



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

Issued by the Chief Inspector

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| Name of designated centre: | Killarney Nursing Home |
| Name of provider: | Mowlam Healthcare Unlimited Company |
| Address of centre: | Rock Road, Killarney, Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 January 2022 |
| Centre ID: | OSV-0000685 |
| Fieldwork ID: | MON-0034886 |

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.

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| Number of residents on the date of inspection: | 55 |
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------------|-------------------------|---------------|------|
| Wednesday 19 January 2022 | 09:45hrs to 17:50hrs | Ella Ferriter | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection which took place during the COVID-19 pandemic. The inspector met with the majority of the residents living in the centre on the day of the inspection, and spoke with nine residents at length, to gain an insight into their lived experience. Overall, residents told the inspector that they were happy living in Killarney Nursing Home, and spoke extremely positively about the dedication and commitment of staff. On the day of this inspection the majority of residents were isolating in their bedrooms, and the centre was closed to visiting. This was due to a positive case of COVID-19 in the centre. From conversations with residents, it was evident that they found the current restrictions difficult and isolating. Many residents told the inspector they looked forward to going back into the main communal rooms again and seeing their visitors.

On arrival to the centre the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. The systems in place were comprehensive and included hand hygiene and temperature monitoring. Following an opening meeting with the person in charge, the inspector was guided on a tour of the premises.

Killarney Nursing Home is a designated centre for older people, registered to accommodate 56 residents. There were 55 residents living in the centre on the day of this inspection. The centre is situated on the outskirts of Killarney town, in County Kerry. Overall, the the inspector observed that the premises was bright and well maintained. The centre comprises of three floors, two of which are for the use of residents, and the basement is allocated to storage and laundry facilities. Bedroom accommodation consists of 52 single bedrooms and two twin bedrooms, all with en-suite facilities. The inspector saw that in general bedrooms were very personalised, with items such as residents own furniture, comfortable seating, family pictures, and soft furnishings. Two residents had recently celebrated birthdays, and their bedrooms were decorated with happy birthday signage and balloons. Residents told the inspector they liked their bedrooms and found them very comfortable. The corridors in the centre were long and wide and provided adequate space for walking.

There was a variety of indoor communal space available for residents. This included a bright, nicely decorated, large sitting room and a large dining room, on the ground floor, beyond the main reception area. However, due to residents isolating these rooms were not in use on the day of this inspection. There is also two smaller sitting rooms and dining facilities, on each floor, in close proximity to residents bedrooms. These spaces were observed to be comfortable, nicely furnished and homely. Residents had access to a secure outdoor courtyard area, that had some garden furniture for residents to sit, should they wish. The area contained coloured shrubs, raised plant beds and a water feature. However, this space was quite small, when considering the centres occupancy of 56 residents. The inspector saw that the provider had plans in progress to develop a garden area, off the main dining room,

however, the date for completion could not be provided, and the inspector was informed that it was delayed due to COVID-19.

The inspector observed that the centre was very clean. There were adequate amounts of cleaning staff working on the day of this inspection, and staff spoken with demonstrated an awareness of the cleaning protocols in the centre, and confirmed that cleaning and infection control training had been received. Some areas for improvement were identified in relation to infection control practices, which are discussed further under regulation 27.

Residents spoken with told the inspector that staff were extremely kind and caring and "always tried their best". During the course of the inspection many examples of staff delivering personalised high quality care were seen by the inspector. It was evident that staff knew residents well and their engagement with residents was compassionate at all times. The inspector observed staff working very hard throughout the day. As a number of staff had also tested positive for COVID-19, and others were isolating due to being close contacts in the community, there was a deficit in care staff working in the centre. This had a direct impact on care delivery, on the day of this inspection. The inspector observed call bells ringing for prolonged periods of time on two occasions. Two bells rang for five to six minutes before they were answered. The inspector saw that two small groups of five residents sat in two separate sitting rooms, while maintaining social distancing for the full day. The inspector observed a resident in one of these sitting rooms calling for assistance. Residents in these rooms did not have access to a call bell facility. The inspector asked staff to attend to this resident. Residents confirmed that there was a staff shortage on some days, and that they had to wait for assistance or for bells to be answered. The inspector saw that care staff and nurses had responsibility for delivering residents meals and assisting residents at mealtimes, if required. The inspector observed that due to staffing deficits, some meals were delayed. Staffing is further discussed under regulation 15.

