



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

## Issued by the Chief Inspector

Name of designated centre:	Kinvara House Nursing Home
Name of provider:	Kinvara House Limited
Address of centre:	3 - 4 Esplanade, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	21 June 2022
Centre ID:	OSV-0000054
Fieldwork ID:	MON-0035415

## About the designated centre

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

Kinvara House Nursing Home is situated overlooking the seafront in Bray, Co. Wicklow. The centre was originally two Georgian buildings which served as a hotel in the early 20 century. It has been adapted and extended over time and can now accommodate up to 36 residents in single bedroom accommodation. Bedrooms are located over four floors and all floors are accessible by two passenger lifts. All bedrooms have en-suite toilet and wash hand basin and many also have a shower. Communal spaces include a day room, activities room, dining room, oratory and hairdressing room. There is an enclosed courtyard to the rear of the building and a garden to front.

Kinvara House Limited is the registered provider and the centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with differing care needs. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 54 staff.

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

Number of residents on the date of inspection:	34
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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 21 June 2022	09:00hrs to 17:30hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Kinvara House Nursing Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. Residents' stated that the staff were kind and caring, that they well looked after and they were happy in the centre. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector greeted the majority of the residents' and spoke at length with seven residents and three visitors. The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre.

On arrival the inspector was met by a member of the care team and guided through the centre's infection control procedures before entering the building. A hand washing sink was conveniently placed in the centres entrance hall to ensure good hygiene was practiced by all visitors before entering the centre. The inspector was accompanied by a member of the care staff on a tour of the premises which was followed by a meeting with the person in charge (PIC) and registered provider representative (RPR).

The design and layout met the individual and communal needs of the residents' on the day of inspection. The centre was originally two period terraced houses and had served as a hotel. Overtime the building had been adapted and extended and now provided single bedroom accommodation for 36 residents. The building consisted of two distinct parts, the original building had four floors and the newer extension consisted of two floors. 23 bedrooms had ensuite toilet and wash hand basin facilities. 13 bedrooms had ensuite shower, toilet and wash hand basin facilities. Two additional shower rooms had been installed since the previous inspection. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. All bedrooms were bright and exposed to natural light. The rooms at the front of the centre enjoyed views of the seafront, and the rooms at the rear of the centre overlooked the centres courtyard.

There was a choice of communal spaces. For example, a lounge room, a dining room, a sitting room, hairdressing room, and oratory. The centre had been carefully and beautifully decorated and the décor was sympathetic to the age of the building. The original building had retained many of its period features, for example, high ceilings, coving and ornate plaster work, staircases and original fireplaces. The lounge home had a fireplace and large windows where residents were seen throughout the day of inspection enjoying the sea view. The sitting room had a large television, piano, and shelves containing books, board games and jigsaws. The dining room was nicely decorated and conveniently located beside the kitchen on the lower ground floor. Residents' accessed the dining room using one of the

centres two passenger lifts.

Residents' were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was good. Many residents told the inspector that they enjoyed their breakfast in bed and would have their dinner and super in the dining room. The inspector observed the dining experience at lunch time. The lunch time meal was appetising and well presented, and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. There were drinks and snacks available in the communal areas.

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

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

The inspector observed that visiting was facilitated. The inspector spoke with three family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complimentary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff for keeping their family member safe during the pandemic.

Residents' spoken to said they were very happy with the activities programme in the centre. The activities programme was displayed in the residents' bedrooms. The inspector observed staff and residents having good humoured banter during a group exercise activity in the morning. Many residents were seen enjoying the sunshine in the centres court yard and front garden area throughout the day. Some residents were observed reading newspapers, listening to music and returning from walking on the local promenade.

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 inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in September 2021. Improvements were found in relation to Regulation 7: managing behaviour that is challenging, Regulation 17: premises, Regulation: 27 infection prevention and control, and Regulation 28: fire precautions. The centre had a restrictive condition in relation to the number of showers residents had access to. The programme of shower installation works to come into compliance was observed to have been completed during this inspection. On this inspection, actions were required by the registered provider to address areas of Regulation 16: training and staff development, Regulation 23: governance and management, Regulation 27: infection prevention and control, Regulation 34: complaints procedure.

