



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

Issued by the Chief Inspector

Name of designated centre:	Kerlogue Nursing Home
Name of provider:	Candela Healthcare Limited
Address of centre:	Kerlogue, Wexford
Type of inspection:	Unannounced
Date of inspection:	10 July 2023
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0039154

About the designated centre

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

Kerlogue Nursing Home is a purpose-built two-storey building that first opened in 2002. It can accommodate 89 residents and all bedrooms are ensuite consisting of 66 single, 10 twin and one triple bedroom. The provider is a limited company called Candela Healthcare Ltd. The centre is situated on the outskirts of Wexford town. The centre offers nursing care for low, medium, high and maximum dependency residents by assessing the individual using the Barthel Index 2 assessment tool. The type of care and support that is provided is for both female and male adult residents including: younger acquired brain injury, palliative care, rehabilitation e.g. post-operative and post stroke. The centre has access to in-house physiotherapist. The centre also cares for residents with conditions associated with advancing age. Residents' medical care is directed by their own General Practitioner (GP) and the centre works closely with the Gerontology department in the day unit of Wexford General Hospital. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. The centre currently employs approximately 120 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	88
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 10 July 2023	09:40hrs to 17:40hrs	Catherine Furey	Lead
Tuesday 11 July 2023	10:00hrs to 16:45hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Throughout this two-day inspection, the atmosphere in the centre was relaxed and care and support was delivered with a calm and unhurried approach. The inspector met with many residents during the inspection in day rooms, dining rooms, in their bedrooms and gardens, and spoke with ten residents and four visitors in more detail. Residents spoken with gave positive feedback and were complimentary about the staff and the care provided in the centre, the cleanliness of the centre and the variety of activities. Comments from residents included; "they are looking after me very well", "the food is excellent" and "I am very happy here". Visitors were equally complimentary, with one saying they would be "lost without this place", explaining that the staff made sure their loved one was cared for and content. Another visitor describe that they always felt welcome in the centre.

There were 88 residents residing in Kerlogue Nursing Home at the time of this unannounced inspection. An opening meeting was held with the general manager which was followed by a walk through of the centre with the person in charge. It was clear that the person in charge knew all the residents well and was knowledgeable about the individual requirements necessary to enable residents to have a good quality of life.

Kerlogue Nursing Home is set on a large landscaped site, located in close proximity to Wexford town. It is a two-storey building, with resident accommodation on the both floors. All areas of the centre are wheelchair accessible. Communal space is provided on both floor of the centre. The main sitting room and dining rooms are on the ground floor, close to the main reception. These were nicely decorated and had appropriate and comfortable seating for residents' use. Other facilities included the laundry, storage facilities, the main kitchen, maintenance shed and office space.

Resident accommodation is set out in four distinct units, two on each floor. On the ground floor; Coolballow Strand, which comprises 13 single ensuite bedrooms. This unit has access to an enclosed garden, kitchenette and a lounge. Roxborough unit which caters for 26 residents in 15 single rooms, four twin rooms, and one triple room. Roxborough contains a large sitting room, direct access to the main dining room and access to a small internal courtyard garden. On the first floor, Ronan's Avenue contains 13 single ensuite rooms and six twin ensuites. Johnstown contains 25 single ensuite bedrooms. There is a sitting room in each of these units, and residents can access the ground floor communal areas and garden via the passenger lifts. Bedroom doors had residents names and some had pictures and photographs displayed. All bedrooms were ensuite, containing a shower, toilet and wash hand basin, storage space for residents toiletries. Bedrooms were seen to be decorated in accordance with residents' preferences. Bedrooms were adequate in size and contained, at minimum, adequate wardrobe space, comfortable chairs, and a bedside locker with a lockable drawer. Flat-screen televisions were wall-mounted in bedrooms. Call bells were fitted in all areas used by residents. Residents who spoke to the inspector expressed their satisfaction with their bedroom accommodation.

Carpets remained in very small number of bedrooms, and in some instances this was very worn and stained. One of these was being replaced with more suitable flooring during the inspection. Other residents did not want the flooring changed and this wish was respected by management.