The inspector saw that the requirement to isolate in bedrooms was difficult for residents. Residents told the inspector that they "found the days long" and were looking forward to the being able to dine downstairs again and partake in group activities. Although there was a full time activities coordinator rostered on the day of this inspection, they were reallocated to caring, due to the staffing deficit. Therefore, there were very limited opportunities for social stimulation on the day of this inspection for residents. The inspector observed that the television was put on with country music, in the smaller sitting rooms and some residents were given cross word puzzles, this is discussed further under regulation 9; residents rights.

The inspector saw that residents had access to information in their rooms through radio, television, newspapers and Internet. Residents told the inspector that they enjoyed going out with their families on day trips, and that this was always encouraged and facilitated. Residents were actively supported to use telephones and video calls to keep in contact with friends and families, as visiting restrictions were in place. Religious services were provided via mass that was streamed live daily at 10:30 am.

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

Capacity and capability

Overall, Killarney Nursing Home was a good service, with well established governance and management systems in place and many areas of good practice were observed on this inspection. However, improvements were required to ensure the centre was appropriately staffed at all times, and that fire risks identified are addressed by the registered provider. These areas will be discussed under the relevant regulations. The inspector also followed up on the findings of the previous inspection of December 2020, and found that all areas identified for improvement, had been addressed by the registered provider.

The registered provider of Killarney Nursing Home is Mowlam Healthcare Unlimited Company. The Chief Executive Officer (CEO) is also CEO of a number of other nursing homes operating throughout the country. There is a clearly defined overarching management structure in place. The person in charge is supported in their role by a national senior management and operational team, which includes a finance team, estates, a director of care services and healthcare managers, who provide oversight to other centres in the group. The provider also employed a general operations manager, who worked full time in the centre, and had responsibility in areas such as recruitment, the monitoring of resources and training.

From a clinical perspective the person in charge was supported in their role by a Clinical Nurse Manager (CNM), a nursing and healthcare team, as well as administrative, catering and household staff. Since the previous inspection of this centre, the management team had been strengthened, by the allocation of a full time CNM, who was supernumerary and took more responsibility for the oversight of clinical care. The lines of accountability and authority were clear. Staff were aware of the management structure and were facilitated to communicate regularly with management.

There was evidence of detailed management meetings at the centre, where pertinent clinical and operational issues were discussed. Both members of the nursing management team worked from Monday to Friday. Supervision during the weekend was the responsibility of the senior nurse in charge and the management team was on call alternate weekends. Regular staff team meetings were held with all different disciplines, at various times throughout the year. Minutes of all of these meetings were well maintained and viewed by the inspector.

This inspection found that the number of care staff was not appropriate, considering the assessed needs of the residents and the size and layout of the designated centre, leading to delays in care delivery. The management team informed the

inspector that they were actively recruiting health care staff and that the current global pandemic was directly impacting recruitment and retention of staff. This is discussed further under regulation 15, staffing. A review of the training records of staff found that staff had received training appropriate to the health and social care needs of the residents and all mandatory training was in date, or scheduled in the coming weeks.

The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time, due to the global pandemic. The centre have been successful to date in managing to keep the centre free of COVID-19 outbreak. A documented COVID-19 contingency plan and guidance folders were in place, and the management team had established links with the public health team. There was an adequate supply of personal protective equipment and hand sanitising gel throughout the centre, as well as hand washing sinks on the corridors, which the inspector observed staff using throughout the day.

