



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

Issued by the Chief Inspector

Name of designated centre:	Killarney Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Rock Road, Killarney, Kerry
Type of inspection:	Announced
Date of inspection:	31 August 2023
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0032038

About the designated centre

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

Killarney Nursing Home is situated in a leafy suburb of Killarney town, just five minutes from the town centre. It is a purpose built centre that can accommodate a maximum of 56 residents. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. There are 52 single bedrooms with en-suites and two twin bedrooms with en-suites. The communal space includes a large comfortably furnished day room a large dining room and a number of smaller sitting rooms, two further smaller dining rooms and an oratory. Nursing care is provided 24 hours a day, seven days a week and supported by a General Practitioner service. A multidisciplinary team is available to meet resident's additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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
Thursday 31 August 2023	09:10hrs to 18:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was an announced inspection and carried out over one day. The inspector found that residents were happy living in Killarney Nursing Home and their rights were promoted and respected. Staff implemented a person-centred approach to care and were observed by the inspector to be kind and caring towards residents during the inspection.

On arrival to the centre, the inspector met with the management team. After an opening meeting, the inspector was guided on a tour of the centre by the person in charge. There was a pleasant and relaxed atmosphere evident, throughout the centre. A number of residents were seated in the sitting room chatting with each other, some were in the dining room having breakfast and others were being attended to by staff in their bedrooms. The inspector met with all residents on the day of inspection and spoke in detail to 12 residents. The feedback was extremely positive about the care they received and about their relationships with staff. Residents described staff as exceptionally kind and committed to their work. Two residents told the inspector that staff always gave them time and they really enjoyed the company of staff. The inspector saw that residents were well dressed and attended to by staff throughout the day.

Killarney Nursing Home is a designated centre for older people situated in the town of Killarney, in County Kerry. It is a purpose built three storey facility, two of these floors allocated to residents and the basement housed the centres laundry facilities, staff rooms and storage for the centre. Overall, the inspector found the premises was laid out to meet the needs of the residents and to encourage and aid their independence. The inspector observed that corridors were wide and well lit and grab rails were available along the corridors to assist residents to mobilise safely.

The centre was seen to be clean and bright throughout and it was evident that management and staff made great efforts to create and maintain a homely atmosphere. The entrance area was bright, airy and welcoming with wallpaper on the walls and comfortable seating. There was sufficient communal space in the centre which included two dining rooms, a large sitting room, an oratory and a quiet room. These areas were observed to be tastefully decorated with comfortable furnishings and decor on the walls.

The centre is registered to provide care to 56 residents and there were 52 residents on the day of this inspection. Bedroom accommodation in the centre consists of 51 single and two twin rooms, all with en-suite facilities. The resident bedrooms were comfortable and homely and many were seen to be furnished with personal items such as photographs and ornaments. The residents who spoke with the inspector stated that they were happy with their bedrooms. There was sufficient space for residents to live comfortably in these rooms, including adequate space to store personal belongings and there was access to a flat screen television in all bedrooms. Call bells were available throughout the centre and the inspector observed that

these were responded to in a timely manner by staff on the day of this inspection. On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times. Staff who spoke with inspectors were knowledgeable about the residents and their needs. Residents who chose to stay in their bedrooms were checked regularly.

The centre employed two activity staff to provide a range of activities throughout the week. The daily schedule of activities for the residents was displayed in a prominent place in the centre and residents also were provided with an individual weekly schedule. It was evident from observations of the inspector that staff were knowledgeable about the residents and were familiar with their preferences for activities and their ability to participate. Weekly activities included bingo, art & crafts, SONAS, quizzes and dog therapy. On the day of the inspection the inspector observed residents partaking in a lovely reminiscence session about their childhood and school days, chair exercises with the physiotherapist and a two piece band attended the centre at 2 o'clock and played music and sang for residents. Over 30 residents attended this music session and the inspector saw some residents singing and others dancing with staff. All residents spoken with told the inspector they particularly loved the days that music was available to them. A review of residents meetings evidenced that residents had requested more music at their residents meetings and more days out of the centre, and this had been acted on by management. The inspector saw posters advertising a trip out for residents to Muckross House, in the coming weeks.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete, to obtain their feedback on the service. In total, two family members and eight residents completed the questionnaires. All residents conveyed that they were happy living in the centre and described staff as professional, friendly, warm and obliging. They wrote that they were very satisfied with their living environment, the food, care and supports and that they had choice in their life and their rights were always respected. Family members also expressed satisfaction with the care and services being delivered in the centre.

