day-to-day running of the centre.

Residents had access to advocacy services and information regarding advocacy was displayed in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0043280

Date of inspection: 01/07/2024

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Management will ensure that all necessary documents are obtained before new staff members commence work.</p> <p>3 monthly audits will be conducted on staff files to verify compliance with regulation 21 and ensure complaints with regulation 21.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Going forward management will ensure that auditing and risk assessment system will be more robust, this will be done by adding and grading all risks/other findings. Controls are put in place to effectively minimize each risk while awaiting completion. Kilcara's auditing system has been strengthened to ensure quality and safety of service is more effective.</p> <p>All issues/concerns identified following audits will be notified to appropriate persons Ie; maintenance / Proprietor with appropriate time scale for completion, this will be overseen by the Director of Nursing.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaint process displayed at the nursing home has been revised to comply with the updated 2022 legislation.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>During inspection some policies were not available as staff had misplaced whilst reading and signing Management has checked and all schedule policies are in appropriate folder.</p> <p>The complaint procedure has been updated to comply with the legislation changes of 2022. Management will monitor and implement any necessary updates to the complaints procedure as they arise.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The lift supplier has been notified about the necessary repair numerous times, but we are currently awaiting the arrival of the required parts. The clinical store has been secured and all damaged items will be identified during the weekly walk around and promptly repaired. New privacy curtains have been installed in the twin bedrooms to fully enclose the bed spaces and ensure the residents' privacy. Additionally, there were plans in place to upgrade the window curtains that need attention prior to inspection. There are plans in place to replace all mirrors in the ensuite bathrooms.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Certain individuals decline their meals when they are served in large portions occasionally. In order to maintain a balanced nutritional intake, those on textured diets are initially served with small portions and then given more as they finish the first serving. This was highlighted in care plans during inspection. Management had meeting with kitchen staff regarding textured diet been server, and to adhere to residents' individual dietary needs. This is available in kitchen.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>All contracts of care updated with relevant information of residents during inspection. Going forward Kilcara will ensure all contracts of care has all relevant information filled in appropriately, management will oversee same.</p>	

Complain procedure stated in residents guide updated in line with legislation of 2022. Also, Kilcara's complains mechanism is updated in residents guide.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

While all risks were notified to proprietor, going forward Kilcara's risk management system has been strengthened. All daily risks identified will be added to the risk register. Two monthly audits and weekly walkarounds will be performed to guarantee that all recognized risks are prioritized, and appropriate outcomes documented in the risk register.

All RGNs have been informed regarding same.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. A new infection control leader has been appointed to conduct weekly inspections focused on infection prevention measures. This person has been booked in to complete the IPC link practitioner program from 14<sup>th</sup> to 18<sup>th</sup> of October 2024.
2. Monitoring of multidrug-resistant organisms (MDROs) was always maintained and documented in residents care plan. This is now also part of our KPI's. information gathered will be highlighted at RGN's meeting.
3. The infection control leader will randomly oversee the cleaning procedures. Additional color-coded cleaning cloths and mop heads have been purchased to ensure that each room and bathroom is equipped with dedicated mop heads, thereby reducing the risk of healthcare-associated infections.
4. The unpleasant odors detected in certain rooms and bathrooms were attributed to blockages in the sewage system which happened day prior to inspection, was resolved following day.
5. The cleaning staff has been instructed to ensure that all floors are dried thoroughly after using a wet mop.
6. Kilcara has a cleaner available seven days a week, and any instances of absenteeism are covered by a second cleaner to the greatest extent possible.
7. The bedpan washer was reported to proprietor and was waiting repair at time of inspection, and all urinals were placed daily in Milton while waiting same. The bedpan washer has since been repaired and same has been highlighted in risk register
8. Personal protective equipment (PPE) is now available in the sluice room.
9. The handwashing sink in the clinical room is secured, and appropriate signage is displayed.
10. All staff members have been reinstructed to return the wash basin to its designated storage area after each use.

11. The of commodes and shower chairs will be upgraded in due course. The infection control leader will continue to inspect these items to ensure they remain rust-free, with any issues reported to the maintenance personnel.
12. A carpet repair company has been contacted to address the wall and floor linoleum as needed, ensuring there is no separation at the wall-floor junction and replacing any damaged or stained linoleum.
13. The laundry and cleaning room areas have been decluttered and items stored appropriately to facilitate effective cleaning. The infection control leader and management will conduct random inspections across all areas to ensure a safe working and care environment, along with bi-monthly audits.
14. A lot upgraded to upholstery has been completed with more ongoing.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. Eleco completed the fire check the week before the inspection, certification for same available in file. Staff going forward will document in weekly fire check record.
2. Kilcara has completed many fire evacuations mainly upstairs. More downstairs evacuations will be completed mid-august 2024. Management will continue to complete more evacuations in all compartments.
3. Additional Acoustic release door hold devices will be installed where necessary. Staff have been reinforced not to wedge doors with stoppers. Management will conduct regular inspections and fire audits. All door stoppers in Kilcara have been removed.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

1. All medications are checked weekly by RGN's and pharmacy prior to administration.
2. All general practitioners have been contacted with regarding prescribing medications clearly including frequency and maximum dosage on drug Kardex, some of whom refused same have been asked to provide a copy of the current prescription when sending it to the pharmacy.
3. Transcribing occurred following GP's advice via health mail/Prescriptions. 2 RGNS co signed and dated all time. Going forward all medications will be transcribed on to Kardex by GP only, following an agreement, as some GP's had refused to do same. All RGN's informed of same.

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



Most residents/families visit the nursing home prior to admission, or management will assess outside of nursing home to ensure Kilcara can provide appropriate resources for each resident.  
Management have completed a more comprehensive preassessment form.

## 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.	Substantially Compliant	Yellow	31/10/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	02/07/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary	Substantially Compliant	Yellow	02/07/2024

	needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	02/07/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	02/07/2024
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.	Substantially Compliant	Yellow	08/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	02/07/2024

	appropriate, consistent and effectively monitored.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	02/07/2024
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	02/07/2024
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	02/07/2024
Regulation 26(1)(d)	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	Substantially Compliant	Yellow	02/07/2024

	serious incidents or adverse events involving residents.			
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	30/09/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/07/2024
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, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should	Substantially Compliant	Yellow	29/07/2024

	the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/08/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	29/07/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/08/2024

Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	02/07/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	02/07/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	02/07/2024

Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/07/2024
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	01/07/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/07/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	08/07/2024