There were systems in place to monitor the quality and safety of care. The system was underpinned by a range of audits in areas such as falls, medication management and infection control. There was a complaints policy in place, which met the requirements of the regulations. The centre had two open complaints that they were reviewing in line with their complaints procedure. Incidents occurring in the centre were well recorded, and all had been notified to the Chief inspector, as per regulatory requirements.

Regulation 14: Persons in charge

The person in charge had the experience and accredited management qualification, as per regulatory requirements and was a registered nurse, working full time in the designated centre. They were actively engaged in the governance and day-to-day operational management, and administration of the service. The person in charge was knowledgeable of the regulations, national standards and of their statutory obligations.

Judgment: Compliant

Regulation 15: Staffing

Contingency planning for care staff required action, as short term absences were not always replaced. For example, a review of recent rosters showed that on some days, the week prior to this inspection, there were only six healthcare assistants, over two floors, providing care for up to 56 residents in the centre. Observations of the inspector were that this deficit in care staff resulted in delays in care delivery, meal provision and a lack of social stimulation for residents. The management team

acknowledged the staffing deficit and informed the inspector they were actively recruiting care staff. On the day of the inspection, there were 55 residents living in the centre. Of these, 39 (70%) had been assessed as having high to maximum dependency levels and 16 with low to medium dependency levels.

This inspection also found that there was not a sufficient amount of staff allocated to activities on a daily basis. There was currently one activities coordinator who worked full time. A previous inspection of this centre in 2019 identified this deficit also, and in response to this finding the registered provider had employed a second activities coordinator. However, this position was currently vacant. On the day of this inspection the activities coordinator was allocated to caring due to a deficit in care staff. This resulted in minimal recreational facilities for residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Training was well monitored by the management team. A variety of training both in person and on line was available to staff. The training matrix and training records were viewed, which indicated that all staff had received mandatory training, as well as training on infection control.

Judgment: Compliant

Regulation 19: Directory of residents

A review of the directory of residents found that all information as required under Schedule 4 of the regulations, was documented.

Judgment: Compliant

Regulation 23: Governance and management

The following issues in relation to governance and management required action:

- The centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The current contingency plans, to manage a deficit in care staff and ensure they were replaced were not effective. The staffing deficit on the day of this inspection had a direct impact on the care of residents living in the centre.
- Although the provider demonstrated an awareness of the two large fire

compartments of 13 residents in the centre, there were not systems put in place to mitigate this risk and assure that residents could be safely evacuated at night.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents was well maintained in the centre. Based on a review of incidents the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were noted in the complaints procedure since the previous inspection. There was an accessible and effective complaints procedure, complaints were responded to promptly and were overseen by the person in charge.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Killarney Nursing Home, which was respectful of their wishes and choices. Residents were receiving good quality healthcare in the centre and were generally satisfied with the service provided. However, due to a deficit of care staff on the day of this inspection there were limited opportunities for social engagement for residents and some delays in care delivery. Improvements were also required in relation to fire precautions, infection control and care planning, which are discussed under the relevant regulations.

There was an electronic nursing documentation system in place. Nursing progress reports, residents clinical assessments, care plans, allied health care professional input and a record of incidents and complaints, were documented on this system. All residents had a nursing assessment and care plan in place. However, a review of a sample of care plans found that some improvements were required, which is discussed further under regulation 5. Residents had very good access to their general practitioner and were supported in the centre by allied health care

professionals such as a physiotherapist and an occupational therapist, who were employed by the provider to attend the centre monthly.

There were appropriate arrangements in place to monitor for the risk of COVID-19 being introduced into the centre. Staff and residents were being monitored twice daily for signs and symptoms of COVID-19. There was signage available throughout the centre reminding staff, residents and visitors of the protocols to follow in maintaining effective infection prevention and control measures. Throughout the inspection these measures were observed to be adhered to by staff.

