



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

## Issued by the Chief Inspector

Name of designated centre:	Knockrobin Hill Care Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Knockrobin, Port Road, Wicklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	07 September 2022
Centre ID:	OSV-0005774
Fieldwork ID:	MON-0037469

## About the designated centre

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

Knockrobin Hill Care Home is situated in Knockrobin, County Wicklow. Residents' accommodation is situated on three floors of the facility and accommodates 99 residents. It is a purpose built facility and accommodation comprises of 99 single rooms, all of which have spacious ensuite bathrooms. Each ensuite bathroom consists of a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms all floors and there is a safe garden area for residents to use and enjoy. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency care needs.

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

Number of residents on the date of inspection:	93
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 7 September 2022	13:30hrs to 19:00hrs	Mary Veale	Lead
Thursday 8 September 2022	08:30hrs to 14:00hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

This was a well managed centre where residents enjoyed a good quality of life and were supported to be independent. Residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. The overall feedback from residents' was of satisfaction with the care and service provided. Residents' were very positive about their experience of living in Knockrobin Hill Care Home. Respectful and person centred care was provided by a team of staff in a homely environment. The inspector observed care practices, greeted many residents during the inspection and spoke at length with 16 residents and three visitors to gain an insight of the lived experience in the centre.

On arrival the inspector was met by the person in charge and assistant director of nursing and was guided through the centre's infection control procedures before entering the building. Exit doors were key coded. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices. The centre was warm throughout and there was a relaxed, homely and friendly atmosphere. The centre was bright, clean and observed to be well maintained. Following an introductory meeting with the person in charge and the assistant director of nursing, the inspector was accompanied on a tour of the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms. The design and layout met the individual and communal needs of the residents'. The centre was a large, modern and spacious three storey building with 99 single bedrooms. All of the bedrooms were en suite with a shower, toilet, and wash hand basin. Residents' bedrooms were clean, tidy and had ample personal storage space. With the residents permission a canvas photograph of the resident with an accompanied life story was displayed outside their bedroom doors. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Many of the residents' bedrooms had fresh decanters of water and flowers. Pressure relieving specialist mattresses, cushions and fall prevention equipment were seen in some of the residents' bedrooms.

There was a choice of communal spaces that residents could use. There was a social day area, dining room, day room and visitor's room on each floor. The ground floor dining area looked out on to an outdoor space which had a large wall mural. There was a hairdressing room on the ground floor. There was suitable seating throughout and easy to read directional and location of room signage with symbols across the centre. Easy to read information was available in framed poster format in the centre; for example the staff uniform colour role allocation. Corridor walls were decorated with art works created by local artists and residents.

Residents' had access to an enclosed garden area on the ground floor accessible from the day room. The garden had level walkways, comfortable seating with parasols, bird tables, and sensory flower beds. The garden areas were seen to be used by residents and visitors over the inspection days. There was a sheltered

visiting area and a designated outdoor smoking area for residents who chose to smoke.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that there was always a choice of meals and the quality of food was excellent. The residents were particularly appreciative of the home baked cakes. Many residents told the inspector that they had a choice of having meals in the dining room or in their bedroom. The inspector observed the dining experience at tea time and dinner time. Both meals was appetising and well presented and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person-centred interventions throughout the inspection days. The inspector observed that staff knocked on resident's' bedroom doors before entering. Residents very complimentary of the staff and services they received. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were available to assist with their personal care.

There was a calm and relaxing atmosphere in the centre. Soft relaxing music played throughout the corridors of the centre. The majority of residents' spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to books, televisions, Wi-Fi, and visits from friends and family. The activities programme was displayed on all floors in the centre and residents' had a choice of attending three activities each day. For residents who could not attend group activities, one to one activities were provided. Over the inspection days, residents were observed partaking in an exercise classes, arts and crafts, and attending mass. The hairdresser attended the centre weekly and a busy hair salon was observed on the first day of inspection. The inspector observed residents having good humoured banter with each other and observed many examples of good camaraderie was heard between residents. The inspector observed many residents walking around the centre and the grounds. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books and board games were available to residents. Residents, were observed to enjoy friendships with peers throughout the two days. Residents told the inspector that they enjoyed recent day trips to Sea World in Bray and a new forest park. Residents said they looked forward to the weekly visiting dog and Friday pub evenings in the bar located in the ground floor social area.

