



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| Name of designated centre: | Kilcara House Nursing Home |
| Name of provider: | Mertonfield Limited |
| Address of centre: | Kilcara, Duagh, Listowel, Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 12 September 2023 |
| Centre ID: | OSV-0000241 |
| Fieldwork ID: | MON-0040167 |

About the designated centre

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

Kilcara House Nursing Home is a family run designated centre set in a rural location within a few kilometres of the towns of Abbeyfeale and Listowel. It is registered to accommodate a maximum of 31 residents. It is a two-storey building with stairs and lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale Duagh and the new wing and upstairs has eight beds. Bedroom accommodation comprises single and twin rooms and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and two dining rooms. There is a secure enclosed courtyard with seating and there is a mature garden with walkways and seating at the front entrance to the centre. Kilcara House nursing home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term, convalescence care and respite care is provided.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 26 |
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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 12 September 2023 | 09:30hrs to 17:00hrs | Ella Ferriter | Lead |

What residents told us and what inspectors observed

The inspector met with the majority of residents during this unannounced inspection of Kilcara House Nursing Home and spoke with eight residents in detail, about their lived experience in the centre. Feedback from residents was positive about their life in the centre and the care and attention they received from staff. Residents described staff as "extremely nice people" and told the inspector they were treated well and were happy in the centre.

The inspector was met by the nurse in charge, on arrival to the centre. They were completing the morning medication round, so the inspector walked around the premises independently. The inspector observed that the entrance area was homely and welcoming, with seating, a fish tank and pictures on every wall. The inspector saw some residents in the sitting room off this reception area, chatting and listening to the radio. Other residents were in the dining room having their breakfast. Staff were observed busily attending to residents requests for assistance with their morning care. Residents told the inspector that they could choose what time to get up from bed.

Kilcara House Nursing Home provides long term care for both male and female adults, with a range of dependencies and needs. The centre is situated in a rural area, on a mature green site, between the towns of Listowel and Abbeyfeale, in North Kerry. The centre is a two storey facility, which can accommodate 31 residents. There were 26 residents living in the centre on the day of this inspection, the majority living on the ground floor and three residents residing upstairs. The inspector saw that there was a lift connecting the two floors, however, residents could not use this independently and required to ask staff for assistance, as it required repair, this is actioned under regulation 17.

The inspector saw that there was work being done to the ceilings on the day of this inspection, by external contractors. The inspector was informed that the fire alarm system for the complete premises was being upgraded and work should be complete in the coming weeks.

On the walk around the inspector saw that some areas of the centre did not appear clean, in particular residents bathrooms and bedroom floors. There was also excess amounts of equipment stored in bathrooms, therefore, making the use of them difficult for residents. Cleaning schedules located behind the doors of these rooms evidenced gaps in cleaning for the previous three days. The inspector was informed that a member of the household staff had been on leave unexpectedly, however, there was not a person assigned to this role. This is actioned under regulation 27 & 23 of this report.

Bedroom accommodation in the centre comprises of 19 single and six twin rooms, all but three with en-suite facilities. The inspector saw that flooring in a few bedrooms had been replaced since the previous inspection. However, for some

residents their bedroom flooring comprised of carpets that were visibly stained. Paintwork to some areas also was chipped and damaged in bedrooms, these findings are actioned under regulation 17, premises.

There are two dining rooms in the centre and the inspector observed the dining experience for residents at dinner time. For residents who could dine independently, the dining experience was observed to be a pleasant, sociable and relaxed occasion. Residents had a choice of meals from a menu, that was updated daily. Residents in this dining room told the inspector that they enjoyed mealtimes and they always could get an alternative to the menu, if they did not like what was offered. However, for some residents the inspector saw that they were not afforded a dining experience and remained in the conservatory, with a bed table in front of them for their meals. The inspector observed that residents who required a modified (soft) diet had their meals served from a trolley that did not keep the food hot. This is actioned under regulation 18; food and nutrition.

