



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

Issued by the Chief Inspector

Name of designated centre:	Killeline Nursing Home
Name of provider:	Killeline Nursing Home Limited
Address of centre:	Cork Road, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	20 September 2022
Centre ID:	OSV-0000423
Fieldwork ID:	MON-0037934

About the designated centre

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

Killeline Nursing Home is located in the town of Newcastle West on the Cork Road registered to provide care for 63 residents. There are 47 single bedrooms and eight twin bedrooms all with en-suite facilities. The centre accommodates both female and male residents with the following care needs: general care, dementia specific care and acquired brain injury. There is also a dedicated wing for Alzheimer's and a secured unit for Acquired Brain Injury for people with challenging behaviour. There is 24 hour nursing care available. A full assessment shall be completed within 24 hours of admission which will include any updated information and care needs identified to develop appropriate care plans. The care plans will be completed within the 48 hour time frame and additional information can be added appropriately. We operate an open visiting policy within Killeline Nursing Home. Facilities provided are: quiet room, Polly tunnel, hairdressing, dining rooms and sitting rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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
Tuesday 20 September 2022	09:15hrs to 18:00hrs	Ella Ferriter	Lead
Tuesday 20 September 2022	09:15hrs to 18:00hrs	Sean Ryan	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day. The inspectors spoke with several of the residents living in Killeline Nursing Home and spent periods of time observing staff and resident engagement in communal areas, in order to gain insight into the experience of those living in the centre. Overall, feedback from residents was that the centre was a pleasant place to live, and that they felt well cared for by a kind team staff.

The inspectors arrived at the centre unannounced in the morning and were met by a member of the administration staff who guided them through the centre's infection control procedures, before entering the building. Inspectors were welcomed into an open plan sitting room, which was divided into two distinct seating areas. Over twenty residents were observed in these areas, some of whom were eating breakfast, drinking tea, reading papers and watching television. Inspectors noted that there were staff supervising this area throughout the day. The inspectors also observed some residents in the dining room having breakfast, which was off the reception area.

Following an opening meeting with the person in charge, the inspectors were accompanied on a tour of the premises. Killeline Nursing Home is a designated centre for older people situated in the town of Newcastlewest, County Limerick. The centre is registered to provide care for 63 residents with a range of dependencies and needs. There were 62 residents living in the centre on the day of this inspection. The centre is laid out over two floors and is separated into three distinct wings. The main house was home to 35 residents over two floors of the centre. Inspectors observed that the majority of residents living in the main house spent their day in the large open plan communal sitting rooms. This area was a hive of activity throughout the the day. In the afternoon, residents were observed in the main house enjoying a music session with a live musician, who played guitar and sang traditional Irish and country songs. Some residents were observed dancing with staff and it was evident that they were really enjoying themselves. The inspectors were informed that this musician attended the centre three days a week. The centre also had access to a bus every Wednesday and this was available for outings. On the previous week a group of seven residents had travelled to Listowel races with staff and residents and staff spoke positively about this day out.

There were two smaller units in the centre, one of which accommodated 14 residents, with a diagnosis of dementia. Inspectors observed this dementia unit was situated on the second floor, therefore, residents did not have easy access to the outdoors. Staff assured inspectors that residents were taken for walks outside, when the weather permitted. Inspectors spent time observing care practices on this unit throughout the day. Inspectors saw occasions where residents assessed as requiring one-to-one staff supervision were left unsupervised in communal day rooms and in their bedrooms. Staff told inspectors that this was as a result of being required to assist residents elsewhere in the unit. This is further detailed under regulation 15.

Inspectors also observed that residents on this unit did not have many opportunities to participate in activities, with the exception of a SONAS session in the morning. Residents were observed to spend much of their day sitting in the sitting room. While staff were present, they were not always observed to be facilitating activities or interacting with residents.

The centre also had an acquired brain injury (ABI) unit, which accommodated 13 male residents. Inspectors found that this unit was appropriately staffed throughout the day and staff spoken with were knowledgeable about the individual care needs of residents living there. Residents on the ABI unit had unrestricted access to an enclosed courtyard. Inspectors observed that there was seating and a poly tunnel in this area, however, some areas of the courtyard were poorly maintained and required cleaning and attention, which is actioned under regulation 17. Inspectors observed that three residents were brought for a ten minute walk around 11 am on the day of this inspection, however, the majority of residents spent their day in a small sitting room with the television on.

