



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

Issued by the Chief Inspector

Name of designated centre:	Kilkenny Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Newpark Crescent, Newpark, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	13 March 2024
Centre ID:	OSV-0008695
Fieldwork ID:	MON-0042175

About the designated centre

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

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 March 2024	10:15hrs to 17:25hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Residents living in Kilkenny Care Centre enjoyed a good quality of life, where their individual needs and choices were promoted by a caring and professional staff team. The inspector greeted the majority of residents during the inspection, and spoke in more detail with six residents, to gain an insight into the lived experience in the centre. Residents' whom the inspector spoke with were positive about their experience of living in the centre, saying that they were well-looked after, and that they were happy to be living in such a lovely home.

On arrival to the centre, the inspector was met by the person in charge who provided details on the profile of residents in the centre. The regional healthcare manager arrived to the centre later in the morning. Kilkenny Care Centre is a purpose-built three-storey building, registered to provide care for 90 residents. The centre was registered and opened as a designated centre in December 2023. There was 27 residents living in the centre on the day, including one resident who was admitted on the day of inspection. All but one resident were situated on the ground floor, and the second floor was now being used for residents, as the occupancy increased.

The premises was designed and laid out with the individual and collective needs of the residents in mind. Bedroom accommodation is in single occupancy bedrooms, all with large en-suite toilet facilities. The layout of the bedrooms ensured that there was sufficient space for residents requiring additional supportive equipment, and there was plenty of space provided in wardrobes, lockers and drawers for residents to store their clothes and personal belongings. Bedrooms were decorated tastefully with coordinating soft furnishings. Some residents had personalised their rooms to their own taste. Residents were encouraged to bring familiar items from home, and shelving was available to display personal photographs and pictures.

The communal areas on each floor were easily accessible from the bedroom corridors. There was supportive handrails along the corridors, and signage to orientate residents to their surroundings. Each of the three floors contained a dining room and a large sitting room. Additionally, the ground floor contained a small sitting room and a visitor's room. The first floor contained a small quiet room, and the third floor also had a private visitor's room. Residents also had access to a hair salon on the ground floor. The centre was clean throughout and presented a bright and fresh environment. There was sufficient comfortable seating in the communal areas, and along some corridors. The lift was easily accessible to residents between both floors. The centre had a production kitchen, laundry, offices, store rooms, a staff canteen, staff changing rooms and maintenance rooms located in the basement of the centre. There was an outdoor smoking shelter for residents who chose to smoke, however this area was not easily accessible for residents, and did not provide sufficient privacy. This is discussed further in the report. Alcohol hand

gels were available in all corridor areas throughout the centre to promote good hand hygiene practices.

Residents clothing was outsourced to an external facility. The in-house laundry was used for domestic equipment such as mops and cloths. Residents said they were generally satisfied with the laundry services and that their clothing was returned to them within a day or two. One resident said there had been some "teething problems" with the laundry, with some items going missing and some incorrect items coming back, however this had been rectified.

Residents had unrestricted access to an enclosed courtyard garden areas via the ground floor. Residents could enter the garden via a number of door from the circling corridors or the sitting room. The courtyard was an attractive and usable space, safely accessible by wheelchair and contained garden furniture and seasonal planting.

The inspector spoke with residents, and with visitors during the inspection. The feedback was highly positive. Visitors told the inspector that they were very grateful for the care and attention given to their loved ones. One visitor said the transition to the nursing home was "seamless" and that the staff and management did everything they could to help their relative settle into their new home. Residents who could express their opinions to the inspector did so readily, and said that they were never waiting too long for assistance. All residents spoken with complimented the staff, saying they were kind and caring. One resident said they enjoyed chatting with the staff and that they had become like family.

There were a number of residents living with some degree of cognitive impairment, such as dementia. While these residents could not fully express their views, they appeared to be comfortable in their surroundings and were well-dressed and groomed. The inspector saw that residents were encouraged to mobilise independently through the centre, and when required, were gently reorientated to their surroundings in a sensitive manner. It was evident that the staff knew these residents well, and embodied a person-centred approach when assisting and interacting with them.