There was a large activities board in main reception which detailed the activities for the week. Additional boards on each unit identified the staff on duty each day and upcoming activities of interest. During the inspection a number of residents went out to a local day centre and some went out for visits with families and appointments. Day trips were organised including XXX. Mass was held weekly in the centre. There was a small but beautiful oratory within the centre and Mass was held there on some occasions. On other occasions it was held in the main sitting room, due to the large numbers who wished to attend. Residents told the inspector that they loved having the Mass and they carefully prepared flower arrangements during the week to display at Mass and in the oratory throughout the week.

The inspector observed that on both days of inspection, most residents were up and about in the day rooms and when the weather permitted, in the garden. Some residents remained in their bedrooms in accordance with their preference or assessed needs. An array of activities were observed throughout both days of inspection. Group activities comprised exercise programmes, sing-songs, Bingo and art and crafts. The music therapist engaged residents in groups and also in one-to-one sessions in residents bedrooms. Although the weather was poor on both days of the inspection, during breaks from the rain, residents were seen outside in the enclosed gardens. The garden had unrestricted access via the main sitting room. The landscaped garden contained an assortment of mature planting and shrubs, and seasonal summer flowers in raised flower beds and pots. There was walkways around the gardens with benches where residents could stop and rest. One resident met the inspector in the garden and showed off the gladioli that they had grown from seed as part of the gardening activities. There was a vibrant, energetic atmosphere in the centre and residents appeared content, comfortable and happy.

The dining experience in the centre was a social occasion, and meals were presented in a calm and relaxed setting. Residents were very positive about the meals they received and the choice made available to them. Menus were prominently displayed and the inspector observed staff serving meal and asking the residents preference for sauce or gravy when serving. There was a selection of drinks available and adequate staff to support residents who requested assistance. When assistance was required, it was provided in a discreet and respectful manner.

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

Overall, this was a well-governed centre with good systems in place to monitor the quality of care provided to residents. It was evident that the management team focused on providing a quality service to residents and on improving their well-being while living in the centre. There were clear management structures and adequate resources in place that ensured appropriate, person-centred care was being provided to residents. The registered provider had made good efforts to maintain compliance with the regulations.

The purpose of this unannounced inspection was to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. The registered provider is Candela Healthcare Limited. There are two company directors, who are involved in the operational management of the centre. The person in charge works full-time in the centre and is supported in her role by a fully supernumerary assistant director of nursing. Further support is provided by the general manager and clinical nurse managers who provide operational and clinical support. A team of nurses, healthcare assistants, activity staff, catering, cleaning, maintenance and administrative staff contribute the effective delivery of safe quality care for residents.

There was evidence of good governance and oversight of the centre with weekly clinical governance meetings, where issues such as human resources, complaints, incidents, audits, and key performance indicators were discussed and monitored. Improvements identified had associated action plans with responsibilities assigned to specific individuals. There were effective management systems in place to monitor the quality and safety of the service through a schedule of audits and weekly collection of key data including falls, incidents, restraints, infections and wounds. Information gathered included all aspects of residents' care and welfare, and audits of the premises and facilities.

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 88 residents being accommodated at the time. Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and safeguarding of vulnerable persons was completed for staff. The inspector was assured 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.

Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector in a timely fashion. Policies and procedures as listed in Schedule 5 of the regulations were available. Residents were provided with contracts of care which detailed the services, fees, and terms relating to the bedroom to be occupied, in

accordance with regulatory requirements A review of the centre's complaints records showed that overall, there was a low level of documented complaints. The registered provider was in the process of updating the centre's complaints policy and procedures, in line with S.I. No. 628 of 2022.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The staff rota was checked and found to be maintained with staff working in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Records showed that there was good oversight of staff training needs; training was scheduled for the weeks following the inspection for topics such as the management of behaviours that challenge, and cardio-pulmonary resuscitation (CPR) to ensure all training remained in date for staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was comprehensively maintained in line with Schedule 3 requirements.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance which included injury to residents and other risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. All staff that inspectors spoke with were knowledgeable about their roles and responsibilities.

There was a comprehensive audit schedule in place which included audits of falls, wounds and care plans. Audit outcomes and plans for improvement were discussed at the clinical governance meetings and at regular staff meetings and handovers, ensuring that areas for improvement were shared and followed up on in a timely manner.