The registered provider is Kinvara House Limited. The current provider had operated the centre for approximately 32 years. The company had two directors both of whom were involved in the operations of the centre. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by an experienced team of registered nurses and health care assistants, activities staff, catering, housekeeping, administration and maintenance staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

Improvements were required in the oversight of training needs in the centre. Staff had access to education and training appropriate to their role. There were, however, gaps identified in staff training matrix. This is discussed further under Regulation 16: training and staff development. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

Management systems in place to monitor quality and safety in the centre required review. The centres management meeting minutes, audit schedule and completed audits were not available on the day of inspection but were submitted following the inspection. The audit tools measured incidents of care, for example; the number of falls, the number of bedrails in use, and the number of skin tears. The audit process required review to measure practices of nursing care to drive quality improvement. The annual review for 2021 was submitted following the inspection. It set out the improvements completed in 2021; for example building construction improvements, installation of a new fire alarm system, improvements to the residents menu and the centres transition to an electronic documentation system.

Records and documentation, both manual and electronic were well presented,

organised and supported effective care and management systems in the centre. Policies and procedures as set out in schedule 5 were in place and up to date. A review of a sample of personnel records indicated that all the requirements of schedule 2 of the regulations were met.

Incidents and reports as set out in schedule 4 of the regulations were mostly notified to the Chief Inspector within the required time frames. One incident had been omitted in error and was submitted immediately following the inspection. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

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

#### Registration Regulation 4: Application for registration or renewal of registration

All the required documents were submitted in a timely manner.

Judgment: Compliant

#### Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the required fees were paid.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. There was a minimum of one nurse on duty over 24 hours and contingency arrangements were in place should additional staff be required to provide cohorted care to residents in the event of an outbreak of COVID -19.

Judgment: Compliant

### Regulation 16: Training and staff development

Not all staff had access to appropriate training to support them to perform their respective roles. For example, six staff required training in Safeguarding, and fire training in line with the centres mandatory training requirements.

Judgment: Substantially compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

The centres audit system required review to ensure there was a robust measuring and evaluating process of nursing care to drive quality improvement. For example; The centres falls audit measured the number of incidents of falls. A robust audit system would identify the time of the fall, the injury to the resident and the preventative measures if any to prevent the fall or other incidents of falls from occurring in the centre.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which outlined details of the

<p>service to be provided and any additional fees to be paid.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 3: Statement of purpose</b></p>
<p>Amendments were made to the centre's statement of purpose during the inspection. The statement of purpose now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 31: Notification of incidents</b></p>
<p>Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 34: Complaints procedure</b></p>
<p>The complaints procedure was displayed in the centre, and contained information on the nominated person who dealt with complaints, and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy. However, improvements to the centres complaints management process required review as it was not clear from the complaints viewed that the complainant was satisfied with the outcome of the complaint.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 4: Written policies and procedures</b></p>
<p>Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.</p>

Judgment: Compliant

## Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. There was a rights based approach to care, both staff and management promoted and respected the rights and choices of resident's within the confines of the service. Improvements were required in areas of premises and infection prevention and control.

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

The centre was not an agent for any residents pension. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident/representative and a staff member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents.

Improvements had been made to the premises since the previous inspection. All ensuite toilets had grab rails fitted, several ensuites had been upgraded to include walk- in shower facilities and two additional shower rooms had been installed. The centre was cleaned to a high standard. There was an on-going schedule of preventative maintenance which ensured the standard of painting and condition of the premises was in good repair. Communal spaces and bedrooms were bright, comfortable and met the needs of the residents on the day of inspection. However; some improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. The chef was knowledgeable about the residents' individual dietary requirements and liaised closely with the management team, ensuring any required changes to residents' diets were made. Residents' weights were routinely monitored.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. There

were up to date COVID -19 risk assessments in place including the centres contingency plans for a COVID- 19 outbreak. The risk register contained site specific risks such as risks associated with individual residents and centre specific risks, for example; the risk to residents safety due to the centres close proximity to the public road.

