



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

Issued by the Chief Inspector

Name of designated centre:	Kilcoole Lodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilcoole Lodge Nursing Home, Ballydonarea, Kilcoole, Wicklow
Type of inspection:	Unannounced
Date of inspection:	11 January 2022
Centre ID:	OSV-0007714
Fieldwork ID:	MON-0033444

About the designated centre

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

Kilcoole Lodge Nursing Home is situated in the village of Kilcoole and is in walking distance of the sea. It is a purpose-built facility which can accommodate a maximum of 89 residents over two floors in 81 single en-suite rooms and 4 twin en-suite rooms. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is Mowlam Healthcare Services Unlimited. The person in charge of the centre works full time and is supported by a senior management team and a team of healthcare professionals and care and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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 11 January 2022	11:30hrs to 18:30hrs	John Greaney	Lead
Wednesday 12 January 2022	08:30hrs to 15:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, residents spoken with by the inspector provided positive feedback about the care they received and services provided in the centre. Visiting restrictions were in place due to a recent outbreak of COVID-19, so the inspector did not get an opportunity to speak with any visitors.

The inspector arrived unannounced to the centre. Necessary infection prevention and control precautions, such as recording body temperature were completed on arrival.

This is a relatively new, purpose built centre, having been first registered in December 2019 and began accepting admissions in January 2020. It comprises 81 single bedrooms and four twin rooms, all of which are en suite with shower toilet and wash hand basin. It is a two storey building with bedroom accommodation and communal rooms on both floors. The first floor can be accessed by either lift or stairs. Thirty of the beds are designated for short stay admissions, usually for residents that have been recently discharged from hospital and are either awaiting home care support arrangements, convalescence or long term placement. On the day of the inspection there were 58 residents in the centre and one resident in hospital. The inspector spoke with residents and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

The inspector was accompanied on a tour of the centre by the person in charge. The centre had been subject to a COVID-19 outbreak, which started in the first week of December 2021 and was officially declared over by Public Health on the second day of the inspection. The final resident completed their isolation period on 30 December 2021. Residents were now allowed to leave their bedrooms and spend time in communal rooms. To minimise the risk of the onward spread of the virus should another resident test positive, residents were allocated communal rooms based on the area of the centre in which their bedrooms were located. This allowed for a reduction in the number of possible close contacts.

Despite there being no restrictions on residents leaving their bedrooms, a significant number of residents appeared to spend their days in their bedrooms, including for meal times. For example, during the walk around on the first day of the inspection at least 20 of the 33 residents accommodated on the ground floor were either in bed or sitting in chairs at their bedside.

The centre was bright, clean and warm throughout. It is decorated to a high standard with appropriate fittings and comfortable furniture. There is adequate communal and dining space to accommodate the number of residents living in the centre. In addition to a large sitting and dining room on each of the floors there are additional communal spaces, such as a visitor's room, an oratory, a library and a

coffee area.

Residents have access to two secure outdoor areas. One of these is accessible from the dining room and is landscaped with raised plant beds and has a paved walkway for residents to exercise and also contains garden furniture. The second outdoor space is accessed from the coffee area and contains a smoking shelter. The smoking shelter has a call bell to alert staff should residents require assistance. There were two residents that smoked accommodated in the centre on the day of the inspection and both were assessed as requiring minimal supervision. There was a fire blanket and fire extinguisher immediately inside door leading out to the garden.

Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents confirmed that staff were responsive to their needs and provided assistance in a respectful manner. All residents spoken with stated that they felt safe in the centre. Interactions observed between staff and residents were noted to be courteous and respectful. Staff were available throughout the inspection and were knowledgeable of residents' individual needs. It was evident that the person in charge was well known to residents and was knowledgeable of each resident's individual needs.

Residents were complimentary about the food available to them at mealtimes. One resident said that it was "plain but wholesome". The inspector observed that food was attractively presented and choice of food was available at mealtimes. Residents requiring assistance were assisted appropriately and staff were seen to chat informally with residents throughout the meal.