Robust accidents and incident reviews were carried out following any incident that took place in the centre. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans in place, and these were updated regularly and identified the evacuation methods applicable to individual residents for evacuations. There was good awareness and understanding of fire safety within the centre and regular fire drills were carried out to ensure staff had the required skills to safely evacuate the residents in the event of fire. However, the centre had two large fire compartments, which contained thirteen resident each, and evacuation times demonstrated required significant improvement, which is further discussed under regulation 28.

Residents were consulted about their care needs and about the overall service being delivered. Resident' meetings were held two monthly and on average 30% of residents attended. Records indicated that a range of issues were discussed such as visiting, activities, meals and COVID-19. However, these meetings did not always reflect the views and suggestions of residents living in the centre, which is discussed further under regulation 9.

Regulation 11: Visits

The inspector saw that the person in charge ensured that the up-to-date guidance from the Health Protection Surveillance Centre was being followed, and was communicated to residents and families. The provider had restricted visiting to the centre on the day of this inspection due to the fact that a resident in the centre had tested positive for COVID -19. However, the inspector saw that appropriate Infection prevention and control measures were in place which would allow residents to receive visitors safely, when visiting resumed. Residents were facilitated to phone their families via mobile phones and video calling.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was generally suitable for its stated purpose, and met residents' individual and collective needs in a comfortable and homely way. The current outdoor space was small and could not accommodate all residents in the centre. The inspector was informed that the provider was in the process of planning the refurbishment of an area off the dining room for residents use, which would provide residents with suitable external grounds. However this had not commenced at the time of the inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

While infection prevention and control practices were generally safe, some further opportunities for improvement were identified, as follows:

- the clinical room was observed to be cluttered with excessive stock on floors and counters, this did not allow for effective cleaning.
- some commodes were observed to be rusted, which did not support effective cleaning and disinfection practices.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A fire safety issue identified in the centre which required action by the provider was as follows:

- 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 particularly in the event of a fire at night. Although the management team demonstrated an awareness and understanding of compartment sizes and had carried out frequent evacuation drills, these drills did not provide assurances that residents could be safely evacuated at night, in a timely manner, in the event of a fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were noted pertaining to medication management since the previous inspection. The person in charge was now monitoring the use of psychotropic

medication more effectively and there was evidence of regular auditing of medication practices within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some improvements were required in relation to care planning, as it was found:

- some care plans were generic and did not contain person centred information, therefore, they were not sufficiently detailed to direct care.
- a care plan had not been updated to reflect the change in dietary recommendations following a review by a Speech and Language therapist.
- some care plans contained information that was no longer pertinent to the care of the resident and was out dated, therefore, they did not reflect the residents current care requirements.

Judgment: Substantially compliant

Regulation 6: Health care

A sample of records were reviewed and evidenced that residents had very good access to medical care in the centre, and referrals were made as required to other allied health professionals. Notes were available of professionals reviews and the actions to be implemented. The inspector reviewed wound care documentation and found that improvements were required in the assessment of wounds, to ensure that the healing process was being effectively monitored.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff delivered care appropriately to residents who had responsive behaviours. The least restrictive practice was seen to be used, in accordance with national policy, as published on the website of the Department of Health. All staff had received training on the management of responsive behaviors.