Inspectors observed that the centre was clean and there were adequate cleaning staff on each unit. Bedrooms were personalised and staff spoke about trying to make it as homely as possible. The inspectors observed that there were paintings and murals on some walls and there were boxes outside some bedrooms where pictures of items of interest to residents were displayed, such as the type of music they enjoyed and farming memorabilia. Some doors to bedrooms in the dementia unit were painted in bright colours, to depict a door of a house and residents names were displayed.

Inspectors saw on the day of the inspection that some equipment was stored inappropriately on corridors and there were some walls and doors that required painting, this is further detailed under regulation 17.

All residents in the centre were seen to be well dressed and it was apparent that staff paid attention to residents' dress and appearance. Residents were complimentary about staff and said that they were approachable and responsive to their needs. Staff were observed to speak with residents in a kind and respectful manner and to ask for consent prior to any care interventions. Many positive respectful interactions were seen between staff and residents throughout the day.

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 based inspection to monitor compliance with the regulations and to follow up on information received by the Office of the Chief Inspector with regards to the safeguarding processes in place within the centre.

Overall, findings of this inspection of Killeline Nursing Home were that the governance and management systems in place, with regards to staffing and safeguarding were not effective in ensuring a safe and consistent service to the residents. The oversight of risk management systems was also found not to be robust. Other areas that required to be addressed, as per the findings of this inspection were arrangements for visiting, contracts of care, social stimulation for residents, care planning and protection. These will be discussed further under the relevant regulations.

The registered provider of Killeline Nursing Home is Killeline Nursing Home Limited. The company comprises of two directors, who are both involved in the operation of other designated centres in the country. One of these directors is the named provider representative and there was evidence that they were actively engaged in the day to day operation of the centre. There was also additional support of a quality manager to support the internal management team.

From a clinical perspective, care is directed by a suitably qualified person in charge. The person in charge was well known to residents and staff, and facilitated the inspection process. They were knowledgeable, and demonstrated a commitment to ensuring that residents living in the centre enjoyed a good quality of life and high quality care. The person in charge, was supported by two assistant persons in charge, a clinical nurse manger and a team of nurses, carers, activities staff, housekeeping, catering, maintenance and administrators. Arrangements were in place to ensure that a member of the management team was present in the centre seven days per week. The system of staff communication was effective and ensured staff were kept up-to date with risk management issues.

An annual review of the quality and safety of care delivered to residents had been completed for 2021. A suite of audits was completed on a monthly basis to monitor the care and service delivered and the provider was using this information to implement quality improvements within the centre. However, this inspection found that the management systems put in place with regards to safeguarding vulnerable residents and residents with complex needs who required one-to-one supervision required to be more effectively monitored, which is detailed further under regulation 23.

Some improvements were seen in the evening and night time staffing levels within the centre, since the previous inspection and ongoing recruitment was taking place. However, a review of staffing rosters evidenced daily challenges in maintaining planned healthcare attendant staffing levels. Inspectors found that staffing levels in the dementia unit were not appropriate having regard to the assessed needs of residents and this is further detailed under regulation 15.

The inspectors examined staff training records, which confirmed that staff had up-to-date training in areas to support them in their respective roles, such as fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had also attended training in areas such as infection prevention and control practices and cardiopulmonary resuscitation.

All records, as requested during the inspection, were made readily available to the inspectors. Records and documentation were well presented, organised and supported effective care and management systems in the centre. However, the inspectors found that on one unit residents personal nursing records were not stored securely, which is actioned under regulation 24. Policies and procedures as set out in Schedule 5 were in place and had been reviewed in the last three years, as required by the regulations. However, there was evidence that some policies, such as the safeguarding policy, had not been adopted and implemented effectively, as detailed under regulation 4.

The provider had ensured each resident in the centre admitted for long term care had a contract of care in place, which detailed the terms on which the resident shall reside in the centre. However, services not covered by the nursing home support scheme, for which there was an additional weekly charge to residents, were not listed in the contract of care, which is a regulatory requirement. Residents admitted for transitional care were also found to not have contracts of care in place.