An annual review of the quality and safety of care delivered to residents in 2022 had been prepared. This included improvement plans for a variety of areas based on the outcomes of audits and reviews conducted during the year. The annual review consisted of a number of separate documents, contained within a folder. The management team were exploring a new template for the annual review to make it more concise.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had contracts of care that detailed the services to be provided, and fees to be charged. One recent contract of care did not clearly set out the fee to be paid, and this was amended on the day of inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in the centre, however this had not been fully updated in line with the new regulations. The nominated complaints officer and review officer had not attended training in complaints management, as required. A review of documentation found that a complaint which had been brought to the attention of the management team had not been documented and therefore did not progress through the centre's complaints policy.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures on the matters set out in Schedule 5 of the regulations. These policies and procedures were made available to staff in the centre.

Judgment: Compliant

Quality and safety

Overall, residents' individual human rights were upheld in this centre. Staff were committed to promoting an approach to care and service delivery that understood and respected these rights, including the right to dignity, privacy and choice. The staff team worked hard to maintain this approach, and it was evident that the residents were cared for by a team of dedicated and professional staff.

The internal and external premises was maintained to a high standard and was seen to be clean and bright throughout. The provider ensured that staff had appropriate equipment to clean the centre to a high standard, and ensured that correct procedures were followed in doing so. Since the previous inspection, clinically-compliant handwashing sinks had been installed in key locations in the centre, to maximise staff adherence to effective hand hygiene procedures.

The inspector examined a sample of different care plans and found that these were descriptive, individualised and updated regularly, to ensure that only the current plan of care with relevant information was contained within the care plan. This system was maintained by regular audits of care plans by the clinical management team, ensuring that all plans were routinely reviewed. Residents were regularly assessed for clinical and environmental risks such as risk of pressure ulceration, falls and wandering. Some areas for improvement in relation to assessment and care planning are identified under regulation 5.

Residents had good access to medical and other health and social care professionals. Resident's medical needs were maintained by their individual general practitioner's (GP's) and records evidenced these reviews in each resident's file. Residents' mobility and safety needs were reviewed appropriately by a physiotherapist. Speech and language therapy, dietetics, consultant psychiatry and geriatricians were referred to appropriately for clinical expertise, and there was evidence that the actions following these reviews were completed. Comprehensive systems were seen to be in place for medicine management in the centre. Medicine management was audited frequently and staff had undertaken medication management training. Out of date medicines and medicines which were no longer in use were returned to pharmacy. Controlled drugs were carefully managed in accordance with professional guidance for nurses. All staff signed when medicines

had been administered and medicines which had been discontinued were signed as such by the GP.

There were a small number of residents in the centre who displayed responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While these residents care plans were detailed and described person-centred interventions to reduce the occurrence of these behaviours, and the individual de-escalation techniques identified as alleviating the behaviour, there was further oversight required of the use of medications in these instances. This is detailed under Regulation 7: Managing behaviour that is challenging.

The centre were risk-aware and risk reduction records including an emergency plan and an up-to-date risk register were in place. Clinical and environmental risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified. A major emergency plan was in place detailing arrangements for the safe care of residents. Good practices were identified around fire precautions. The general manager was responsible for the coordination of all fire systems in the centre including checking of means of escape and coordination of the centre's emergency response plan. Regular evacuation drills were conducted.

The inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner. Staff actively engaged with residents and feedback from residents was positive about the care they received. A new residents' committee had been set up, and there were details of this on display throughout the centre. There had been a good response to the committee, with 25 residents attending for the first meeting. Items for discussion included confidentiality, activities, outings, laundry service, food and cleanliness of the premises. Residents discussed options and locations for a field trip in the coming weeks. Issues that were identified were brought to the attention of the management team for follow up. For example, one resident requested a "do not disturb" sign for their bedroom door, and this was promptly put in place. The resident observed the sign in use, and the resident told the inspector that it was working well. A guest speaker from an independent advocacy service had attended a recent residents' meeting to outline the rights of the residents while living the centre.