Grab rails were available along the corridors to assist residents to mobilise safely and residents were observed mobilising during the day into communal areas. The communal areas in the centre comprised of a sitting room which was inside the front door, two dining areas, a conservatory and a second larger sitting room which was situated to the back of the premises. The inspector saw that there was an ample amount of furniture available for residents use in the sitting rooms, however, a number of arms chairs were stained and required repair or replacement. The carpet in the larger sitting room was also observed to be stained in numerous areas.

Residents had access to a small enclosed courtyard, at the back of the premises. The inspector observed that this area was unclean and poorly maintained. Furniture was also minimal in this area. To the front of the centre there were benches available for residents, under mature trees. However, some residents would require to be supervised in this area and the car park was situated to the front also. A review of residents meetings in the centre indicated that residents would like "more walks" and more access to the outdoors.

The centre had a good social activity schedule in place, which included group and one-to-one activities. Residents were seen enjoying these activities throughout the day, with the activities staff member who had worked in the centre for a number of years. The local priest came to the centre on the morning of the inspection and said mass, where 19 residents attended. Residents told the inspector they loved this and looked forward to it monthly. The priest was known to many residents and chatted to them about life and their families before and after the mass. Residents were observed enjoying a cup of tea and a chat after mass and then a singsong. Residents were observed singing with staff and talking about their favorite songs. The inspector saw throughout the day residents had the opportunity to engage in activities such as quizzes and reminiscence.

Residents told the inspector that staff were always quick to provide assistance with anything they needed. The care provided to residents was observed to be unhurried, throughout the day and residents and staff chatted comfortably with each other. It was evident that the staff knew the residents well and were familiar

with the residents' daily routines and preferences for care and support. Staff that spoke with the inspector were knowledgeable about residents and their individual needs. A large proportion of staff had worked in the centre for a number of years and were very familiar with residents. The inspector had the opportunity to meet with two visitors. They were complementary about the care their family member received, one telling the inspector that anything they ask for is addressed immediately.

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

This was an unannounced risk inspection which took place over one day, to monitor ongoing compliance with the regulations. The findings of this inspection were that while there was a clearly defined management structure in place, the management systems required strengthening to ensure that an effective and safe service was continuously provided for residents. There were limited processes in place to oversee the quality and safety of the service and ensure good levels of regulatory compliance. Action was required to comply with the regulations in relation to food and nutrition, medication management, the premises, infection control, care planning, notification of incidents and healthcare. These will be detailed under the relevant regulations in this report.

Mertonfield Ltd is the registered provider of Kilcara House Nursing Home. The company has two named directors, one of whom works in the centre full-time. The management structure in place within the centre, clearly identified the lines of authority and accountability. The person in charge works full time and is responsible for the day to day operation of the centre in addition to providing oversight of clinical issues. They are supported by an assistant director of nursing, and a team of nurses, healthcare assistants, catering staff, domestic, activities and administration staff. There were appropriate levels of staff available, based on the assessed needs of residents, on the day of this inspection.

Accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. However, all incidents had not been notified to the Chief Inspector, as per requirements of the legislation, which is actioned under regulation 31. Records requested were made available to the inspector and there were primarily paper based systems in place. On review of records requested, as part of this inspection, it was noted that not all nursing records were completed in line with professional guidance and an incident which had occurred in the centre was not recorded in the centres incident records. These findings are actioned under regulation 24.

This inspection found that there were inadequate systems in place to monitor the

ongoing quality and safety of the care delivered to residents. Inspection findings reflected the need for enhanced oversight of the day to day operation of the centre, by the management team, to ensure that issues identified for improvement on this inspection were captured through the centre's own audit process. Auditing was found to be inconsistent and was not being used to drive quality improvement within the centre. This is further detailed under regulation 23; governance and management. Weekly key performance indicators (KPIs) were being collected on areas such as falls, infection, restraint and wounds.

The provider had engaged positively with the Office of the Chief Inspector following the previous inspection, which identified that improved fire safety systems were required in the centre, which evidenced good governance. However, the monitoring of this risk, while work was being carried out on in the centre had not been reviewed and monitored by management. This is actioned under regulation 23.