The inspector observed that an additional outdoor area had been developed for residents since the previous inspection. Residents could access this area off the dining room and spoke very positively about this new garden area that contained large trees, paved flooring and tables and chairs. The second internal courtyard, accessible from the sitting room and hallway, had garden furniture for residents to sit and brightly coloured shrubs and trees. The inspector saw residents independently access this area on the day of the inspection and visitors sit outside with their family. Visiting was unrestricted and there was a good level of visiting activity throughout the day. The inspector had the opportunity to meet with seven visitors who all spoke extremely positive about the care and attention their love one received and particularly the individualised care that staff gave to their family member.

Residents told the inspector that they were happy with the food available to them and that they always had choice. The inspector observed lunch being served and saw that staff were aware of resident's dietary needs and their likes and dislikes.

The inspector observed that the meals served were well presented and there was a choice of food available. The atmosphere in the dining area was relaxed, where residents chatted to each other and to staff. A choice of hot and cold refreshments and snacks were available to residents throughout the day, such as soup at 11:30am, which residents told the inspector they really enjoyed. Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. The inspector observed residents making choices about how they spent their day, including what meals and drinks they would have, if they would like to partake in activities or spend time in their bedrooms.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and the quality and safety of the service.

Capacity and capability

This announced inspection found that Killarney Nursing Home was a well managed centre where there was a focus on ongoing improvement, to enhance the quality of care and daily lives of residents. The governance and management systems were robust and the centre was well resourced, to ensure that residents were supported to have a good quality of life. An application to renew the registration of this centre had been submitted to the Chief Inspector, since the previous inspection, and this inspection would inform part of the decision making process. Some actions were required in fire precautions and healthcare, as detailed in the quality and safety section of this report.

The registered provider of Killarney Nursing Home is Mowlam Healthcare Unlimited Company. The company comprises of four directors, who are also involved in the operation of other designated centres in the country. There was a clearly defined management structure in place that identified lines of accountability at individual, team and service levels, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable.

The Chief Inspector had been notified, as per regulatory requirements of an unexpected absence of the person in charge in May 2023, three months prior to this inspection. The provider had appointed the assistant director of nursing (ADON) as the person in charge during the absence. This person met the requirements of the regulations, pertaining to experience and qualifications. In response to this unplanned absence, the provider had also appointed a senior staff nurse, to replace the ADON and work in a supernumerary capacity providing clinical supervision in the centre. The inspector was informed during the inspection that there was a date for return of the person in charge in the coming weeks and the Chief Inspector would

be notified formally, as per regulatory requirements. The provider employed a full time general services manager who had responsibilities for areas such as organising training, recruitment, rostering, oversight of maintenance and fire safety. They were a visible presence in the centre and well known to residents and staff.

There were two named persons participating in management named on the centres registration which were a Director of Care Services and a Healthcare Manager, and the person in charge reported to them. They were directly involved in the operational management of the centre and had good oversight of the centre via the collection of key performance indicators, weekly and monthly meetings, review of complaints and oversight of all incidents. The centre also had additional support of a human resource, finance and facilities department.

The centre maintained its staffing resources in line with the statement of purpose and this was monitored in line with the resident's assessed dependency level and care needs. There were two registered nurses on duty at all times, supported by a team of healthcare assistants, activities, maintenance, domestic, administration and catering staff. The provider had maintained the allocation of additional activities staff daily, in response to findings of previous inspections, and this was found to have a positive impact on the quality of life for residents in the centre.

Staff training records evidenced that staff had good access to mandatory training and additional training in areas such as human rights, advocacy and palliative care. Staff had access to relevant policies to guide their practice. There were robust arrangements in place to induct and orientate staff and to ensure staff were appropriately supervised. This included a comprehensive induction programme, performance reviews and an annual staff appraisal system. There was evidence of regular and effective communication systems in place including staff meetings, memos and email communication. Arrangements were in place for residents to consult with the management team via residents meetings, every three months.