The inspector observed the lunch time meal and saw that the dining room was nicely decorated with table cloths and condiments. Residents told the inspector that they were offered a choice of meals and were very complimentary regarding the quality of food provided. The inspector saw that staff provided assistance to residents who required it in a dignified and respectful manner. The inspector observed that residents sitting together in the dining room were chatting together and with staff. Residents who required texture modified meals had a choice at each mealtime. The inspector saw that texture modified diets were well presented. The majority of residents chose to dine in the dining room, and those who preferred to stay in their rooms were promptly served their meals to ensure that they stayed warm.

There were a range of activities available in the centre which were displayed on a notice board clearly for residents and visitors to see. The activities were implemented

by a dedicated activities coordinator, with the assistance of staff. The inspector found that residents were encouraged and provided with support to attend group activities or on a one-to-one basis, if that was their preference. Activities available on the weekly schedule included quizzes, movies, arts and crafts, music and movement, darts and Bingo. In the afternoon the inspector observed an external person leading a Zumba session and observed residents and staff dancing with each other to the music. The atmosphere was lively and residents appeared to enjoy the music and observing the dancing.

The activities coordinator also facilitated the residents meetings, which had commenced in January. There was a standing agenda including care services, household, activities, garden, infection control and complaints. The minutes of the meeting evidenced clear actions and due dates for the items brought up by the residents to be addressed. At the meetings, residents were informed of their rights to access independent advocacy services.

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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended, following the initial registration of Kilkenny Care Centre in December 2023. The inspector found that the centre was well-governed and there was evidence that the management and staff were eager to sustain a quality service which delivered good outcomes for residents. Some minor improvements were required in relation to the provision of training.

The registered provider of Kilkenny Care centre is Mowlam Healthcare Services Unlimited Company. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The person in charge worked full-time in the centre and was supported by an assistant director of nursing, a team of nurses and healthcare assistants, an activities coordinator, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a healthcare manager, a catering manager and had access to facilities available within the Mowlam Healthcare group, for example, human resources. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection.

The centre is registered to provide accommodation for 90 residents, and there was 27 residents living in the centre on the day of inspection. The centre was adequately resourced with appropriate staffing levels both day and night to meet the needs of residents. On the day of inspection, a full team of staff were on duty, ensuring that

residents' needs were met. Staffing levels were appropriate for the size and layout of the centre and to meet the needs of the residents being accommodated at the time. A staffing strategy was in place to ensure that there was sufficient staff recruited and employed over time, in line with increasing occupancy. Staff had access to a programme of training that was appropriate to the service and was conducted via in-person and online formats. Important training such as fire safety and safeguarding of vulnerable persons was completed for staff. Some other training modules were not completed by all staff, as outlined under Regulation 16: Training and staff development. Assurance was provided that staff were appropriately supervised by senior staff in their respective roles and that there was appropriate on-call management support available at night and at weekends. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. The provider had good procedures in place for the recruitment and retention of suitable staff.

The centre had a clearly defined management structure in place with identified lines of authority and accountability. A healthcare manager and the management team had systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out. The inspector examined recent audits including food and nutrition, restraint and health and well-being and noted that audits were used to inform service improvements. Incidents and accidents occurring in the centre were responded to quickly, for example the falls audit showed that each resident was assessed immediately and a falls risk assessment was completed following a fall. Changes to the resident's plan of care were implemented as necessary. Data relating to falls was analysed and used to improve safety. Records of management and staff meetings were reviewed and the agenda included clinical audit results, ensuring that required actions were taken and all staff were informed about changes to practice or required improvements.