The inspectors followed up on incidents on the day of this inspection and found these were managed in accordance with the centre's policies and all had been reported to the Chief Inspector, as per regulatory requirements. There was a complaints procedure in the centre which was displayed in the entrance lobby. 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, and all were recorded in line with regulatory requirements.

Regulation 15: Staffing

This inspection found that the staff complement on the dementia unit was not appropriate having regards to the needs of the residents assessed in accordance with regulation 5, evidenced by:

- there were four care staff allocated to the dementia unit on the day of this inspection. Three of these members of staff were allocated to one -to-one supervision of residents. Therefore, there was one carer responsible for the care and supervision of 11 residents. This staffing level was inadequate, when considering the dependency levels of residents living on this unit.
- rosters reviewed evidenced that residents assessed as requiring one-to-one supervision by staff did not always have this level of supervision consistently in place, which posed a risk to these residents. Therefore, residents with complex care needs and at high risk of falls were not adequately supervised by staff, in line their assessed care needs.

This is a repeated non-compliance from the previous inspection. These findings are supported by a review of rosters, incidents and from discussions with staff.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a positive emphasis on training in the centre and training was found to be well monitored by the management team. All mandatory training, as per the centres policy, was found to be up-to-date. Staff demonstrated competence in their work and told inspectors that training was easily accessible.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider was maintaining a directory of residence in the centre which contained all information, as specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Residents care records, which contained confidential medical information were stored on open shelving in one unit, and therefore were accessible to any visitor to the centre. The provider agreed to address this following the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

This inspection found that management systems within the centre required to be monitored more effectively, to ensure the service provided was safe for residents; for example:

- a safeguarding care plan in place for a resident, which required this resident to be checked every 30 minutes was found not be adhered to on some days. The oversight of this care requirement, based on a risk assessment of the resident, was found to be inadequately monitored. For example ; on review of records there were some instances where checks were completed 2-3 hourly. Failure to monitor this plan and ensure this plan was implemented

posed a risk to residents living in the centre.

- the allocation of care staff to provide one-to-one care to three residents on the dementia unit was found not to be adhered to at all times, which posed a risk to residents. This required further oversight and monitoring by management, to ensure that the care plan was implemented. This was also contrary to the centres policy on special care.
- the oversight and management of risk was not robust. For example high risks within the centre were not monitored effectively or reviewed as per the centres policy.
- records of residents incidents such as falls, failed to identify inadequate staffing as a contributing factor following a root cause analysis. For example, a residents that required close supervision had un-witnessed falls when supervision was not in place.
- as detailed in regulation 15 the centre did not have sufficient staff resources on the dementia unit, to ensure the effective delivery of care, in accordance with the statement of purpose.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Long term care residents had a written contract of care and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied. However, the following required to be addressed to ensure that contracts of care met the requirements of the regulations;

- residents who were admitted for transitional care did not have contracts of care to outline the terms on which they shall reside in the centre.
- residents were charged an additional weekly service charge, however, the contract of care did not clearly outline what services were included in this fee.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

This inspection found that some of the centres policies were not adopted and implemented. For example:

- on review of one residents records it was evident that the centres admission policy was not implemented to ensure that all necessary information relating to the residents health, personal and social care needs was obtained, to include documentation. As this was a high risk admission, this posed a risk to residents living in the centre.
- the risk management policy was not always implemented as high risks were scheduled by management as for review every three months. This was contrary to the centres policy which stated that these risks should be regularly evaluated on a monthly basis.
- the safeguarding policy which states that the assessment and management of risk should promote independence was not adhered to with regards to the restrictions imposed on visiting in the ABI unit.
- the visiting policy had not been implemented as restrictions found to be imposed were not in line with the criteria for restrictions on visiting within the policy.

Judgment: Not compliant

Quality and safety

Overall, residents in Killeline Nursing Home were in receipt of a good quality of nursing and healthcare, from staff that were responsive to their needs. However, inspectors found that the instability in the daily staffing levels and did not ensure a consistent provision of care, in line with the residents assessed care needs. Inspectors also found that significant action was required in the management of residents finances to ensuring residents rights were fully met.