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspector observed that visiting was facilitated over the two days of inspection. The inspector spoke with three family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to

the centre anytime. Visitors spoken to were very complementary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff for keeping their family member safe during the pandemic.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards, and to follow up on a concern that had been submitted to the Chief Inspector of Social Services in relation to safeguarding, and the rights of residents'. The inspectors also followed up on notifications submitted to the Chief Inspector of Social Services. The provider had progressed the compliance plan following the previous inspection in July 2021, and improvements were found in relation to Regulation 9: residents rights, Regulation 15: staffing and Regulation 28: fire precautions. On this inspection, the inspector found that action was required by the registered provider to address areas of Regulation 27: infection prevention and control, and Regulation 34: complaints procedure.

Knockrobin Hill Care Centre was established in October 2018, and Knockrobin Nursing home Ltd is the registered provider. One of the company directors oversees the operation of the centre, and attends the centre weekly. There was a clearly defined management structure in the centre, and staff and residents were familiar with staff roles and their responsibilities. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by an assistant director of nursing, three clinical nurse managers, a team of registered nurses and health care assistants, activities staff, catering, housekeeping, laundry, administration, garden and maintenance staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had an established staff team and turnover of staff was low. Several staff had worked in the centre since 2018 and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspector noted that a large proportion of staff had completed falls prevention and dementia training. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; pressure sores, infection prevention and control, falls prevention and medication management. Audits were objective and identified improvements. For example; falls audits completed identified actions were required to improve training for staff in falls prevention. Records of management meetings showed evidence of actions required from audits completed which provided a structure to drive improvement. Monthly clinical governance meeting agenda items included the formation of new committees for 2022, for example; restrictive practice committee, pressure ulcer prevention committee and falls prevention committee. Other agenda items included; corrective measures from audits, KPI's, complaints, visits, restrictive practice, refurbishment plans, and residents' activities. The annual review for 2021 had been completed. The review was undertaken against the National Standards. It set out an improvement plan with time lines to ensure actions would be completed.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. Policies and procedures as set out in schedule 5 were in place and up to date.

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

There was a complaints procedure in the centre which was displayed in the reception area. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Records of complaints viewed found evidence of effective management of complaints, however the satisfaction of the complainant was not consistently recorded.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents over the two



days of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This directory contained all of the information specified in paragraph (3) of schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Two of the three complaints viewed by the inspector did not consistently record if the complainants were satisfied with the outcome.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

## Quality and safety

The rights of the residents' was at the forefront of care in Knockrobin Hill Care Home. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Since the previous inspection, the centre had increased staffing levels, had established a comprehensive fire safety training schedule and had recruited additional activities staff to ensure residents could engage in social activities. Improvements were required in the area of infection prevention and control on this inspection.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example, temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting.

The centre was bright, clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and a programme of decorative upgrades was in place, ensuring the centre was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available in all communal and bedroom corridors. Bedrooms were personalised and residents had ample space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, toilets and shower areas. Residents has access to a call bell in their bedrooms.

Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records had been reviewed since the last inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centres storage areas were clean, free of clutter and organised. Used laundry was segregated in line with best practice guidelines. There was evidence of infection prevention control (IPC) committee meeting with agenda

items such as covid-19 and actions required from specific IPC audits. The centre had recently reviewed its IPC policy and risk register, an updated covid-19 risk assessment had been completed to include the risk and measures associated with an increase of community transmission of covid 19 due to the return of school going children visiting the centre. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were displayed in pictorial format and were displayed on a menu boards and were available to residents' on the tables in all dinning rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times. Residents' weights were routinely monitored.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks such as risks associated with CCTV, residents who were at risk of falling and the risks associated with waste management.