The provider displayed the complaints procedure prominently for residents' and relatives' attention. The centre had an up-to-date policy guiding complaints management, and there were advertisements for advocacy services to support residents in making a complaint. The provider had records of how complaints had been managed in the centre. Records reviewed showed that complaints had been resolved to the complainant's satisfaction at the point of escalation. Residents said they could raise a complaint with any staff member, and staff were knowledgeable on the centre's complaints procedure. A small number of incidents and accidents had occurred in the centre since initial registration. Records showed that these had been subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector within the required timelines.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full time in the centre. She had the necessary experience and qualifications, in line with regulatory

requirements. The person in charge was well known to residents and staff and it was clear that she had responsibility for the day-to-day running of the service.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents both day and night. There was a minimum of one nurse on duty on each shift. Staffing levels were kept under review and were adjusted upwards in line with the increasing occupancy of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a programme of training in place for all staff which included mandatory training in safeguarding of vulnerable adults, and the management of behaviours that challenge. The training matrix provided to the inspector review identified some gaps in moving and handling, infection control and cardiopulmonary resuscitation (CPR) training. These important training modules are required to ensure that staff are competent to carry out their assigned duties.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there was a clearly defined management structure in place, the management systems in the centre required review to ensure the service provided was safe, appropriate, consistent and effectively monitored. Improved oversight of the following areas was required:

- Medicines management, as discussed under Regulation 29
- Wound care documentation, as discussed under Regulation 6
- Aspects of the premises including storage and resident accessibility to all outdoor areas, as discussed under Regulation 17.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had signed a contract. The contract detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose at the centre, which had recently been revised. It contained all the required information and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in line with the requirements of Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints procedure in the centre which clearly outlined the process for making a complaint. The procedure was displayed in prominent position in the foyer of the centre. The procedure outlined the nominated persons to deal with complaints and to conduct reviews of complaints should it be required. These nominated persons had received training to support them in complaints management. Complaints were recorded and managed in line with the centre's own policy.

Judgment: Compliant

Quality and safety

Management and staff placed an emphasis on the promotion of residents' rights in the centre. Residents were recognised for having their own identities and personal preferences for how they decided to spend their time. A respectful approach by those working in the centre ensured that the day-to-day running of the home reflected the residents' wishes. Some areas of improvement were required in relation to some aspects of the premises, medication storage and the assessment of wounds.

The overall design of the premises, both internally and externally was appealing, with plenty of comfortable communal areas for residents' to enjoy and an enclosed garden that was well-maintained. The centre was designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. Some improvements in relation to equipment storage and the appropriateness of the smoking area were required, as discussed under Regulation 17: Premises. Overall, the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, en-suite toilets, the bathroom, shower rooms and assisted toilets. Privacy was maintained in bedrooms that faced the courtyards or nearby housing estates and pavements through the provision of curtains or treatments to the glass. Residents has access to call bells in their bedrooms, bathrooms and all communal areas of the centre, including the courtyard.

The inspector saw that the food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. There was a system in place for the identification of residents likes and dislikes, and their dietary and swallowing requirements on admission to the centre. Records showed that resident's changing needs in this regard were quickly handed over to kitchen staff to ensure the safety of the resident. Additionally, weekly reviews were held between the management and kitchen staff, where any required changes were discussed and all relevant paperwork, notices and care plans relating to residents food and nutrition requirements were updated accordingly.

Good practices were identified in the coordination of all fire systems in the centre, including checking of means of escape and the arrangement of the centre's emergency response plan, Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed by staff and regular fire drills were undertaken including the simulation of a full compartment evacuations.

Residents were provided with regular access to general practitioner (GP) services. The provider had engaged the services of a private company to ensure that this access was maintained at a minimum of twice weekly. Residents also had access to social and health care services including dietitian, speech and language therapy and

tissue viability nurses at no additional charge. The in-house physiotherapist provided regular reviews of residents' mobility and function. Access was provided for referral to community services including, optical services, chiropody and occupational therapy. Medicines management procedures in the centre required some strengthening. Overall, the systems in place promoted safety, however, as discussed under Regulation 29: Medicines and pharmaceutical services, the inspector identified issues which could lead to medicines-related errors occurring.