Visiting was in line with current national guidance of July 2023 and visitors were seen throughout the day in various locations such as bedrooms, garden and day rooms

Regulation 10: Communication difficulties

Each resident had an individual communication care plan which detailed any identified specialist communication needs, for example, hearing impairments, speech

impediments and language barriers, and the communication aids in use to allow the resident communicate freely.

Judgment: Compliant

Regulation 11: Visits

There were suitable arrangements in place for residents to receive visitors. The current arrangements did not pose any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents informed the inspector that they were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing

Judgment: Compliant

Regulation 13: End of life

End-of-life decision making incorporated residents and their families, where appropriate. The sample of records viewed showed that residents' personal wishes at end of life were recorded, when known, in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching end of life. Residents families and friends were welcome to be with the resident and were involved in their care, with the resident's consent.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There was a programme of progressive, ongoing maintenance in place.

Judgment: 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 25: Temporary absence or discharge of residents

Records showed that when residents were temporarily discharged to another facility, all pertinent information about the resident was provided to that facility. A detailed transfer letter was used to capture relevant details. On return to the centre following the temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under the regulation.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that the the procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff.

Up-to-date training had been provided to all staff in infection control, hand hygiene and in donning and doffing (putting on and taking off) of personal protective equipment (PPE). A detailed cleaning schedule was in place. The cleaning staff spoken with were knowledgeable around correct cleaning techniques, infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (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.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure that a clinical assessment for malnutrition was completed correctly. A miscalculation, using incorrect measurements was seen to have been used. This led to a delay in referral to dietetic services.

While the majority of care plans were detailed and personalised, some required further detail to ensure that each residents' specific requirements were outlined. For

example, care plans were not in place to guide staff to correctly provide care for residents who were affected by a multi-drug resistant organism (MDRO), for example Meticillin-Resistant *Staphylococcus aureus* (MRSA).

A small number of risk assessments, including risk of falls, had not been updated following changes to a resident's condition following a period of hospitalisation.

Judgment: Substantially compliant

Regulation 6: Health care

Wound care charts 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 evidence-based practices.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Despite overall good systems in place to respond to and manage behaviours that challenge, the inspector was not assured that residents were consistently responded to in a least restrictive manner. For example; daily notes identified that a resident, displaying responsive behaviours, had been administered a prescribed psychotropic medication without a thorough assessment of potential underlying factors or triggers to the behaviour being explored. National guidance indicates and that all available alternatives to medication, are trialled prior to administration.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. For example;

- an updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made
- prior to commencing employment in the centre, all staff were subject to Garda Síochána (police) vetting

- there was secure systems in place for the management of residents' personal finances. The centre was not acting as a pension agent for any resident
- staff were facilitated to attend regular training in safeguarding of vulnerable persons
- residents were supported to access independent advocacy services.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents meetings which the inspector reviewed. Overall, residents' right to privacy and dignity were respected and positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents and details were advertised on notice boards in the centre along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one to one activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
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 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kerlogue Nursing Home OSV-0000240

Inspection ID: MON-0039154

Date of inspection: 11/07/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Named persons on complaints policy are on a waiting list since June 2023 for online training through the NHI in relation to completion. They cant give us a date as yet</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All new nursing staff trained in the use of MUST scale assessment since the inspection.</p> <p>All residents with MDRO have had their care plans updated to highlight to staff and detailed steps as to how to mange same.</p> <p>Staff have been re educated to update risk assessments and care plans for residents following change of care/condition following hospital admission.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p>	

All new nursing staff trained in the use of wound care assessment since the inspection.
Complete

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Comprehensive training is provided in house in relation to managing behaviors that challenge. PINCH method is discussed at training.

The PINCH method has been introduced in all units for nursing staff to assess behaviors & to rule out a delirium as a cause for behavior prior to administering a psychotropic drug.

Posters and pocket cards have been circulated to all staff

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 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/07/2023
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with	Substantially Compliant	Yellow	31/10/2023

	the designated centre's complaints procedures.			
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.	Substantially Compliant	Yellow	24/07/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	28/07/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy	Substantially Compliant	Yellow	31/07/2023

	as published on the website of the Department of Health from time to time.			
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