



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

Issued by the Chief Inspector

Name of designated centre:	Kilminchy Lodge Nursing Home
Name of provider:	Kilminchy Lodge Nursing Home Limited
Address of centre:	Kilminchy, Portlaoise, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	21 May 2021
Centre ID:	OSV-0000052
Fieldwork ID:	MON-0032558

About the designated centre

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

This is a single-storey purpose built centre. Kilminchy Lodge Nursing Home is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a varied range of care needs. This centre can accommodate up to 52 residents. It has 44 single rooms, some of which has en suite facilities. Some single bedrooms have shared shower , toilet and wash basin facilities. Three of the four twin bedrooms have en-suite toilet and wash-hand basin facilities. Privacy screening is provided in the shared bedrooms. There is a large living room where many of the daily activities take place. The main kitchen is adjacent to the large dining area which leads to a secure outdoor area. An additional sitting room is also available. The centre is situated in residential area in a busy town and is serviced by nearby restaurants/pubs/libraries/ pharmacies/ GP surgeries etc.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Friday 21 May 2021	10:00hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and on arrival and prior to accessing the centre, the inspector was guided through the infection control assessment and procedures. A short opening meeting was held and the inspector was then accompanied by the person in charge on a tour of the centre. During this tour and throughout the day of inspection, the inspector met several residents and spoke to eight residents in more detail. Residents' accommodation was provided at ground floor level in two separate wings extending out from the centre's reception area. Building work was underway which some of the residents took an interest in and enjoyed watching the activity going on with it. Two communal sitting rooms, and a spacious dining room were also provided. A comfortable seated area was available in one area of the dining room where residents could meet their visitors in line with public health guidance or relax in a quieter environment

National level five restrictions to prevent transmission of COVID-19 infection had eased in nursing home settings at the time of this inspection and the residents in Kilminchy Lodge nursing home were enjoying having their visitors coming back into the centre to visit them. The inspector observed visitors coming to visit residents safely in the centre and outside on the seating in front of the centre. Residents told the inspector they were very happy to be able to meet their visitors indoors again. Unscheduled window visiting was continuing.

Life in the centre for residents was less restricted due to easing of COVID-19 precautions and while social distancing they were going about their day as they wished in the centre. Although, life in the centre for residents was returning to relative normality, sufficient access to meaningful social activities for residents has not resumed to a level where many of the residents' interests and capabilities were met to their satisfaction. While, residents' feedback to the inspector was that staff were attentive to their needs for assistance, respectful of their choices, kind and caring and they were cared for to a very good standard, their quality of life in the centre was not good. This feedback concurred with the inspector's observations and the information in residents' records on the day of inspection. Residents said there was an absence of something 'interesting to do, to pass the day' and they longed for visits from their families 'to break the monotony'. Several residents told the inspector they enjoyed a Kilminchy Olympics event in the weeks previous to the inspection but two residents said they were 'bored' again. One other resident said 'there was not enough entertainment' and several others said they were not enjoying their life in the centre. Some residents reminisced to the inspector about the good quality of life they used to enjoy and regretted that their previous quality of life in the centre had not resumed.

The inspector observed two residents in one sitting room enjoying knitting, crochet and two others reading the newspaper. One resident told the inspector that she was knitting caps for newborn babies in one of the maternity hospitals, while another resident was making a sensory blanket. Residents had made several sensory hand

muffs in the past that were available in the sitting room for use. The activity coordinator and a therapy assistant were observed to base themselves in each of the sitting rooms. They focused on one-to-one activities including hand massage and passive exercises with background music in one sitting room and a film in the other. Some residents were watching the film but most were not and were either asleep or doing something else that interested them by themselves. Two residents told the inspector that they had seen the film several times and did not want to see it again. At one point during the day a staff member played an accordion for a short time and some residents were observed to really enjoy this music.

The inspector observed that the centre was decorated in a homely style that was familiar to the resident profile in the centre. Large windows on the communal rooms and bedrooms optimised natural light into the centre. Repairs and intermittent painting was completed since the last inspection and facilitated effective cleaning. The centre environment was visibly clean throughout and all equipment including cleaning trolleys were cleaned to a high standard. A procedure was in place to advise users of residents' assistive equipment that cleaning procedures were completed. The inspector observed that a hoist was decommissioned as paint was missing from the frame and it could not be effectively cleaned. Comprehensive records were maintained of daily cleaning and disinfection in all areas of the centre. The inspector observed residents being assisted and prompted by staff regarding their hand hygiene and maintaining social distancing. Staff completed effective hand hygiene and wore personal protective equipment (PPE) as recommended. Residents were seated in comfortable chairs that could be effectively cleaned. Although a storeroom for residents' assistive equipment was observed to be clean, it was being used by staff as a changing area. The inspector observed items of staff personal belongings including shoes and a desk in this room.