The centre had recovered from a COVID -19 outbreak earlier this year. The centre had following the advice of Public Health specialists, and had put in place many infection control measures to help keep residents and staff safe. Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Since the previous inspection additional hand wash sinks had been installed for staff. The centre was free of clutter on the day of inspection. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

Improvements were found in fire safety. The provider had engaged the services of a competent fire consultant to review all aspects of fire safety in the centre. A schedule of works to improve the issues identified, and recommended in the report submitted to the Chief Inspector of Social Services in September 2021 were completed. The centre continued to carry out regular fire safety checks to ensure ongoing safety of all residents and staff, and ongoing compliance with the regulations. Fire training was completed annually by staff. There was evidence that fire drills took place quarterly. There was evidence of night time simulated drills taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated , equipment used, how long the evacuation took and learning identified to inform future drills. There was a robust system of weekly checking , of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan ( PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents for day and night evacuations. Staff spoken to were familiar with the centres evacuation procedure. The centre had undertaken a review of its current fire safety register and had plans to implement a new fire register in the coming weeks.

There was a good standard of care planning in the centre. The provider had transferred its paper based nursing documentation and care plans to an electronic format in early 2020 and works were continuing to interface the electronic documentation systems with other disciplines records of care such as physiotherapy and occupational therapy . In a sample of electronic care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care

services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, speech and language therapist, dietician and chiropodist. A physiotherapist attended the centre twice weekly to provide individual assessments and group exercises. The centre had access to a community paramedic service, a mobile x-ray service and had established links with liaison older person's services in the acute setting. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There were five residents who used bed rails as a restrictive device. The use of bed rails had significantly reduced since the previous inspection. Risk assessments were completed, and the use of restrictive practice was reviewed regularly.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. On Line safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with were familiar with the types of abuse and the process of reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights and choices were respected and residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. There was a varied and fun activities programme. There was evidence that the centre was returning to pre-pandemic activities, for example the activities co-ordinator was arranging a trip to Dublin zoo with some of the residents. Residents' were complimentary about the centres activity programme.

## Regulation 11: Visits

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

Judgment: Compliant

## Regulation 12: Personal possessions

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

Judgment: Compliant

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- The centre did not have appropriate sluicing facilities as required by the regulations, schedule 6 part 3 (e).
- The centres bedrooms did not include a lockable storage space and secure facility for the safe- keeping of residents' personal money and valuables as required by the regulations, schedule 6 part( h).

Judgment: Not compliant

## Regulation 18: Food and nutrition

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

Judgment: Compliant

## Regulation 26: Risk management

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

Judgment: Compliant

### Regulation 27: Infection control

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

- Carpet requires review in the en suite toilet in room 26.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

### Regulation 6: Health care

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

professional as appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a centre specific policy and procedure in place for the management of behaviour that is challenging. The use of restraint in the centre was used in accordance with the national policy. The use of bed rails had reduced since the previous inspection. Alternative measures to restraint were tried and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

### Regulation 8: Protection

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

Judgment: Compliant

### Regulation 9: Residents' rights

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

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	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	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Kinvara House Nursing Home OSV-0000054

Inspection ID: MON-0035415

Date of inspection: 21/06/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of all mandatory training completed.</p> <p>The staff requiring additional training will receive training by 31/08/2022</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The centres audit system has been reviewed to ensure there is a robust measuring and evaluating process of nursing care to drive quality improvement. This is now going to be part of our Eirmed system to run reports on for example; The centres number of incidents of falls. The system will identify the time of the fall, the injury to the resident, place of fall and any treatment required. This will be review by the Governance committee to ensure the preventative measures if any are required to prevent the fall or other incidents of falls from occurring in the centre will be implemented. Completed</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  Complaints form has been updated to reflect if the complainant was satisfied with the outcome of their complaint. Completed</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• New lockable storage space and for safe keeping is on order it will provide a lockable bedside locker secured with key. To be completed 30/09/2022</li> <li>• All 36 bedrooms are single with ensuite. Residents are not required to share facilities. Following a review of current slucing arrangements we are implementing single use system inline with current infection control practices.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  New flooring in bedroom 26 en-suite fitted in line with infection control. All 35 remaining bedrooms have appropriate flooring in en-suite. Completed</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2022
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.	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.	Substantially Compliant	Yellow	26/07/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	26/07/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	26/07/2022