There were effective systems in place to monitor the quality and safety of care, which had been enhanced since the previous inspection, in areas such as care planning, wound care and falls management. The system was underpinned by a range of audits and associated actions identified in areas where improvements were required. The provider had a centralised serious incident management team, where incidents in the centre were referred and discussed, to identify areas for improvement and learning. All incidents had been reported to the Chief Inspector, as per regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

From review of the roster and from conversations with staff and residents it was evident that the staff compliment and skill-mix was adequate to meet the care needs of the 52 residents on the day of inspection. Residents and visitors spoke very positively about staff, reporting they were kind, caring and respectful. There were two Registered Nurses on duty, day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Training in the centre was being well monitored. A comprehensive training matrix was made available to the inspector and demonstrated up -to-date training for all staff, in areas such as fire safety, manual handling and safeguarding vulnerable adults. There was an induction programme in place, which all new staff were required to complete. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored to ensure a safe and appropriate services for residents. There was an annual review of the quality and safety of care to residents that incorporated feedback from residents.

Judgment: Compliant

Regulation 30: Volunteers

People that attended the centre on a voluntary basis had their roles and responsibilities outlined, as per regulatory requirements. They each also had a vetting disclosure in accordance with the National Vetting Bureau (Children's and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider had notified the Chief Inspector of the absence of the person in charge for more than 28 days, as per regulatory requirements. The prescribed information had been included as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated a minimum of three yearly, in line with regulatory requirements. These policies were made available to staff in the centre.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider had submitted a notification to the Chief Inspector, of the unplanned absence of the person in charge. The notice detailed the management arrangements of the centre during the absence, as per regulatory requirements.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents were in receipt of a high standard of care in Killarney Nursing Home, by staff that were responsive to their needs. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe in their home. Some actions were required in fire precautions and healthcare, which will be detailed under the relevant regulations.

Pre-admission assessments were conducted by a nurse manager, in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. Improvements were noted in the care planning process since the previous inspection and there was evidence of additional training having been provided to support staff and there was increased monitoring of care plan processes, which had improved compliance. A sample of care plans reviewed were found to be personalized to resident's individual needs and provided good guidance on the care to be delivered. There was evidence of discussion and consultation with residents and/or their family members. 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. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Resident's had access to a wide range of health and social care services, such as general practitioners, community palliative care, speech and language therapists and dietitians. Records evidenced that referrals were sent promptly, if a resident's needs changed and where a specialist practitioner prescribed treatments, these were implemented by nursing staff. The provider employed a physiotherapist who attended the centre once weekly, for six hours and they were present on the day of this inspection. Residents had access to appropriate equipment such as pressure relieving equipment and manual handling equipment. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met. However, further action was required in the management of wounds in the centre, which is further detailed under regulation 6.

Residents were encouraged to give feedback about their care and services. The inspector found that the management team were available to residents and were seen chatting with residents and their visitors throughout the day of the inspection. Resident satisfaction surveys were carried out and the most recent survey reviewed by the inspector and evidenced high levels of satisfaction amongst residents. Suggestions made such as enhanced food options and the provision of additional storage for bedrooms had been addressed by the management team. Residents had access to an independent advocacy service who had attended the most recent residents meeting and discussed the availability of the service with residents.

The provider had fire safety precautions in place which included regular staff training and a comprehensive range of fire safety checks. There were personal emergency evacuation plans in place for all residents detailing the optimal mode of evacuation by day and night, and support required in the event of a fire. There was a programme of preventive maintenance of fire safety equipment including the fire alarm, emergency lighting and fire extinguishers. Simulated fire evacuation drills were completed weekly and included learning outcomes, areas for improvements and the time taken to evacuate a fire compartment. The inspector was informed that provider was in the process of installing an additional repeater fire panel in the centre, with the aim of reducing time taken for staff to assess the fire panel, which was located at the entrance to the building, in the event of a fire. However, further action was required in relation to fire safety, to ensure residents could be evacuated in a timely manner, when staffing levels were at their lowest, which is further detailed under regulation 28 of this report.

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. The management team had implemented safeguarding drills for staff, where they discussed safeguarding scenarios and the most appropriate way these should be managed. This provided staff with an opportunity for discussion and learning. The provider ensured that Garda vetting was obtained before any person commenced employment in the centre.

