Health Information and Quality Authority

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:	Kilminchy Lodge Nursing Home
Name of provider:	Kilminchy Lodge Nursing Home Limited
Address of centre:	Kilminchy, Portlaoise, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	15 May 2024
Centre ID:	OSV-0000052
Fieldwork ID:	MON-0043675

About the designated centre

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

This is a single-storey purpose built centre. Kilminchy Lodge Nursing Home is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a varied range of care needs. This centre can accommodate up to 74 residents. It has 68 single bedrooms, and three twin-bedrooms, all with en suite facilities. Privacy screening is provided in the shared bedrooms. There is a large living room where many of the daily activities take place. The main kitchen is adjacent to the large dining area which leads to a secure outdoor area. The centre is situated in residential area in a busy town and is serviced by nearby restaurants/pubs/libraries/ pharmacies/ GP surgeries etc.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

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 15 May 2024	09:15hrs to 17:15hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Resident's living in Kilminchy Lodge Nursing Home told the inspector that the care and support they received was of a very good standard. Residents told the inspector that they felt at home, safe and comfortable living in the centre. Residents described the staff as kind, respectful and patient, and this made residents feel safe in their care.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and spent time observing the care provided to residents, talking to residents and staff, and observing the care environment.

There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care.

Throughout the day, residents were observed in a variety of communal settings that included the communal dayrooms, enclosed courtyard and smoking area. The interactions between residents and staff were observed to be polite, caring and unhurried. Activities were ongoing throughout the day, in the main communal room, with a blend of group and one-to-one activities taking place. Visitors were observed coming and going throughout the day.

The inspector spoke with eight residents and the general feedback was that the centre was a pleasant and safe place to live. Residents stated that staff were responsive to their needs and they did not have to wait long for their call bells to be answered. Two residents described how this was their first experience of living in a nursing home. They described how the staff made them feel comfortable from the moment they arrived, and spent time getting to know them and their preferences. This included discussions about the time they like to get up from bed, when they would like to have their meals, and how often they would like to have a shower or bath. Residents stated that this made them feel respected, and also comfortable through knowing the staff were available to help them.

Residents were provided with large spacious bedrooms that were personalised, and decorated according to each resident's individual preference. Residents had accessible en-suite facilities that supported them to move safely and freely to use their showers and toilet. Residents were very complimentary of their accommodation. The inspector observed that the layout of two shared bedrooms had not been appropriately reconfigured following the previous inspection. The layout of the bedrooms did not facilitate both residents occupying the bedroom to have a chair, or storage facilities, in close proximity to their personal space, and the allocation of private space was not equitable.

The premises was well-maintained, appropriately decorated, well-lit, and warm. Corridors were wide and spacious. There were appropriately placed hand rails to support residents to walk independently around the centre. There was a large enclosed garden accessible to residents. The garden area was appropriately furnished and maintained to a satisfactory standard. A number of bedroom windows had views of the enclosed gardens. The provider had installed privacy window film to ensure residents occupying those bedrooms had adequate privacy. Furnishings in communal areas and bedrooms were observed to be well-maintained, and comfortable for residents. There were some areas of the premises where floor coverings were damaged, and impacted on the cleanliness of the area. This included floor coverings in the kitchen area.

The quality of environmental hygiene had significantly improved and the centre was visibly clean throughout. Housekeeping staff were observed to clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Residents told the inspector that they 'could not fault the food', and described the food as 'high quality', and presented 'beautifully'. Meals were served to residents in the main dining room, and were attractively presented. Some residents attended the dining rooms, while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents.

Some fire safety risks were observed within the centre. Bedrooms doors were fitted with locks that required a key to open them from the inside. This had the potential to impact on the timely exit from the bedroom and evacuation of residents in the event of a fire emergency.

Residents were provided with opportunities to express their feedback about the quality of the service during formal resident forum meetings. There was evidence that residents feedback was acted upon to improve the service they received in areas such as the activities programme and menu choices.

There were notice boards strategically placed around the centre for residents to easily access information about the services available to support them. This included information about safeguarding services, advocacy and infection prevention and control.