There were two staff dedicated to activities and there was at least one activity staff member on duty each day over seven days of the week, with two staff on duty for three of those days. Activities that were provided by external entertainers were on hold due to restrictions associated with the COVID-19 outbreak, but these were scheduled to recommence in the week following this inspection. Residents were seen to participate in small group activities on both days of the inspection. Activity coordinators spent one to one time with residents in their bedrooms. However, due to the large number of residents that remained in their bedroom throughout the day, there was limited stimulation other than the television and radio for these residents for large parts of the day.

Residents would normally be encouraged and supported to welcome visitors in to the centre and to go out on trips and social excursions. Currently there were visiting restrictions in place for general visiting, however, compassionate visiting was facilitated and the inspector observed compassionate visiting take place on both days of the inspection. Window visits were also facilitated, however, based on a review of records all visiting slots were not availed of by visitors. When asked about visiting restrictions, one resident said that they were missing having visitors and "window visits are not the same because some visitors have had to stand out in the wind and rain". The resident said they were looking forward to seeing their relatives again next week.

The next two sections of the report present the findings of this inspection in relation

to the governance and management of infection prevention and control 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-managed service with established governance and management systems in place to monitor the quality and safety of the care and services provided for the residents. Kilcoole Lodge Nursing Home is operated by Mowlam Healthcare Services Unlimited Company. The centre is one of a large group of nursing homes operated by this provider. The provider has an overarching management team and resources that include human resources, finance, and estates. Operationally, the person in charge reports to a healthcare manager that oversees a number of other centres within a geographical area. On a daily basis, the person in charge is supported in her role by an assistant director of nursing (ADON), two clinical nurse managers (CNMs) and a team of nurses and healthcare assistants. The ADON is supernumerary and the CNMs also have supernumerary hours to allow them supervise care and assist the person in charge in overseeing the service. A team of activity, catering, domestic, administrative and maintenance personnel provide further support to the centre.

There was a company-wide schedule of audits in place including audits of falls, care plans and medication management which were completed on a regular basis by the management team. Records of management and staff meetings were reviewed and found to discuss clinical audit results, ensuring that required actions were scheduled.

As already stated, the centre had managed an outbreak of COVID-19, which was officially declared over on the day after this inspection. Ten residents had tested positive for the virus. The person in charge had maintained regular contact with Public Health throughout the outbreak for guidance and support.

Since the previous inspection of this centre in July 2021 a number of people had made contact with the Office of the Chief Inspector expressing concerns about the standard of care delivered to residents. Most of the concerns related to the level of staffing in the centre. These concerns were partially substantiated on this inspection, however, it is acknowledged that the provider had an ongoing recruitment programme and new staff were expected to start in the weeks after this inspection. To make up for the staffing shortfall the provider had employed staff from various employment agencies, predominantly healthcare assistants (HCAs). As there were not always agency staff available, on some days the number of HCAs on duty did not meet the planned roster. Discussions with staff indicated that the negative impact of this was that the provision of personal care to some residents may extend to almost lunchtime. Some nursing duties, such as wound dressing changes may be done in the afternoon rather than in the morning, if nurses were required to carry out duties usually done by HCAs. Additionally, there were not

always adequate housekeeping staff on duty based on the size and layout of the centre.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications specified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Residents were familiar with the person in charge and it was clearly evident from conversations with residents that they would have no problems in approaching the person in charge, should they have any complaints or require assistance with any aspect of life in the centre.

Judgment: Compliant

Regulation 15: Staffing

Despite the use of agency staff, on occasion there were not always adequate staff on duty. For example:

- based on a review of the roster, on some days there was only one member of cleaning staff on duty for the whole centre. This was insufficient given that the centre has bedroom and communal accommodation for 89 residents over two floors. Even though there were only 59 residents in the centre, there was a need for enhanced cleaning, given that the centre was still in outbreak mode, and this could not be achieved by one member of staff.
- despite to use of agency staff and an ongoing recruitment process, there were not always the required number of healthcare assistants on duty based on the needs of the residents and the design and layout of the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the centre's training matrix identified that all staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety and people moving and handling. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE).