Two residents spoke with the inspector about the COVID-19 outbreak in the centre and their experiences. They expressed their sadness that residents in the centre had passed away and one resident described her recovery from COVID-19 infection as 'a miracle' and credited the 'wonderful and attentive' care staff gave her during her illness as being the reason she recovered. The inspector received consistent positive feedback from residents and relatives visiting them regarding the quality of care and service provided by the staff, the person in charge and the catering department. Comments included 'exceptional', 'outstanding' and 'could not fault them'. Residents said that they missed their families during the restrictions and were very happy they were able to visit safely again. Residents said they were able to keep in touch with their families by phone and various social media technology but it was 'never the same as a face-to-face chat'.

Privacy locks were fitted on doors of toilet/shower facilities shared by residents in adjacent rooms. In the absence of religious ceremonies being held in the centre, residents told the inspector that they appreciated the opportunity to participate in online religious ceremonies streamed from local churches. Residents confirmed that they knew the person in charge by name and would not hesitate to talk to her if there was something they were concerned or dissatisfied about. Residents said that they felt they were listened to and that they could make suggestions about the service if they wished. One of the residents was the chairperson of the residents'

committee and had participated on interview panels for care staff recruitment in the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered

Capacity and capability

The service was for the most part, effectively managed and resourced. The provider demonstrated their commitment to bring the service into regulatory compliance with the improvements made since the last inspection in October 2020. Effective management systems in place ensured that residents were provided with a good standard of care and service but improvements were found to be needed to ensure residents had opportunity to enjoy a good quality of life in the centre. The provider had systems in place to monitor the quality, safety and oversight of the service provided. There was a proactive approach to managing risk and issues that arose which ensured the safety of residents and others at all times.

Kilminchy Lodge Nursing Home Limited is the centre's registered provider since 2013 and the company has three directors on its board. Kilminchy Lodge Nursing Home is part of a larger organisation involved in providing residential services for older people and as such is supported by centralised human resources and accounts departments. There is a clear governance, management and reporting structure in place. The directors of the company are involved in the operation of the centre with one director who was recently appointed to the board taking a lead role in the running of the centre. This director is also a director on three other company boards involved in running nine other nursing homes and the provider had arrangements in place to ensure they maintained oversight of the quality and safety of the service provided in Kilminchy Lodge nursing home.

The centre was managed on a daily basis by an appropriately qualified and experienced person in charge. The person in charge has worked in senior management roles in other designated centres since 2015 and in the role of person in charge in Kilminchy Lodge nursing home since April 2020. The person in charge works on a full-time basis in the centre and has a clear knowledge of the requirements of the role of person in charge and the needs of residents. She is supported in her role by a regional manager and compliance manager and locally by an assistant director of nursing and a staff team of nurses, carers, catering, cleaning, laundry, activity, administration and maintenance staff. The assistant director of nursing deputises during any absences for the person in charge.

This inspection was completed over one day and was unannounced to monitor compliance with the regulations and standards. The centre was recovering from a large COVID-19 outbreak in October 2020 that affected 28 residents and 21 staff. Sadly seven residents passed away due to the viral infection. Learning from this

outbreak was implemented and was being regularly reviewed to strengthen the centre's contingency plan and preparedness for a further outbreak. COVID-19 vaccinations were completed for residents and staff.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included key clinical and environmental audits. This process informed quality improvement plans that were actioned to completion or progressed with completion time lines specified. The provider had confirmed plans to extend and upgrade the centre's premises. The first phase is a new extension that will on registration by the Chief Inspector, serve as a area where residents will be safely accommodated to allow for refurbishment of the current premises building. This is discussed further in the second part of this report under Quality and Safety.