There were activities provided to residents throughout the day. There was a lively activity session in the day room during the morning which was attended by a number of residents. Residents who were present at the activity appeared to have enjoyed it.

Visitors were seen coming and going throughout the day. A small number of visitors spoke with the inspector and expressed their satisfaction the quality of care their relatives received in the centre.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced inspection, carried out over one day, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in October 2023. Notifications submitted by the provider in relation to adverse incidents involving residents were also reviewed on this inspection.

The findings of this inspection were that the centre had an established management structure that was responsible and accountable for the provision of safe and quality care to the residents. Following the previous inspection, the provider had taken action to ensure there were effective systems in place to monitor infection prevention and control and protect residents from the risk of infection. While, the provider had also taken some action to improve fire safety systems, and to ensure the premises met the needs of residents through providing appropriate screening on windows to protect residents privacy, the action taken was not sufficient to achieve full regulatory compliance as the layout of some bedrooms did not meet with regulatory requirements. This inspection also found there were aspects of the management systems that were not robust and did not provide adequate assurance that a safe, consistent and quality service was provided to the residents living in the centre. The inspector found that the management oversight of records across a number of regulations was inadequate and did not ensure that records were maintained in line with the regulations. In addition, residents individual assessment and care plans were found not to be in full compliance with the regulations.

Kilminchy Lodge Nursing Home Limited is the registered provider of this centre, and is a company comprised of four directors. The organisational structure had changed since the previous inspection. The Chief Inspector had been notified of changes to the company directors in February 2024. At that time, two new directors had been appointed to the board of the company, and one of the directors represented the provider in engagement with the Chief Inspector.

Within the centre, the clinical management structure had remained unchanged. A person in charge was supported by two assistant directors of nursing and two clinical nurse managers. The inspector found that the management resources were effective to supervise the quality of care provided to residents. The person in charge reported to a regional director who attended the centre on a weekly basis, and was also a person participating in the management of the centre.

There were systems of communication in the centre between management and

staff. Staff were provided with information pertinent to providing safe, person-centred, and effective care to residents. There was evidence of effective communication with staff to ensure staff had the appropriate knowledge with regard to potential risks to resident's care and welfare, and the actions to be implemented to mitigate risk to residents. Staff attended a structured clinical handover where detailed information to support the provision of person-centred and safe care to residents was discussed. For example, staff were informed of residents health status and changes to their individual care needs on a daily basis. This system was found to be effective to ensure the continuity of care provided to residents.

The centre had established management systems in place to monitor the quality and safety of the service provided to residents. Key aspects of the quality of resident care were collected and reviewed by the person in charge and included information in relation to falls, weight loss, nutrition, complaints, antimicrobial usage, medication, and other significant events. There was a schedule of weekly and monthly audits that were completed by the clinical management team. This included audits of call-bell response times, infection prevention and control, the quality of resident's assessments and care plan, and resident's nutritional risk. However, a review of completed audits found that some audits were not effective to identify some deficits in the service. For example, audits that assessed compliance with records pertaining to residents assessment and care plans, and the records of nursing interventions such as repositioning charts, nutritional monitoring, and resident supervision reflected full compliance, with no quality improvement required. However, the aforementioned records were not being maintained in line with the requirements of the regulations. This impacted on the provider's ability to appropriately identify, monitor and improve the service.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed at frequent intervals.

While there were systems in place to record and investigate incidents and accidents involving residents, the inspector found that the incident reporting system was not robust and there was inconsistent documentation of adverse incidents involving residents. A review of incident records evidenced that incidents were not always appropriately recorded or investigated. While there was evidence that immediate action was taken in response to fall incidents involving residents, such as enhanced supervision, the recording of incidents did not support effective analyses and trending of incidents to identify all possible contributing factors to the high incidence of falls. Consequently, there was no quality improvement plan, and there continued to be a high incidence of falls in the centre.

The centre had adequate staffing resources available to ensure residents' care and support needs were met. On the day of the inspection, there were sufficient numbers of qualified staff available to support residents' health and social care needs.

The provider had taken action to ensure staff personnel files contained the

information required under Schedule 2 of the regulations. This included records of written references and qualifications.