Judgment: Compliant

Regulation 9: Residents' rights

The following regarding residents rights required to be addressed:

- There was one activity coordinator working full-time in the centre. It had been identified on a previous inspection of this centre in 2019, that this was insufficient when considering the size and layout of the centre. The provider had employed an additional activities coordinator in response to that finding, however this position was currently vacant. The inspector was informed that the provider was actively recruiting an additional activities coordinator.
- Although residents meetings took place they did not always capture residents views and suggestions regarding the service. Where residents suggestions were documented there was not always evidence that suggestions had been acted on. For example, residents had requested more exercises and a different meat selection at a meeting, however, it was difficult to ascertain if these suggestions had been actioned.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Killarney Nursing Home OSV-0000685

Inspection ID: MON-0034886

Date of inspection: 19/01/2022

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 |
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| Regulation 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • There is an active recruitment programme in progress to fill all vacant posts. Since the inspection, the majority of vacant posts have been filled and we can ensure that there are always sufficient numbers and skill-mix of staff available to care for all residents safely and effectively. • A comprehensive review of rosters has been undertaken to ensure that staffing levels and skill mix are always sufficient to ensure that all residents are monitored and supported in line with their assessed care needs. The PIC will monitor the rosters closely, ensuring that planned rosters are implemented in practice. • The PIC produces a staff roster which sets out the required staffing numbers and skill mix for each department. Rosters are produced in fortnightly cycles and are published in advance of the start date to ensure that staff are aware of their rostered shifts. • The PIC ensures that staff are appropriately deployed and that they are allocated appropriate duties commensurate with their skills, qualifications and abilities. • If a staff member is unavailable for work, e.g., due to illness, the PIC or designated deputy will review the roster to arrange cover if possible. If it is not possible to arrange cover from within existing staff, an agency staff member will be booked to provide cover. • The CNM provides assistance, supervision and direction to nursing and care staff and ensures that the care delivered is in accordance with the individual assessments and best practice. • Together, the PIC and the CNM monitor, develop and continually strive to improve the quality and safety of care provided to residents on an ongoing basis, to provide assurance that the service is safe, appropriate and consistent. • The PIC has reviewed the hours provided to the Activities Coordinators (AC) and ensures that time allocated for recreational facilities for residents is protected time, therefore residents will receive their required time with the ACs. | |

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| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC is supported by the Director of Care Services in the achievement of all required objectives and in ensuring that there are safe, high-quality systems of governance and management in place. Key Performance Indicators and operational issues in the home are recorded and reviewed on a weekly basis by this senior management team to ensure sustainability of progress, to identify areas in need of improvement and to take corrective actions if required. • There is a contingency plan in place to ensure that if there is ever a deficit in available care staff, they will be replaced, and this is closely monitored by the PIC. • The PIC and CNM supervise workflow and care practices to ensure that staff are facilitated to provide high-quality, safe and effective care to all the residents. • There is an active recruitment programme under way and several new nursing, care and ancillary staff have been appointed since the inspection. • Fire safety drills will be conducted every week until we are satisfied that the largest compartments can be evacuated in the most efficient achievable time (under 5 minutes). Fire drills are conducted simulating night-time conditions. There will be a record of staff attending, an evaluation of the drills, a timed evacuation of the largest compartments and lessons learned/recommendations for improvement. • The PIC conducts a pre-admission assessment before any new resident is admitted to the home; this includes a fire safety assessment and a Personal Emergency Egress Plan is developed, based on the assessment. The PIC will ensure that there is an appropriate mix of dependency levels in each compartment within the home, so that safe and efficient evacuation of each compartment can be optimized. • All fire safety training is up to date ensuring that all staff are trained to ensure safe evacuation of residents, both day and night. | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Works to refurbish an area off the dining room area for residents' outdoor use have been planned and will be completed by 30/06/2022. • The area has been fenced off to allow for enhanced resident security and a secure gate has been installed to the area. | |