The health care needs of residents were well met. There was evidence of good access to general practitioners (GP's). Some residents GP's refused to come to the centre, despite extensive engagement with the registered provider. To mitigate this risk, and to ensure continued access to a GP for all residents, the registered provider had employed a GP service directly, to attend the centre twice weekly. There was an established pathway for referral to, and review by, other social and health professionals, including speech and language therapists, dietitian services and tissue viability specialists.

Based on the sample of records reviewed, the majority of clinical assessments of residents needs, for example risk of pressure-relates skin damage and falls, were undertaken at regular intervals and when any changes were identified. Some exceptions to this are identified under Regulation 6: Healthcare. These clinical assessments were generally reflected in the residents' individual care plans which were sufficiently detailed to appropriately direct the care of the resident. Residents who had been recently readmitted from hospital were seen to have a comprehensive review of their discharge documentation completed, and the necessary changes were reflected in the assessments and care plans.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Residents' meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in areas regarding social and leisure activities, and standards of care. Minutes of these meetings were documented, with action plans assigned and followed up on. There was a varied programme of activities in the centre, which took place over seven days. Predominantly, there were different activities on offer in the centre each day. Residents were also encouraged to attend day care services and to maintain personal relationships with family and friends through regular visits and trips out where possible.

Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

Regulation 11: Visits

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not overly restrictive.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were individually labelled and returned safely from the external laundry facility. Each resident had a lockable unit in their room for storage of personal possessions.

Judgment: Compliant

Regulation 17: Premises

There was insufficient accessible storage on the ground floor. As a result, a room registered as an assisted bathroom was being used to store various items of resident equipment including wheelchairs and assistive hoists. There was no order as to how these were stored and the equipment impeded access to the toilet, wash hand basin and shower.

The designated smoking area to the side of the building required further review;

- access to and from the area was restricted by a code lock
- if a resident was able to use the code, the push bar mechanism made it difficult to open the door from the outside
- the location of the smoking area did not allow sufficient privacy for residents from the adjacent public pavement and houses nearby.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was reviewed and found to include all the required information. The guide was in booklet and A4 form and it was available to residents.

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm and was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. Regular fire drills, including compartmental evacuations were conducted at regular intervals and simulated both day and night time scenarios.

Fire safety training was complete for all staff currently employed in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A small number of issues were identified, which could lead to medicines-related errors;

- The check of controlled drugs identified that a medicine requiring two signatures on administration, was not signed for when administered, and subsequently this was not picked up in the daily stock check. Controlled medicines must be carefully managed, in line with national guidance.
- The medicines storage room was very warm. The temperature reading in the room was 27 degrees Celcius which exceeds the recommended temperatures

for medicines storage. A review of records showed that this occurred on more occasions in the past month.

- The medicines fridge was out of order and awaiting repair. Staff advised that no currently prescribed medicines were required to be maintained at fridge temperatures, however staff were unsure if a resident who was due to be admitted to the centre required any medicines to be refrigerated.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans.

Based on the sample of care plans reviewed, where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.

Judgment: Compliant

Regulation 6: Health care

Wound care assessments for residents with pressure ulcers and other wounds were inconsistently completed. On a number occasions a note was made that a dressing had been renewed, but there were no clinical measurements or assessment of the wound documented to show improvement or deterioration of the wound. This is required to demonstrate evidenced based practices.

Action was required to ensure that a clinical assessment for malnutrition was completed correctly. This was not completed when evidence showed that a resident had lost weight. This could potentially lead to a delay in referral to dietetic services.

Judgment: Substantially compliant

Regulation 9: Residents' rights

An activity coordinator was available to provide activities for residents on a daily basis. The inspector reviewed the activity schedule on offer to the residents and

noted that the activities reflected residents interests' and capabilities. There was sufficient private and communal space to provide activities.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display.