Staff training records evidenced that all staff had up-to-date training, pertinent to providing residents with safe quality care. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and fire precautions. Staff were appropriately supervised and supported by the management team.

The registered provider had written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations. Policies and procedure were found to be updated following changes in best practice guidelines.

The service was responsive to the receipt and resolution of complaints. Records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register evidenced that complaints were appropriately managed and were used to inform quality improvement initiatives.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities staff and administration staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Records of incidents in which a resident suffered an injury were incomplete and did not contain all the information required under Schedule 3(4)(j) of the regulations. For example, there was no documented results of an investigation, learning or action taken.
- Records of specialist treatment and nursing care provided to residents were not maintained in line with the requirements of Schedule 3(4)(b). For example, records of repositioning charts for residents at high risk of impaired skin integrity, and records of safety checks for residents at high risk of absconsion were poorly maintained, and not available for review.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality and safety of the service were not effectively implemented. Consequently, action was required to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example,

- The systems in place to monitor, evaluate, and improve the quality of the service were not effective in identifying deficits in the service. For example, completed audits with regard to residents assessments and care plans and record management did not identify aspects of the service that required quality improvement. This poor oversight of the aforementioned areas and associated regulations.
- The incident management system was not robust to ensure effective oversight of incidents to identify all possible opportunities for learning and improving the service.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant and the satisfaction of the complainant recorded.

There was evidence that complaints were analysed for areas of quality improvement and the learning was shared with the staff.

Judgment: Compliant

Quality and safety

Residents health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. The provider had taken some action to ensure the premises met the needs of residents through the provision of directional signage to support residents to navigate their environment. However, the physical environment with regard to shared bedrooms did not meet the privacy, dignity and care needs of the residents. While the registered provider had taken some action to ensure residents safety in relation to fire management, the actions were not sufficient to bring the service into full regulatory compliance. Additionally, the management of residents' finances, and residents individual assessments and care plan were not in full compliance with the regulations.

The inspector acknowledged that the needs of residents were known to the care and nursing staff. A sample of residents individual assessment’s and care plans were reviewed. All residents had a care plan in place and there was evidence that some care plans had been developed using validated assessment tools. However, a review of some residents records found that residents' actual care needs were not always appropriately assessed and incorporated into their care plan. For example, residents' at risk of leaving the centre unnoticed and unaccompanied did not always have an appropriate care plan developed. While this did not appear to impact of the care provided to residents, the care plans did not identify the current care needs of the residents or reflect the person-centred guidance on supporting the current care needs of the residents.

A review of residents' records found that there was regular communication with

residents' general practitioners (GP) regarding their health care needs, and residents had access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment.

Resident's nutritional care needs were appropriately assessed to inform nutritional care plans. These care plans detailed residents dietary requirements, the frequency of monitoring of residents weights, and the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

The person in charge was actively promoting a restraint-free environment and the use of bed rails in the centre had reduced since the previous inspection. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received non-restrictive care and support from staff that was kind and respectful.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables. The provider supported nine residents in the centre to manage their pension and welfare payments, however, this system was not fully in line with best practice guidelines. The provider committed to implementing a revised system to manage residents finances.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were maintained and available for review. A summary of residents Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. Staff demonstrated an appropriate awareness of the evacuation procedure and an awareness of the actions in place to mitigate the risk fire to residents. This included the actions in place to support and protect residents who smoke. However, the provider had not completed all actions specified in a compliance plan following the previous inspection within the time-frame detailed. Consequently, there were outstanding fire containment risks that had not been addressed.

A review of the care environment found that the provider had effective systems in place to maintain an appropriate standard of environmental hygiene. A number of quality assurance processes were in place to monitor the quality of environmental hygiene and infection prevention and control measures. This included cleaning specifications and checklists, colour-coded cleaning equipment to reduce cross infection, policies and guidance documents for the prevention and control of infection, and audits. Combined, these processes supported a safe environment for residents in the centre. There were adequate staffing resources allocated to the cleaning of the centre on a daily basis, and there were appropriate facilities in place

to support the prevention and management of infection.