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| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The CNM is the designated Lead Nurse for Infection Prevention & Control in the nursing home. There are monthly IPC Committee meetings and regular IPC audits, including action plans to address any identified non-compliances. • The Clinical Room was cleaned and decluttered immediately after the inspection. Surplus stock has been removed from the nursing home and stored off site but is easily accessible when required. All stock in the nursing home is now stored in the appropriate storage room/shelves and not kept on floors and counters, thus allowing for effective cleaning. • A review of all clinical equipment has been conducted and any defective/obsolete equipment has been decommissioned and replaced, allowing effective cleaning and disinfection practices in line with Regulation 27. | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire safety and evacuation drills are now conducted on a weekly basis in the nursing home, simulating night-time conditions. We have increased the focus on safe evacuation procedures for both large compartments and we will ensure that they can be evacuated in under 5 minutes. Since the inspection, we have conducted regular evacuation drills under nighttime conditions and repeated the procedure until there was a significant improvement in the response and time taken to evacuate these compartments. The recording of the evaluation of the procedure and learning outcomes are much improved and this enables better implementation and understanding of improvement plans. • The PIC reviews all pre-admission assessments, which include an individual fire safety assessment to ensure that residents are safely located within the home and that there is an appropriate mix of dependency levels within each compartment. | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC will ensure that all residents' individual care plans contain person-centred information, ensuring they are not generic and are specific to each resident. The care plans will take account of all aspects of residents' physical and mental health, personal | |

and social care needs and any supports required to meet those needs, as identified by initial and ongoing assessment and review.

- The PIC and CNM will provide clinical oversight of these assessments and care plans. They will conduct regular documentation audits and reviews to ensure that the residents' care records are person-centred, sufficiently detailed, and that they accurately reflect the assessed care needs of each resident and suitably outline the required nursing and care interventions.
- Care plans are devised, discussed and implemented in consultation with residents and/or relatives and will be sufficiently comprehensive to direct care, all information contained in the assessment will inform the individualised plan of care.
- The PIC will ensure that care plans are updated to reflect any recommendations made by Dietitian, Speech and Language Therapy, and any other Multi-Disciplinary Team recommendations.
- The PIC and CNM have reviewed all care plans and ensure that the information contained is clearly reflective of the residents' current care requirements. The management team will ensure that all care plans and assessments are reviewed routinely and regularly.

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| Regulation 6: Health care | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 6: Health care:

- The PIC and CNM have reviewed wound care management plans for all residents in the centre. All assessments of wounds are updated as required and the management team regularly audit/conduct spot checks on wound management, ensuring that all wounds are being effectively monitored on an ongoing basis.
- The PIC and CNM will audit care plans to ensure that the recommendations of allied health professionals such as speech and language therapist, dietitian and chiropodist, are recorded and implemented in full.

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| Regulation 9: Residents' rights | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- We promote a human rights-based approach in relation to the care and welfare of residents. For example, residents are facilitated, monitored and supported in the home to live as independently and safely as possible. Their rights are always respected, and the PIC will implement a risk-balancing approach to ensure that individual rights, choices and decisions are upheld.
- We regularly consult with residents and their families to ensure that we respect their choices and preferences.

- A second Activities Coordinator is due to commence in post in early March 2022.
- The PIC will ensure that the activity schedule covers 7 days per week.
- All residents have been consulted regarding Activities, and their choices, preferences, likes/dislikes are documented.
- The CNM will monitor weekend activities and recommend improvements as required, which will be implemented in conjunction with Activities Coordinators.

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 |
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| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Not Compliant | Orange | 30/04/2022 |
| 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 | 30/06/2022 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the | Substantially Compliant | Yellow | 30/04/2022 |

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| | effective delivery of care in accordance with the statement of purpose. | | | |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 30/03/2022 |
| 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. | Substantially Compliant | Yellow | 30/04/2022 |
| 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. | Not Compliant | Orange | 30/03/2022 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 | Substantially Compliant | Yellow | 30/04/2022 |

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| | 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. | | | |
| 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, for a resident. | Substantially Compliant | Yellow | 30/04/2022 |
| Regulation 9(2)(a) | The registered provider shall provide for residents facilities for occupation and recreation. | Substantially Compliant | Yellow | 30/04/2022 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 30/04/2022 |

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| Regulation 9(3)(d) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned. | Substantially Compliant | Yellow | 30/03/2022 |
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