The location of the smoking area did not allow sufficient privacy for residents from the adjacent public pavement and houses nearby. This is addressed under Regulation 17: Premises.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilkenny Care Centre OSV-0008695

Inspection ID: MON-0042175

Date of inspection: 13/03/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> As Kilkenny Care Centre has only recently opened, new employees commence employment on a weekly basis. We will provide all new employees with a mandatory training programme which will be undertaken during the induction and on-boarding of new staff members. The Person in Charge (PIC) will carry out a training needs analysis of all staff to determine their development needs. Mandatory training will be scheduled to ensure that all new staff receive all required training sessions. Training that was identified as overdue on the day of inspection has been completed: Moving and Handling : 11/04/24. Infection Prevention and Control: 18/04/24; CPR: 17/04/24. 	
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"> Medicines Management: 1: All controlled medications that require two signatures on administration are signed correctly. All Nursing Staff have completed Medication Management training and medication administration competency assessments. The Assistant Director of Nursing (ADON) is responsible for overseeing that Nursing staff are adhering to safe medication management principles at all times. 2: The medication storage room temperature has now been reviewed and adjusted by an external contractor. Room temperature checks are ongoing and will be reported to maintenance if an increase in temperature is noted in the future. 3: The medication fridge was overheating due to a lack of space for air to circulate around it. The fridge has been 	

relocated to an area within the medication storage room which allows for adequate air circulation.

Wound Care: Wound care assessments for residents with pressure ulcers and other wounds are now consistently completed. A CNM has recently commenced in post and is currently undertaking an accredited wound care course. The CNM is now responsible for the oversight of wound care and assessments, ensuring that clinical measurements and assessments are carried out to assess improvement or deterioration of the wound.

Wound care is reviewed weekly by the PIC.

Weights: Residents' weights are recorded on admission to the centre. Weights are recorded monthly or as per MUST guidelines following admission. Training has taken place in relation to the correct completion of the MUST assessment tool. Nursing staff are aware of the guidelines to follow and the appropriate actions to take. The PIC, ADON and CNM oversee the clinical assessment for malnutrition.

- Storage on the ground floor will be reviewed and appropriate storage space will be identified for the safe storage of equipment. Designated Smoking Area: an area in the courtyard has been identified as a designated smoking area for residents and will be equipped for this purpose. Residents will have unrestricted access to this area. The smoking facility is allocated in a private area which will ensure the residents' privacy at all times.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- In conjunction with the Facilities Manager, we will conduct a review of the ground floor to identify appropriate space for the safe storage of equipment. Designated Smoking Area: an area in the courtyard has been identified and equipped as a designated smoking area for residents. Residents will have unrestricted access to this area. The smoking facility is allocated in a private area which will ensure the residents' privacy at all times.

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

Medicines Management: 1: All controlled medications which require two signatures on administration now have two signatures. All Nursing Staff have carried out Medication Management training, including medication administration competency assessments. The ADON is responsible for overseeing that Nursing staff are adhering to safe medication management principles at all times.

2: The medication storage room temperature has been reviewed and adjusted by an external contractor. Room temperature checks are ongoing and will be reported to maintenance if an increase in temperature is noted.

3: The medication fridge was overheating due to a lack of space for air to circulate around it. The fridge has been relocated to an area within the medication storage room which allows for adequate air circulation.

Regulation 6: Health care

Substantially Compliant

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

Wound Care: Wound care assessments for residents with pressure ulcers and other wounds are now consistently completed. A CNM has recently commenced in post and is currently undertaking an accredited wound care course. The CNM will be responsible for the oversight of wound care and assessments, ensuring that clinical measurements and assessments are carried out to determine improvement or deterioration of the wound. Wound care is reviewed weekly by the PIC.

Weights: Residents' weights are recorded on admission to the centre, weights are recorded monthly or as per MUST guidelines following admission. Training has taken place in relation to the correct completion of the MUST assessment tool. Nursing staff are aware of the guidelines to follow and the appropriate actions to take. The PIC, ADON and CNM will oversee the clinical assessment for malnutrition.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	13/03/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2024
Regulation 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	31/10/2024
Regulation 29(5)	The person in charge shall ensure that all	Substantially Compliant	Yellow	15/03/2024

	<p>medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.</p>			
Regulation 6(1)	<p>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.</p>	Substantially Compliant	Yellow	15/03/2024