All residents had a contract for the provision of services in the centre. Nonetheless, some contracts reviewed did not outline the fees to be charged for services and the room that residents would occupy, which is a regulatory requirement. Policies and procedures were available to staff in the centre to guide and direct practice as per Schedule 5 of the regulations. The registered provider had a statement of purpose prepared and available to residents that accurately described the centre and contained the information as set out in Schedule one.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents on the day of this inspection. There was a registered nurse on duty 24 hours per day, as per regulatory requirements. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Judgment: Compliant

Regulation 21: Records

The registered provider had not ensured that records were in compliance with Schedule three of the regulations. In particular:

- nursing records reviewed were not always signed and dated by the nurse on duty, in accordance with professional guidance.
- a record of an incident relating to a resident in the centre, was not recorded in the incident records.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider did not have effective governance and management systems in place, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, evidenced by:

- there was evidence of a lack of effective systems in place by management to monitor residents food and nutrition, medication management, the premises, infection control, and individual assessment and care planning. These are further detailed under the relevant regulations.
- the management systems in place to monitor, evaluate and improve the quality and safety of the service were not effective to support the identification of risks and deficits. A review of records indicated that audits were not being completed or were ineffectively completed, since January 2023, therefore, quality improvement action plans could not be developed.
- risk management systems were not effectively implemented to identify and manage risks in the centre. Known risks were not included in the centre's risk register. Consequently, risks were not assessed, categorised according to their priority, or controls put in place to effectively manage the risks to residents. For example; fire safety work taking place in the centre, were not referenced in the risk register.
- there was a lack of oversight of incidents in the centre, as these were not always being recorded and quarterly notifications had not been submitted to the Chief Inspector in over six months.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

As per the findings of the previous inspection, not all contracts of care reviewed outlined the fees to be charged, including fees for additional services and the room occupancy. This is a regulatory requirement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It

accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not submitted to the Chief inspector a record of the incidents occurring in the centre, in line with regulatory requirements. This was particularly in relation to the number of deaths in the centre, the amount of residents using restraints and any occasion where the fire alarm activated in the centre. This information is required to be submitted at three months intervals, however, it had not been submitted for over six months.

Judgment: Not compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that the impact of the poor governance and management of the service directly impacted on the quality and safety of care provided to residents. In particular, this related to inadequate monitoring food and nutrition, medication management, a care planning system that did not fully direct residents specific care needs, issues pertaining to residents rights, and a premises that did not fully enhance residents quality of life. These findings will be detailed further, under the relevant regulations

Residents had access to a general practitioner (GP) of their choice and there were arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, physiotherapy and community palliative care services. A review of resident's care records evidenced that the treatment plans and recommendations of the medical and allied health and social care professionals was incorporated into resident's care plans. There was a low incidence of pressure ulcer development in the centre and good

wound care practices implemented. However, on a review of records the inspector found that one residents blood pressure was not appropriately monitored, as actioned under regulation 6.

Pre-admission assessments were undertaken by a member of the management team, to ensure that the centre could adequately meet the needs of prospective residents. However, a review of three residents care records found that care plans were not prepared for residents within 48 hours of admission, as required by the regulations. Assessments were also found not to be comprehensive as information was missing from documentation and scientific assessment tools were not always completed. These findings are actioned under regulation 5.

An inspection of the centre in February 2023, identified that improved fire safety governance and management systems were required to ensure residents safety. The provider engaged proactively with regards these inspection findings, with the Office of the Chief Inspector. Following the inspection the provider submitted a compliance plan to address the risks identified, in the systems of containment and management of fire. The provider had committed to completion of all work by December 2023, as extensive work to the premises was required and an upgrade to the fire alarm system. The inspector found that the provider had completed some actions such as the periodic inspection of electrical installation, replacement and repair of some fire doors and installation of emergency escape signage. However, further work was outstanding and was due for completion, to ensure residents were safe, as detailed under regulation 28.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Controlled drugs records were reviewed by the inspector and it was evident that they were maintained and managed in line with professional guidelines. However, there was poor oversight of medication practices in the centre. This particularly relates to the monitoring of medications which required to be maintained at a specific temperature and the system of administration of medications for short stay residents, as actioned under regulation 29.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. The systems in place to ensure residents received the correct food consistency required to be enhanced along with the process for serving modified diets, as detailed under regulation 18.