Residents had access to a varied social programme. Residents were provided with access to local and national newspapers, telephone and Internet services. It was evident that residents' rights were protected and promoted in the centre and individuals' choices and preferences were seen to be respected. Residents were encouraged to maintain their links with the community and go out with family. Residents reported their satisfaction with the care they received, appropriate access to healthcare and the provision of meaningful activities.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate visiting in the centre. Residents could meet their relatives and friends in the privacy of their bedrooms or in the communal areas of the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of residents, as set out in the centre's statement of purpose. The premises conformed to the matters set out in Schedule 6. There was an ongoing schedule of planned refurbishment and good oversight of maintenance works. Improvements were noted regarding the premises since the previous inspection, with the addition of additional outdoor facilities for residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the information as required by the regulations. This was available to residents living in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed a residents record who had been recently admitted to hospital. This indicated that when a resident was temporarily absent from the centre, for hospital treatment, all relevant information was conveyed about the resident, to the acute hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Compliant

Regulation 28: Fire precautions

On review of fire drill records, the inspector was not assured that residents residing in the two compartments containing 13 beds (one on the ground floor and one on the first floor), could be safely evacuated, in a timely manner, in the event of a fire, when staffing levels were at the lowest. Although the management team

demonstrated an awareness and understanding of this risk, hence the increased frequency of drills, action was required to ensure that a safe evacuation time could be achieved.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practices observed and described to the inspector by two registered nurses were found to be safe. Nurses maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. Medication reviews and pharmacy audits took place on a regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were noted in care planning since the previous inspection. Each resident had a comprehensive assessment of their needs and their preferences for care and support, on admission to the designated centre. Care plans were developed with the resident and/or their family. Care plans were person centred and were reviewed every four months or if the resident's needs changed, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

On review of wound care documentation and from discussion with staff the inspector found that some wound care assessment was not always in line with evidence based nursing care. For example, wounds were not always measured and exudate and surrounding skin was not always monitored. This information is required to inform care delivery such as the frequency of wound dressing change and to show improvement or deterioration of the wound.

Judgment: Substantially compliant

Regulation 8: Protection

There was an up to date policy on safeguarding residents from abuse and staff had attended relevant training. Staff spoken with by the inspector were knowledgeable of what to do in the event of suspicions or allegations of abuse. The provider was pension agent for two residents living in the centre, and there were robust arrangements in place the management of these finances. The centre kept sums of money on behalf of residents and there were adequate records maintained of lodgements and withdrawals, which were signed by two members of staff. Records were audited on a regular basis by a senior member of nursing management and the administrator.

Judgment: Compliant

Regulation 9: Residents' rights

Care was person centred and residents' rights were upheld. Residents were supported to maintain their links with family and friends and their local community. Residents had access to television, newspapers and other media. Residents' views and feedback were actively sought through the resident's meetings, complaints, resident surveys and informal feedback. This feedback was used to inform and implement improvements in the service. For example; a resident had requested a double bed in their room, and this had been provided.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killarney Nursing Home OSV-0000685

Inspection ID: MON-0032038

Date of inspection: 31/08/2023

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A slave panel screen has been installed on the first floor to enable staff on that floor to respond in a faster time in the event of an activation of the fire alarm. This would facilitate a safe evacuation time could be achieved for residents residing in the compartment containing 13 beds. • The PIC will ensure that post-drill fire safety awareness discussions are completed following each fire drill to assess staff knowledge and to improve the application of theory to practice. • The PIC will ensure that residents' dependency levels will be considered when admitting to the 13 bedded compartment. • The PIC will continue to ensure all staff have completed up to date fire training and refresher updates, and will ensure the fire trainer will focus the evacuation training on the larger compartments. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • The PIC will ensure that wounds are assessed accurately, all nurses and HCA will receive education on wound management and maintaining the integrity of the skin. • The PIC will communicate regularly with the Tissue Viability Nurse (TVN) and facilitate on-site assessments by the TVN as required to ensure that there are appropriate treatment plans in place for any resident with a wound. • The PIC and ADON will continue to complete wound audits and ensure clinical oversight of all wounds. Quality Improvement plans completed from audits will be shared with the clinical team. • The PIC, with the support of the ADON, will ensure clinical oversight of all wound 	

management within the home.

- Wound management will continue to be discussed at every Quality and Safety meeting within the home.

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 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/12/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time,	Substantially Compliant	Yellow	30/11/2023

	for a resident.			
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