There were sufficient staff available to meet the needs of residents and the management structures in place ensured they were appropriately supervised according to their roles. The provider increased the number of staff nurses they employed since the last inspection and this provided a minimum of two nurses on day and night duty to meet residents' needs and to ensure infection prevention and control (IP&C) cohorting arrangements could be implemented without any delay. This action also ensured that the centre's assistant director of nursing was supernumerary and resulted in improved supervision of clinical staff. The provider also employed a household supervisor to ensure high standards of cleaning was maintained in all areas of the centre. Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents. Appropriate training to provide staff involved in facilitating residents' social activities with the necessary knowledge and skills needed improvement to ensure residents' quality of life was optimised. Staff training included COVID-19 infection prevention and control precautions and practices. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were competent with carrying out their respective roles.

A record of all accidents and incidents that occurred in the centre was maintained and appropriate actions were taken to mitigate recurrence. Incidents were been notified to HIQA as required by the regulations. Systems were in place to ensure all new staff who joined the service were appropriately inducted and that all staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for collection of some residents' social welfare pensions.

Residents were facilitated and encouraged to feedback on the service they received and this information was used to improve the service provided. The annual review of the quality and safety of the service delivered to residents in 2020 was done in consultation with residents.

Overall, there was a low level of documented complaints and there were no open complaints at the time of this inspection. Complaints were investigated and managed in line with the centre's own complaints policy and procedures. The inspector followed up on issues raised in unsolicited information received by the

Health Information and Quality Authority regarding management of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their physical or social or physical environment) due to their medical diagnosis, poor standards of care, support and monitoring provided for residents, infection prevent and control, management of residents at risk of falling and residents at risk of developing pressure related skin wounds. Other than improvements needed in residents' care planning documentation, use of an equipment storage room for staff changing facility and absence of an a cleaner's room, the findings of this inspection did not substantiate other issues raised in the information received from complainants.

Regulation 15: Staffing

Staffing levels and skill mix in the centre were adequate to meet the assessed needs of residents. A minimum of two staff nurses were rostered on duty at all times to ensure effective cohorting of residents who developed symptoms of COVID-19 infection and care of residents nursed in precautionary isolation following admission or return from receiving treatments outside the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff facilitating residents social activities had not been facilitated to attend suitable training to ensure they had the necessary skills and knowledge to ensure residents had access to meaningful activities that met their interests and capabilities.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents containing all information as required by the regulations was maintained in soft copy format. A process was in place to ensure an up-to-date hard copy version of this information was accessible in the centre at all times.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and an up-to-date policy was available to inform retention of records in line with regulatory requirements. Records of safety checks, simulated emergency evacuation drills, quarterly servicing of the fire alarm and emergency lighting systems and annual certification of the fire alarm system were maintained and available.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured there were sufficient resources to provide services to meet residents' needs as described in the centre's statement of purpose. There governance and management structure was clear and each staff member's role and responsible was defined. The management systems in place ensured that the quality and safety of the service was effectively monitored.

An annual review of the quality and safety of the service for 2020 was completed and was done in consultation with residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised to describe the changes to the senior management structure. The document contained all information as required by Schedule 1 of the regulations and described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .

Judgment: Compliant

Regulation 34: Complaints procedure

A up-to-date centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. All complaints were logged, investigated and outcome of investigation was communicated to complainants. A procedure was in place for referral of complainants who were not satisfied with the outcome of investigation to the centre's appeals process.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. In addition, a suite of other relevant policies and procedures were in place regarding the COVID-19 pandemic and were updated to reflect evolving public health guidance.

Judgment: Compliant

Quality and safety

Overall, residents' healthcare and clinical needs were met to a very good standard but their care to ensure they enjoyed a good quality of life in the centre needed improvement. There was evidence of good consultation with residents and arrangements were in place to ensure their health and nursing care needs were being met with appropriate access to timely medical services and good standards of nursing care and support. Improvements required from the last inspection in October 2020 to ensure a high standard of maintenance and repair in the centre environment were progressed. This ensured effective cleaning procedures were consistently achieved. Residents' wishes and choices regarding their care procedures were respected and staff were observed to be attentive and caring towards them.