Opportunities for residents' feedback and to ask questions were in place, via residents meetings three times per year. Residents had access to the services of an advocate, who had attended the centre in the past month. There was a variety of activities available to residents that included group and one to one sessions.

Regulation 17: Premises

The following required to be addressed to ensure the premises met the requirements of Schedule 6 of the regulations.

- floor coverings in some areas were not appropriately maintained. This was particularly in relation to carpets in bedrooms and communal areas that were visibly stained and frayed.
- storage facilities were inadequate and not being used effectively. This resulted in the inappropriate storage of equipment such as mobility aids, hoists, trolleys and hairdressing equipment.
- the external garden off the conservatory was poorly maintained and was not suitably decorated as there was minimal furniture for residents use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required to achieve compliance with this regulation, evidenced by the following findings:

- systems in place to ensure that residents received correct meals, as recommended by speech and language therapists and dietitians were not robust. Particularly, ensuring that information systems in place to communicate residents' requirements, regarding special diets and correct food consistencies, to the catering staff. This system relied on verbal information, as per staff working in the kitchen. The only documented information available to catering staff was situated on a notice board outside the kitchen and had not been reviewed by nurse management in over six months. This system posed a risk to residents, potentially receiving the incorrect diet.
- the systems in place to serve residents modified diets did not ensure that food was served at the correct temperature as it was served from a trolley in bowls, and was not maintained warm.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a guide in respect of the designated centre. the guide available contained all information as

specified in the regulations.

Judgment: Compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with National Standards for Infection Prevention and Control in Community Services published by the health Information and Quality Authority (HIQA). This was evidenced by;

- there was also poor oversight of cleaning within the centre and the provider did not ensure that cleaning took place in the centre, when a member of staff was absent. This posed a risk to residents as areas of the centre were visibly unclean on the morning of the inspection.
- the environment and equipment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by the storage of wheel chairs, hoists and other pieces of equipment in the bathrooms. This increased the risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding progression of the fire safety works to the premises being undertaken, as per the providers commitment following the inspection of February 2023, further areas remained outstanding, for example:

- enclosing the electrical supply panel with fire rated construction.
- the fire compartment boundaries between the ground floor bedrooms and the upper floor bedrooms, where they are separated by an attic space, were not clear.
- emergency lighting required to be fitted at external escape routes in some areas of the centre.
- some further fire doors required upgrading.
- the attic hatches within fire rated ceilings were not fire rated.
- upgrade to zoned floor plans.
- the extent of fire compartment boundaries was not clear.

The provider assured the inspector that all fire safety work to the premises would be completed by December 2023. The inspector saw that work was taking place on the day of this inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Poor oversight of medicine management in the centre did not provide adequate assurances that residents were protected by safe medicines management practices and procedures or that the centre's medicines management policy was adhered to. This was evidenced by the following findings;

- residents residing in the centre for respite (short stay) did not have their medications administered via an appropriate prescription and administration chart. Therefore, the inspector was not assured that the person in charge had ensured that medications were administered in accordance with the directions of the prescriber. Administration records reviewed found that this resulted in medications not always being administered correctly. Registered nurses were also not recording if a resident refused a medication, as per the centres policy.
- the medication refrigeration system was not being monitored effectively. For example; the recommended temperature for medications to be stored range between 2-8 degrees Celsius. The inspector noted that on 15 occasions in the previous 6 weeks the temperature had exceeded the recommended temperature. Therefore, the inspector could not be assured that medications were maintained at the correct temperature and administered according to the directions of the prescriber or in accordance with any advice by the residents pharmacist, regarding the correct use of the product.

The person in charge was requested to address these findings during the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations, evidenced by the following findings:

- care plans were not always guided by a comprehensive assessment of the residents care needs. For example, two residents records reviewed did not have a comprehensive assessment completed on admission, to guide care delivery. Consequently, the care plan did not reflect the residents increased risk of falls or pressure ulcer development, or the interventions necessary to support the residents mobility.
- care plans for short stay residents were not prepared for residents, by 48 hours after admission to the centre. This is a regulatory requirement. The

management team informed the inspector that care plans would be formulated if the resident was then admitted for long term care. However, this posed a risk to residents as they may not receive care based on their individual assessment and needs.