The inspectors found that residents received a comprehensive assessment of their health, personal and social care needs prior of admission to the centre. This included the use of some validated screening and assessment tools, and evidence of input from appropriate allied health care professionals, where necessary. As discussed earlier in this report the procedure in place for emergency admissions required to be reviewed, to ensure that the centre can meet the needs of each resident. There was evidence of input from physiotherapy for residents, and the physiotherapist attended the centre three days per week. There was good access to general practitioners as evidenced by regular reviews in residents records. However, some areas pertaining to social care planning and the assessing the risk of absconion, lacked appropriate detail to direct care, which is further detailed under regulation 5.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training to the inspectors and detailed their responsibility in recognising and responding to allegations of abuse. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables. The provider supported eight residents in the centre to manage their pension and welfare payments, however, this system was was not done in line with the department of social protection guidelines. Charges for additional services were also not in line with residents contracts of care and did not adequately protect residents. This is further detailed under regulation 8.

Residents had access to radio, television and other media. Resident meetings were scheduled three monthly, however, on review of records maintained these were structured as information sessions and there was not evidence that residents views and suggestions were obtained. This is actioned under regulation 9. While resident's rights were found to be generally upheld, action was required to ensure that each resident had appropriate access to activities that suited their individual interests. The procedure for visiting on one unit in the centre also required review as it was found to be restrictive. There was evidence that residents had access to independent advocacy if they wished.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. However, residents were not permitted to have their visitors in their bedrooms or in communal areas in one unit of the centre. Therefore, arrangements were that they had to leave their room and see visitors in a visitors room, on the other side of the centre. This arrangement was found to be restrictive and did not protect the rights of residents on that unit.

Judgment: Substantially compliant

Regulation 17: Premises

Since the previous inspection the provider had carried out some upgrades to the premises. However, some further areas still required to be addressed such as :

- there was inadequate storage for equipment in the centre: for example, equipment such as hoists were stored along corridors or in residents bedrooms.
- some resident equipment, such as commodes, were observed to be rusted, therefore effective cleaning could not be assured.
- some doors and walls were visibly damaged and in need of repair or painting.
- the central heating system flues were located outside the day room window in the dementia unit which was a potential risk for residents when opening these windows.
- there were an insufficient amount of dedicated hand hygiene sinks in the centre to ensure staff compliance with hand washing practices.

The management team acknowledged these findings and informed inspectors that a programme of works were planned for the coming months.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents records found that the following required to be addressed:

- social care plans were not in place for all residents following assessment, to guide staff on how to provide appropriate and meaningful activities to residents, in accordance with their interests and capacities.
- a resident identified being at risk of leaving the centre unaccompanied did not have an appropriate assessment of this risk undertaken.

Judgment: Substantially compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents as evidenced by the following findings:

- On review of invoices the inspectors found that when chiropody was provided to resident in the centre, there was an additional cost added to these services by the provider. For example, the chiropodist charged and invoiced the

resident €25 per treatment, however, the provider charged and invoiced the resident €30 euro. This was despite the treatment being provided in the residents own home, at no extra cost to the provider. This additional cost was not made clear to the resident or family, who paid the bill. Residents contract of care clearly stated that additional individual services to the resident such as pharmacy, chiropody, and hairdressing would be charged as per the invoice.

- The systems in place for the management of resident's finances was not sufficiently robust. The provider was acting as a pension agent for some residents living in the centre. However, the pension was paid into the centers account and not into the resident's client account. The charges for the service were deducted before the balance was paid into the residents client account. This is not in compliance with the requirements of the Department of Social Welfare, which requires that the pension agent must pay the full amount of the pension, without deduction of any kind to the resident.