The centre acted as a pension agent for four of the residents. There were robust accounting arrangements in place and monthly statements were available. Resident's had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. The inspector viewed a sample of resident's transactions and invoices. All financial transactions were maintained on an electronic system. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided on-site and some residents chose to have their clothing laundered at home. The centre had a good system of recording residents clothing to ensure residents clothes did not get lost. Prior to the resident's admission the centre, their clothes were received by the laundry department and labelled. A record of the resident's clothes was kept in the laundry department, a copy was given to the resident family and the record was updated when the resident received new clothing items.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the days of inspection and all were in working order. Fire training was completed annually by staff and there was evidence of fire training taking place in August 2022. There was evidence that fire drills took place quarterly. There was evidence of fire drills taking place in each compartment with simulated night time drill taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated , how long the evacuation took, photographs of staff using fire

evacuation equipment, and learning identified to inform future drills. There was a system for daily and weekly checking , of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system . Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. There was a smoking shelter available for residents. On the day of inspection there were three residents who smoked and detailed smoking risk assessments were available for these residents. A fire extinguisher and fire blanket were in place in the centres smoking shelter. Residents who smoked had a mobile pendant call bell.

The inspector saw that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and behaviours that were challenging. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

The centre cared for the changing needs of residents, this included caring for residents who were approaching or at their end of life. A multidisciplinary team approach was adapted with input from the GP, palliative care home team, nursing staff and family member if appropriate. The preferences of residents were recorded and regularly reviewed or updated. Preferences for treatments, transfer to hospital and resuscitation were recorded in accordance with the resident's wishes. Where a resident lacked capacity to express their preferences, care was planned in accordance with their best interest and in agreement with their family and the multidisciplinary team. The person in charge ensured that following the death of a resident, appropriate arrangements in accordance with the residents wishes were made, in so far as practicably possible.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, emergency department in the home team, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required; for example, physiotherapist, speech and language therapist, dietician and chiropodist. Residents had access to dental and optician services. Residents who were eligible for national screening

programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. Residents' had access to psychiatry of later life. There was a clear care plan for the management of resident's responsive behaviour. It was evident that the care plan was being implemented. There was low use of bed rails as a restrictive device. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. The front door to the centre was locked. The intention was to provide a secure environment, and not to restrict movement. Residents' were seen assisted by staff to leave the centre and visitors were seen accessing the centre throughout the days of inspection.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. Residents has access to daily national newspapers, books, televisions, and radio's. Mass took place in the centre weekly. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. There was evidence that the centre had returned to pre-pandemic activities, for example; trips to local areas of interest. The centre had access to a bus every month and was planning Halloween and Christmas outings. Group activities of exercise classes and bingo took place over the inspection days. The residents' had access to a visiting dog on Saturdays.

## Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

### Regulation 13: End of life

The person in charge had ensured that appropriate care and comfort was provided to residents at end of life. There was evidence that the physical, emotional, social , psychological and spiritual needs of residents concerned was planned for. Family of the resident concerned with the residents consent were informed of the residents condition and permitted to be with the resident. Suitable facilities were provided, the resident had their own room and a family room was provided.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

### Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal every day, and special diets were catered for. Home- baked goods and fresh fruit were available and offered daily. Snacks and drinks were accessible day and night. Fresh water decanters were seen to be replenished throughout the days in residents' rooms and communal areas.

Judgment: Compliant

### Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information for residents about the services and facilities provided including, complaints procedures, visiting arrangements, social activities and many other aspects of life in the centre. Specific information on additional fees was detailed in individuals' contract for the provision of services.

Judgment: Compliant

### Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

### Regulation 27: Infection control

Some improvements were required to ensure the environment was as safe as possible for residents and staff. For Example;

- A review of the centres shower chairs was required as a number of shower chairs contained rust on the leg or wheel area.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the



centre's largest compartment.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Knockrobin Hill Care Home OSV-0005774

Inspection ID: MON-0037469

Date of inspection: 08/09/2022

## 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
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints officer who is the PIC maintains a complaints log on the homes epiccare system. An audit of the complaints log has been completed. Within that audit, 2 complaint logs were identified where the complainant satisfaction was not documented. These complaint logs were immediately updated ensuring compliance with Regulation 34(1)f.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Following the inspection, a full audit was carried out of all shower chairs and the chairs identified with the rust were immediately removed and replacement chairs were put in place thereby ensuring compliance with Regulation 27.</p>	



## 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 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	10/09/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint,	Substantially Compliant	Yellow	09/09/2022

	the outcome of the complaint and whether or not the resident was satisfied.			
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