The centre premises was purpose built and residents' bedroom accommodation consisted of 44 single and four twin bedrooms. Each two of 36 of the single bedrooms had a shared toilet, shower and hand wash basin facility between them. Three of the twin bedrooms had an en suite toilet facility. The provider had plans in progress to upgrade and provide full en suite facilities in each resident's bedroom with completion of phases two and three of building works in progress. Phase one of

these works was underway at the time of this inspection and on registration, this new extension to the current designated centre premises will provide an 22 single, full en suite bedrooms and increase in communal and storage accommodation. While, communal sitting and dining rooms and toilet/shower facilities met residents needs, additional equipment storage areas and a cleaner's room was found to be necessary. Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments, plants and soft furnishings.

Environmental and equipment cleaning procedures were completed to a very good standard by competent and well supervised staff. However, the effectiveness of equipment cleaning procedures was compromised by use of the room where this equipment was stored for staff changing purposes. As discussed in part one of this report, the centre had experienced a large COVID-19 outbreak in October 2020. The service was initially challenged with sustaining compliance with the regulations, as found on the inspection completed during the COVID-19 outbreak but managed the service to meet residents' needs. The quality and safety of the service was found to be improved on this inspection and the improved staffing levels and infection prevention and control procedures in place optimised residents' safety from infection and preparedness for any further outbreaks.

Residents nursing and clinical care needs were comprehensively assessed and were met to a high standard. Improvements were needed to ensure residents social care needs were appropriately assessed and their quality of life in the centre was optimised with provision of opportunities for them to participate in regular meaningful activities that interested them within their capabilities. There was satisfactory evidence that residents had timely access to healthcare and medical services. Monitoring procedures were in place to ensure deterioration in any residents' health or wellbeing was identified without delay and included indicators of COVID-19 infection. Although improvements were identified regarding completeness of some residents' care plan documentation, the care plan information available directed person centred care and supported residents' individual preferences. Residents' care plans were regularly updated in consultation with residents or their families, as appropriate.

The provider took a proactive approach to managing risk in the centre and where risks were identified, appropriate controls were implemented to mitigate the level of the risks found. Incidents involving residents, complaints, measures of clinical effectiveness and operational audits were uploaded on the centre's risk management information technology system. Each risk identified was assessed and controls were put in place to mitigate occurrence. Systems such as environmental audits were in place to support identification of risks. Review of risk management in the centre was a standing agenda item in management meetings and there was evidence from the minutes of these meetings that any areas needing action was prioritised and completed without delay. An emergency policy was in place and arrangements for alternative accommodation for residents in the event of full evacuation of the centre was identified.

The centre premises was compartmented internally to effect containment of fire/smoke in the event of a fire in the centre and this information was displayed in a

floor plan displayed by the centre's fire panel. Written confirmation from a competent person in fire safety was forwarded in the days following the inspection by the provider representative. This correspondence provided assurances that the fire alarm system in place covered all areas of the centre including the attic areas. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described their equipment and staff resource needs including whether they had a cognitive impairment that could potentially delay their evacuation. Staff were facilitated to complete fire safety training and to participate in simulated emergency evacuation drills in the centre.

Residents' rights were respected and their privacy and dignity needs were met.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections including training of all staff to recognise any signs of abuse. The reporting system in place was clear and ensured any disclosures or suspicions were escalated and investigated without delay.

Regulation 11: Visits

Visiting had resumed indoors for residents in line with public health guidance and the systems in place facilitated scheduled safe visiting for residents. Unrestricted numbers of window visits were continuing.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to retain access and control over their personal clothing and possessions. Residents had adequate storage space provided for their belongings in their bedrooms including a lockable space for their valuables.

Judgment: Compliant

Regulation 17: Premises

There was insufficient storage facilities for residents' assistive equipment and residents' assistive equipment was inappropriately stored in a room used by staff as a changing room and for administration purposes.

The floor surface was uneven in two areas in one corridor used by residents.

A part of the electric cable covering was missing in one resident's bedroom.

A cleaner's room facility was not provided. The inspector was told that cleaning trolleys were stored in a room used as archiving facilities for storage of records.

Judgment: Substantially compliant

Regulation 26: Risk management

An emergency call bell was not provided in the residents' outdoor smoking area.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found some shower chairs were rusted and therefore could not be effectively cleaned between use and posed a risk of cross infection to residents. A designated waste bin for disposal of hazardous waste was not available in one sluice room.

There was a risk of cross infection in a storeroom for residents' assistive equipment as this room was also used as an area where staff changed out of, and stored their outdoor clothing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had proactive measures in place to protect residents and others from risk of fire. Fire fighting equipment was available throughout the building. Emergency exits were clearly displayed and free of any obstruction. Daily and weekly fire safety equipment checking procedures were completed with no gaps noted. The centre's fire alarm was sounded during simulated emergency evacuation drill practices.