Staff were supervised in their roles by the person in charge, and in her absence by the ADON.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A review of a sample of four personnel records found that one file did not contain a full employment history or a reference from the person's most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored to ensure a safe and appropriate service.

The Director of Nursing had overall responsibility and authority for infection prevention and control within the service. Management systems ensured that the recent COVID-19 outbreak in the centre was effectively managed and infection prevention and control arrangements in the centre were appropriately monitored.

Staff were appropriately supervised and there were adequate deputising arrangements for the person in charge. One clinical nurse manager was on duty each weekend for oversight of the centre in the absence of the person in charge and ADON.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that included the services provided and fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and a review of the accident and incident log indicated that all notifications required to be submitted were submitted. The inspector followed up on notifications submitted and these were adequately managed to support the care and welfare and safeguarding of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy that identified the person in charge as the complaints officer. The policy included an independent appeals process. The procedure for making a complaint was on display. Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and she would address their concerns promptly. A review of the complaints log indicated that complaints were recorded, investigated and required improvements, if any, were put in place in response to complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and were updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support provided to the residents in the centre was of good quality. Residents stated that they felt safe and well-supported in the centre. Some improvements were required in relation to fire safety precautions, infection prevention and control and in relation to the socialisation of residents.

Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. Care plans

were personalised to resident's individual needs and provided good guidance on the care to be delivered to each resident. Residents had good access to medical care and were reviewed on a regular basis. Residents also had good access to allied and specialist services, such as speech and language therapy, dietetics, physiotherapy and occupational therapy. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

The centre was subject to an outbreak of COVID-19 that was officially declared over on the second day of this inspection. Management reported that they had acted to implement Public Health recommendations at the time. Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

All of the residents had opted to be vaccinated and the majority had received their booster vaccinations. Serial PCR testing was undertaken after a resident tested positive for COVID-19. The inspector identified some examples of good practice in the prevention and control of infection. This included the appropriate wearing of PPE and the inspector observed good compliance on the days of the inspection. However, the inspector found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Details of issues identified are set out under Regulation 27.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends and prior to the current outbreak scheduled visits were facilitated in line with updated public health guidelines. Visiting restrictions had been introduced due to the ongoing outbreak in line with public health guidance but it was anticipated that restrictions would be eased in the week following this inspection.

The centre's risk management policy set out the risks identified in Schedule 5. The risk register was updated with additional controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. Improvements were required in relation to smoking risk assessments and the supervision of the smoking area. These are discussed in more detail under Regulation 26 of this report.

The risk register was managed by the Director of Nursing. Risk assessments were subject to ongoing monitoring to ensure their effectiveness. Risks that could not be managed locally were escalated to the regional healthcare manager.

The inspector reviewed fire safety records. Up-to-date service records were in place for the maintenance of the fire fighting equipment, fire detection and alarm system and emergency lighting. Residents all had personal emergency evacuation plans (PEEP's) in place and these were updated regularly. Annual fire training was completed by staff and frequent fire drills were undertaken. However, fire drill records required more detail, as it was not possible from the records available to

ascertain the scenario simulated and whether or not residents were evacuated in a timely manner. Staff knowledge regarding the use of evacuation equipment also required improvement.

There were two staff allocated full time to the provision of activities. Activity staff informed the inspector that mornings were when they got an opportunity to spend one to one time with residents and for taking some residents for a walk in the garden. A physiotherapist also facilitated group exercise classes for residents in the morning. Most other group activities took place in the afternoon and these activities included SONAS, baking and Imagination Gym. Activities facilitated by external entertainers, such as musical groups were on hold due to the outbreak of COVID-19. Improvements were required in relation to the socialisation of residents as it was observed that a significant number of residents did not leave their bedrooms. This is despite the fact that residents were no longer confined to their bedrooms. As these residents did not partake in group activities, they spent a significant period of time alone in their bedrooms.