Judgment: Not compliant

Regulation 9: Residents' rights

Overall, this inspection found that the following required to be addressed:

- although residents meeting were taking place every three months, there was not always evidence that residents were consulted with at these meetings to ensure that they had the opportunity to participate in the organisation of the centre.
- observations on the day of this inspection were that some residents did not have opportunities to participate in meaningful social engagement, this was particularly on the dementia unit. Activity schedules were on display in this unit, however, they were not an accurate reflection of what was available to residents. Residents were observed throughout the day with little facilities for occupation and recreation, which is a regulatory requirement.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Killeline Nursing Home OSV-0000423

Inspection ID: MON-0037934

Date of inspection: 20/09/2022

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ol style="list-style-type: none"> 1. Current residents in the Dementia Unit dependency levels re assessed 2. The staffing levels in the Dementia Unit were reviewed and adjusted to ensure current care needs are met and appropriate level of supervision provided. 3. A review of the roster was completed to ensure residents with complex care needs and at high risk of falls are adequately supervised in line with their care needs 4. The staffing strategy for KCC was reviewed and updated. 5. A weekly meeting with the HR Manager, the Recruitment Officer, Marketing Manager, RPR, Clinical Director and Director of Q&S of the Group to review the staffing strategy for each Care Centre. 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ol style="list-style-type: none"> 1. Residents care records are stored in a locked press in each unit with key access only which is held by the nurse on duty. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

1. The oversight of the safeguarding plan in place for a resident, which required the resident to be checked every 30 minutes is assigned to the nurse manager on duty daily and same documented.
 2. The allocation of care staff to provide one to one care to three residents on the Dementia Unit is prioritised daily by the PIC and Senior Nurse Management, to ensure the agreed care plans are implemented.
 3. Education on Risk Management was completed by the PIC on the 22nd of September and Risk Register reviewed. Further risk management training requested for ADON's, awaiting confirmation of available dates.
 4. Staffing Strategy reviewed and updated. Recruitment drive ongoing for both national and international care staff. Agency staff available to support the roster.
- A system in place to review residents care via monitoring reports and incidents and reviewing CCTV footage

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

1. Contracts of Care for all residents to KCC in place to outline the terms on which they shall reside in the centre
2. The Contracts of Care are updated to outline the services included in the additional weekly service charge.

Regulation 4: Written policies and procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

1. The admission details of the high-risk admission were updated to ensure the Resident's health, personal and social care needs were obtained to include documentation in line with the Centre's Admission policy.
2. High risks identified are scheduled for monthly review as per the Centre's Risk Management policy
3. The Visiting policy is updated in line with current HPSC guidance and implemented as per policy.

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ol style="list-style-type: none"> 1. The Visiting Policy has been updated as per HPSC guidance and the visiting arrangements in the Centre are in line with the policy for each unit. 2. Residents and families have been updated on the current visiting arrangements at the Centre 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Update from Engineer from onsite meeting 154/06/2022 recommended outsourcing laundry and converting laundry room to equipment storage room. This action is currently on the scheduled of works for 2022/2023. 2. Audit of resident equipment completed, and rusted commodes replaced. 3. Repair and painting of doors and walls part of the ongoing maintenance schedule. 4. Redirection of the central heating system flues is part of the schedule of works for 2022. Parts have been sourced and awaiting instillation. 5. 2 further clinical sinks installed to ensure staff compliance with hand washing practices 	
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> <ol style="list-style-type: none"> 1. Social Care plans in place for all residents following assessment, to guide staff on how to provide appropriate and meaningful activities to residents, in accordance with their interests and activities. 2. Resident at risk of absconsion, risk assessed and care plan in place. 	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. Additional individual costs of services to residents charged as per invoice. Therefore, no additional cost are added to the resident. 2. As discussed with the Designated Safeguarding Officer in the Department of Social Welfare, and in line with social welfare regulations, the pensions of the residents, for whom the Provider is acting as pension agent, will be lodged directly into a "Resident's client" account. The charges for the service will be deducted after the balance is paid into this account. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. The PIC or her deputy to attend Resident's meetings to ensure residents are consulted with and get the opportunity to participate in the organization of the centre 2. Activities schedule has been reviewed by the PIC and the Activities Coordinator and in and opportunities for all the residents in the Dementia Unit, identified to allow participation in meaningful social engagement 	

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	20/09/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	21/09/2022
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	21/01/2023

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2022
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.	Not Compliant	Orange	31/10/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the	Substantially Compliant	Yellow	31/01/2023

	bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	01/01/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	31/10/2022
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	Substantially Compliant	Yellow	30/09/2022

	where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	20/09/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/10/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/09/2022