All staff were facilitated to attend mandatory fire safety training and given opportunity to participate in a simulated evacuation drill.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were developed to meet each resident's assessed needs, improvements were needed to the most effective person-centred care interventions were consistently described to avoid or to deescalate responsive behaviours.

The information in residents' activity care plans required improvement to ensure staff were informed regarding an individual activity programme that was meaningful for, and met the interests and capabilities of each resident

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with generally good standards of evidence based health and nursing care in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. A physiotherapist and an occupational therapist attends residents in the the centre on one day each week. These services and other allied health professional services provided timely assessment and support for residents as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff using effective de-escalation methods. As discussed under regulation 5, the strategies that staff identified as being effective and used were not consistently described in residents' responsive behaviour care plans to ensure a consistent approach to care by all staff.

The centre was promoting a restraint free environment and were working to reduce use of full length restrictive bed rails. There was evidence of ongoing assessment with trialling less restrictive methods and where full length restrictive bedrails were used, that there were in place for minimum amounts of time.

Judgment: Compliant

Regulation 8: Protection

Staff were facilitated to attend training and were knowledgeable regarding safeguarding residents from abuse. Staff were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Examination of the documentation records provided gave assurances that all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Most residents did not have sufficient access to group or one-to-one meaningful activities to meet their individual interests and capabilities. This finding was confirmed by the inspector's observations, residents' feedback and examination of the records maintained regarding the activities residents participated in and their levels of engagement in them.

Judgment: Not 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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	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 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Kilminchy Lodge Nursing Home OSV-0000052

Inspection ID: MON-0032558

Date of inspection: 21/05/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>S: Additional staff training has been arranged of an accredited course for those staff to facilitate residents social activities ensuring a programme of meaningful activities for all residents within the centre. The provision of tailored meaningful activities will be further enhanced by resident consultation and the regular completion of a specific resident activity satisfaction survey.</p> <p>M- Through audit of the activity programme and review of resident surveys.</p> <p>A- By the PIC and inhouse management team, supported by the Regional Team</p> <p>R- Realistic.</p> <p>T- 2nd November 2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S: A review has been completed to ensure appropriate storage of resident assistive equipment. The floor surface in two areas has been reviewed by the maintenance team, is structurally sound, has been risk assessed and forms part of the ongoing refurbishment within the centre. The electric cable covering has been replaced. A dedicated cleaner's room has been provided.</p> <p>M: Through audit and review.</p> <p>A: By the PIC, ADON and inhouse maintenance team. Overview by the Regional Manager</p>	

and RPR

R: Realistic.

T: 22nd May 2021

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

S: An emergency call bell, linked to the nurse call system, has been installed in the residents' outdoor smoking area.

M: Through monthly risk and fire management audit.

A: By the PIC and ADON, overseen by the Regional Manager and RPR

R: Realistic.

T: 21st June, 2021

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

S: Two shower chairs have been replaced to ensure effective cleaning. Appropriate clinical waste bins are available in each sluice area. There is a designated staff area and a separate designated resident equipment storage area.

M: Through observational audit and review.

A: By PIC and ADON, supported by the Regional Manager and RPR.

R: Realistic.

T: 24th May 2021

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>S: Each care plan was reviewed and adapted to guide person-centered care interventions. All care plans have a clear plan to deescalate responsive behaviors where applicable. Residents activity care plans ensure staff are guided on individual activity programmes in line with the wishes, capabilities and interests of the residents.</p> <p>M: Through ongoing surveys, resident's satisfaction surveys and resident meetings.</p> <p>A: By the PIC and ADON supported by the Regional Manager and RPR.</p> <p>R: Realistic.</p> <p>T: 30th June 2021</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: by the PIC and the inhouse management team in conjunction with residents via surveys and questionnaires to ensure that the programme is tailored to resident choice, capability and interest and provide access to group and individual activities.</p> <p>M- Through audit and review of resident satisfaction surveys and resident meetings.</p> <p>A- By the PIC and ADON, supported by the Regional Manager and RPR.</p> <p>R- Realistic.</p> <p>T- 2nd July 2021</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	02/11/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	22/05/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	21/06/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	24/05/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	02/07/2021