Regulation 11: Visits

Visiting was restricted in accordance with guidance from Public Health due to a recent outbreak. Compassionate visiting was facilitated. The person in charge described a broad interpretation of the grounds on which compassionate visiting was facilitated, that extended beyond the needs of residents that were approaching end of life. Window visits were also facilitated.

Judgment: Compliant

Regulation 17: Premises

This is a purpose built centre with 81 single bedrooms and four twin bedrooms. All bedrooms are en suite with a toilet, sink and shower and had appropriate grab rails in place. There was sufficient space to accommodate any assistive equipment required. Rooms were suitably decorated and furnished to a high standard. Each bedroom contained a chest of drawers, wardrobe, bedside locker (with lockable drawer), bedside table and an armchair. Twin bedrooms were appropriately laid out, and curtains were in place to support residents' privacy.

There was communal space on both floors. The ground floor featured a lounge, oratory, visitors' room, combined sitting and dining room and a coffee room. Two enclosed outdoor areas are accessible via the coffee room and sitting/dining room. A hair salon was also located on this floor. All rooms were well decorated and comfortable. On the first floor, an activity room, visitors' room, day room, dining room were available. Seating areas were also located at a mid way point on all

corridors that contained bedroom accommodation. Unrestricted movement between both floors was facilitated via a passenger lift.

Corridors were well lit and had handrails in place to support residents' movement. Art was displayed along corridors and navigational signage, which also featured Braille signage, was displayed throughout the centre.

Laundry facilities were in place, and these were configured in a manner that would comply with infection control guidelines. Sluice rooms were available on both floors. There were sufficient storage rooms throughout the building.

Judgment: Compliant

Regulation 26: Risk management

Improvements were required in relation to the assessment and supervision of residents that smoked. For example:

- the risk assessment for one resident that smoked indicated that they should not be in possession of their own tobacco or lighter and that they required the use of a smoking apron. The inspector was informed that this did not accurately reflect the supervision requirements of this resident and the resident had a high degree of independence and required minimal supervision
- there was a need for a baseline level of supervision of the smoking area, regardless of the high degree of independence of all of the residents that smoked

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements required in relation to infection prevention and control included:

- even though there was adequate racking for storing bedpans, some were found to be inappropriately stored on the floor of the sluice room on the ground floor, with their lids stored in a sluice sink. Even though this was immediately rectified, bedpans were again found to be inappropriately stored in another sluice room on the first floor, towards the end of the first day of the inspection
- adequate records were not available to identify when or if deep cleaning took place in accordance with the centre's own cleaning schedule

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some improvements were required in relation to fire safety. For example:

- while fire drills were conducted frequently, the fire drill record did not contain adequate detail of the scenario simulated to ascertain the success or otherwise of the drill.
- while most staff were knowledgeable of what to do in the event of a fire, not all staff were aware that ski sheets could be used to evacuate residents rather than full bed evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments among others. These assessments informed the care plans developed to meet each resident's assessed needs.

The inspector examined a sample of residents' care documentation. Each resident had a care plan, based on an ongoing comprehensive assessment of their needs. The individualised care plans reviewed were developed within 48 hours of admission and followed the comprehensive assessment of the resident's health, personal and social care needs. Care plans were found to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical care and healthcare, including a high standard of evidence-based nursing care was provided. Residents had good access to the services of a GP and records indicated that residents were reviewed regularly.