The centre had recovered from a significant outbreak of Norovirus. A critical review of the outbreak was underway and a report was being compiled. Preliminary findings from the review had identified a need for additional training of staff in a specific department, and this training was being arranged. The number of residents with health care-associated infections was recorded each month. Surveillance of multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. The volume of antibiotic use was monitored each month. The provider had a quality improvement plan in place to interrogate the use of anti-microbials to improve the quality of antibiotic use in the centre.

The premises was generally designed and laid out to meet the individual and collective needs of the residents. There was a variety of indoor communal and private space available to residents. The centre was bright and spacious. Residents had access to secure and pleasant garden space that was appropriately furnished. However, the inspector found that the layout and design of two bedrooms designated to accommodate two residents did not provide equitable and sufficient space for residents, in line with the requirements of Schedule 6 of the regulations. This is a repeat finding from the previous inspection.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings were reviewed and evidenced that feedback provided by residents was acted upon to improve the service for residents.

There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. Visitors were complimentary of the care provided to their relatives.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises did not fully comply with the requirements of

Schedule 6 of the regulations.

- The layout of two twin-bedrooms designated to accommodate two residents were not configured to ensure residents had adequate and equitable space. The layout of the room would not afford one resident in each bedroom adequate usable and private space to include their bed, a chair, and access to personal storage within their private bed space. In addition, one bed-space in each room was positioned against the window. This had the potential to restrict the flow of light to the other resident when privacy screens were drawn.
- Floor coverings in the kitchen area were damaged along the joint between the floor and the wall. This impacted on the cleanliness of some areas of the kitchen.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily, providing a range of choices to all residents including those on a modified consistency diet.

Residents were monitored for weight loss and were provided with access to dietetic, and speech and language services when required. There was evidence that the recommendations made by those professionals were implemented and reviewed which resulted in good outcomes for residents. There were sufficient numbers of staff to provide residents with assistance at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

The provider had taken action to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. For example,

- The centre had an established infection prevention and control (IPC) committee that was led by an appropriately qualified IPC nurse lead. The committee met frequently to evaluate the quality and safety of the service, and develop quality improvement initiatives.
- There were systems in place to monitor infection prevention and control, antimicrobial usage, and the quality of environmental and equipment hygiene.

- Facilities to support effective prevention and control of infection were in place in areas such as sluice facilities and the laundry.
- Staff were provided with appropriate training and access to up-to-date policy guidance documents to underpin best practice in relation to protecting residents from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the work completed to date, the programme of fire safety works as detailed in a compliance plan submitted following the previous inspection was not yet complete. Therefore full compliance had not been achieved. Consequently, the following aspects of fire safety were not in compliance as a result of;

- inadequate means of escape. The locks to bedroom doors required a key to operate the lock from the escape side. This created a risk whereby a resident would require a key to exit their bedroom in the event of a fire emergency. Additionally, this could potentially impact on staff gaining timely access to the bedroom.
- inadequate arrangements for the containment of fire. The ceiling within the medicines room had penetrations which impacted its fire resistance, in addition to gaps around the attic hatch. There were also gaps around penetrations such as the gas pipe in the kitchen area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Care plans were not guided by a comprehensive assessment of the residents care needs. For example, some resident's care plans did not accurately reflect the needs of the residents and did not identify interventions in place to protect residents when identified as a high risk of falls or at risk of malnutrition.
- Care plans were not reviewed or updated when a resident's condition changed. For example, the care plan of a resident with complex care needs did not have their care plan updated to reflect the requirement for increased supervision of the resident. Consequently, the care plan developed did not detail the interventions necessary to support residents who required close

monitoring and supervision.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) as required or requested.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Judgment: Compliant

Regulation 8: Protection

The provider was a pension agent for nine residents. The arrangements in place to manage these pensions was not in line with best practice guidelines. While all pensions were paid into a separate resident bank account, and a ledger in relation to each resident's payments and surplus amounts was available to review, it was not clear how the funds in the residents account were transferred to pay for care. For example;

- While residents received payments from the Department of Social Protection on a weekly basis, the statement of accounts issued to residents did not reflect the receipt of weekly payment. Consequently, it was not clear if the residents monies, record of all transactions, and balance of account were

immediately available to the resident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week. Residents who did not participate in group activities were provided with one-to-one time. Residents expressed high levels of satisfaction with the activities in the centre.