Residents were referred to allied health and specialist services and treatments in accordance with their assessed needs. There was very good access to physiotherapy and a physiotherapist visited the centre each day from Monday to Friday. An

occupation therapist visited the centre on one day each month. Dietetic, speech and language and tissues viability reviews were scheduled on an as needed basis.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents presenting with significant challenging behaviour. Staff spoken with were knowledgeable of residents individual needs and knew what to do when residents behaviour may indicate they had an unmet need. A review of restraint was ongoing and significant progress had been made in reducing the use of bedrails in the centre. On the day of the inspection eight of the fifty eight residents living in the centre had full bedrails in place. risk assessments were conducted prior to the use of bedrails; there regular safety checks while bedrails were in place; and there was evidence of the exploration of alternatives to bedrails, such as movement alarms, low beds and crash mats.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with by the inspector stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and courteous. Any allegations of abuse were investigated and adequate safeguarding measures were put in place while the investigation was underway. The provider was not pension agent for any residents and did not hold and money on behalf of residents.

Judgment: Compliant

Regulation 9: Residents' rights

A significant number of residents spend their day in their bedrooms. Because residents spend so much time in their bedrooms, residents had limited variation in their daily routine, such as going to the dining room for their meals and there was limited opportunity for socialisation.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant

Compliance Plan for Kilcoole Lodge Nursing Home OSV-0007714

Inspection ID: MON-0033444

Date of inspection: 12/01/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The PIC will monitor the rosters closely to ensure that planned rosters are implemented in practice. The Person in Charge (PIC), supported by an Assistant Director of Nursing (ADON) and Clinical Nurse Managers (CNMs), will produce and monitor the staff roster, always ensuring that an appropriate level skill-mix of staff are deployed, whose duties are allocated appropriately; that there is always a suitable ratio of clinical staff to residents to enable all care needs to be safely and effectively met; and that effective supervision, support and cohesive team working are integral to the culture of the nursing home. • There is a robust recruitment plan in place to address identified staff vacancies, including local advertising and using a variety of media platforms. The PIC will continue to recruit staff into current vacant positions. 6 HCAs have been recruited from overseas and will commence within the next 2 months. 1 HCA has been recruited locally. Employee referral scheme is in place. • We encourage student nurses from the local area to take up part-time positions as HCAs. • We provide transport from the station to the nursing home. • In the event of unanticipated staff shortage, due to sickness leave for example, the PIC will review the roster to bridge the gap with existing nursing or HCA staff; if this is not possible, we will use agency staff to fill any vacant shifts. We have sourced several agency staff who work exclusively in the nursing home, so this enhances continuity of care. • The ADON and CNMs will supervise workflow and care practices to ensure that staff are facilitated to provide high quality, safe and effective care to all the residents in the hospital. 	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>1. The one CV with no full-time employment history has been updated by the applicant and validated by the PIC.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> • Resident risk assessments will be reviewed and any changes to their individual abilities will be reflected in the risk assessments and care plans. • The smoking shelter is situated has a functioning nurse call system in place should a resident feel unwell and require assistance. • Residents who are independent and smoke, are requested to inform a staff member is going to the smoking area and on their return. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Education and communication to staff has been provided detailing the standards required after use of the bedpans. • The sluice is now included as part of the daily quality and safety walkabout by ADON/DON. • The deep cleaning schedule has been reviewed and a new schedule has been introduced. • Housekeepers have been educated and records are validated twice weekly by a clinical manager. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The fire drill records have been reviewed and now include details of the fire scenario, 	

and the timing of the sequence of events. Records now include details of specific residents and their level of needs and participation in the drill. Lessons learned and drill evaluation have been included in the document. The PIC oversees the outcomes and includes a summary of the fire drill.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The nursing home was just coming out of a COVID-19 infection outbreak involving several residents at the time of the inspection. While the outbreak was declared over on the second day of the inspection, residents had been reluctant to integrate to the same extent as they were prior to the outbreak. The communal areas, dining room and all social activities resumed the following day with participation of all residents who wished to partake. In order to encourage residents to socialise together there were indoor and outdoor activities available.

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 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.	Substantially Compliant	Yellow	30/06/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	28/02/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard	Substantially Compliant	Yellow	02/02/2022

	identification and assessment of risks throughout the designated centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	17/01/2022