Residents attended regular meetings and contributed to the organisation of the service. Residents confirmed that their feedback was used to improve the quality of the service they received.

Residents were supported to exercise their religious beliefs and were facilitated to attend religious services in the centre and in their community if they wished.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilminchy Lodge Nursing Home OSV-0000052

Inspection ID: MON-0043675

Date of inspection: 15/05/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A review of systems has been completed to ensure that the documentation of incidents is in line with the approved policy and includes a robust investigation and root cause analysis, learning identified and an action plan- Completed 14th June 2024 Enhanced supervision has been in place through the regional team and training for staff for staff has been provided to ensure all documentation is completed to reflect care delivered and safety checks, in a timely and comprehensive manner- complete and ongoing- Completed 14th June 2024	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of auditing in the home will be completed by the 30/6/2024 to ensure audits are identifying areas for improvement and support monitoring and evaluation of the care delivered to residents. Training for staff completing audits will be delivered by 31/07/2024 to ensure that they have skills and knowledge to identify areas for improvement, evaluate care and develop robust action plans. A review of systems has been completed to ensure that the documentation of incidents is in line with the approved policy and includes a robust investigation and root cause analysis, learning identified and an action plan- Completed 14th June 2024	

From 1st July, the regional team will review care planning, fire safety, risk management and auditing at the monthly governance meeting to ensure that audits are completed appropriately, incident management is in line with agreed policy and actions identified to enhance quality of care are followed up within the agreed timeframe.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The layout of two twin rooms has been reviewed to ensure they have adequate usable and private space to include their bed, a chair, and access to personal storage within their private bed space- Completed 14th June 2024

The position of the divider curtains has been positioned to ensure each resident has a flow of light when privacy screens are drawn- Completed 14th June 2024

By the 30/6/2024, the kitchen floor will be repaired to ensure all joints between the wall and floor are sound and facilitate adequate cleaning.
A new electronic system is now in place to log daily maintenance tasks within the centre. Additionally, the maintenance report is reviewed at monthly governance meetings by the RD to ensure all matters are closed within reasonable timeframe- completed

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All bedrooms have been fitted with a thumb-turn lock to ensure staff gain timely access to the bedroom in the event of a fire- completed 14/6/2024
Penetrations identified in the medicines room and gap in the kitchen have been fire sealed- completed
The attic hatch has been replaced to ensure it is fire rated and there is no gaps- completed 14/6/2024

From 1st July, the regional team will review fire safety at the monthly governance meeting to ensure that actions identified in audits and checks are completed in agreed timeframes.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The Director Of Nursing in conjuction and nursing team are reviewing all care plans and assessments to ensure they are comprehensive and guide staff on the care needs of residents; this will be completed by 1/7/2024

The Director Of Nursing and nursing team have reviewed all residents nutritional status and update the Care plans to guide staff. Any resident identified at risk has been referred to the Dietition for further imput. Completed 17/6/2024

Training has been provided to all staff on the importance of updating care plans to reflect changes in the residents condition-completed 11/6/2024

From 1st July 2024, the regional team will review care planning and assessment audits at the monthly governance meetings to ensure that care plans are completed, reflective of the care needs of residents and are updated in a timely manner.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
In conjuction with the finance department, a review has been completed in relation to resident finances. A revised policy due to be approved by 31/07/2024 and improved practices will ensure that evidence will be available to demonstrate that all residents have access to their money, records of all transactions and a up to date balance of their account.

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	30/06/2024
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.	Not Compliant	Orange	14/06/2024
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	Substantially Compliant	Yellow	31/07/2024

	effectively monitored.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	17/06/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/06/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	01/07/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	01/07/2024
Regulation 8(1)	The registered provider shall take all reasonable	Substantially Compliant	Yellow	31/07/2024

	measures to protect residents from abuse.			