Judgment: Substantially compliant

Regulation 6: Health care

A resident admitted with an elevated blood pressure did not have this re-recorded, although they had been residing in the centre for over a week. This is not in line with evidence based nursing care, in accordance with professional guidelines.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices in the centre required action evidenced by the following findings:

- the use of bedrails in the centre was 25% and there was not always evidence that alternatives had been trialled.
- there was restricted access to external areas, as the front door required a code to exit. Therefore, residents could not choose to use these area independently. A review of residents meetings indicated that residents had requested more access to the outdoors.
- residents living upstairs could not use the lift independently as it was awaiting repair. This may impede a residents access to their surroundings.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents who required assistance with meals were not afforded a choice with regards to having a dining experience and were served meals in the conservatory, with a bed table in front of them, where they spent the majority of their day.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Not compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0040167

Date of inspection: 12/09/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: Management will carry out more audits and spot checks on all care plans including short stay to ensure nursing records are in accordance with professional guidelines. Management will ensure all notifiable incidents which occur within the nursing home will be notified to the chief inspector on a timely manner. All RGNs have been reinforced importance of recording incidents in incident record book not just residents care plans. Management will oversee same. Same has been discussed at RGN meeting.</p> | |
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Food and nutrition are and will continue to be closely monitored and recorded. Staff when questioned are aware of resident's specific dietary needs, Same is now documented individually and available in kitchen. Kitchen staff are now and will continue to serve all residents meals individually directly from kitchen. Medication management: - Plan going forward for short stay residents, if GP's agree to same is to get a new prescription on admission with a matching medication administration record sheet from pharmacy. Some Gp's Refuse to write up Kardex. All PRN medications residents taking at home will be documented as PRN, For eg:- Gaviscon. RGNS all informed if notice anything not working (Medication Fridge) properly ensure to</p> | |

inform management and handover at each RGN shift change. Document in Maintenance folder. Management will oversee and carry out regular audits.

Premises and Infection control

Store required clearing, which has been completed by provider, this has allowed extra space for Hoist and wheelchairs. More audits and walkarounds to monitor same to reduce risk around infection control. There is ongoing works being carried out; ie; Painting, carpet removal, furniture upholstery.

Risk assessments are in place but need to be monitored more closely for daily risks ie; maintenance work been carried out. Both management and RGN's on duty are responsible for same to be updated. Same has been highlighted at RGN meeting.

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

Plans are in place by proprietor to ensure all contracts of care are updated and kept in compliance with regulations.

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| Regulation 31: Notification of incidents | Not Compliant |
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Management will ensure all notifiable incidents which occur within the nursing home will be notified to the chief inspector on a timely manner. All Quarterly return will be completed on 3 monthly intervals.

Dates of completion of same will be entered into management diary to ensure completion.

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| Regulation 17: Premises | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:

Plans are in place and were at time of inspection to ensure the premises meet requirement both internally and externally.

A maintenance list has been made to proprietor from PIC and ADON and will be ticked off as and when completed.

Regulation 18: Food and nutrition

Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Kilcara has always provided high standard meals to all residents
Food and nutrition are and will continue to be closely monitored and recorded. Staff when questioned are aware of resident's specific dietary needs, Same is now documented individually and available in kitchen. Same will be updated as need change/ three monthly, date for same will entered management diary.
Kitchen staff are now and will continue to serve all residents meals individually directly from kitchen.

Regulation 27: Infection control

Substantially Compliant

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

Store required clearing, which has been completed by provider, this has allowed extra space for Hoit and wheelchairs. More audits and walkarounds to monitor same to reduce risk around infection control. There is ongoing works being carried out; ie; Painting, carpet removal, furniture upholstery.
Kilcara are currently recruiting an extra cleaner to cover sick leaves and holidays.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Work is in progress as was time of the inspection.
Aim was to have all completed by December 2023, but due to supply from contractors date for completion is now January 2024

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| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Medication management: - Plan going forward for short stay residents, if GPs agree to same is to get a new prescription on admission with a matching medication administration record sheet from pharmacy which allows two RGN to write up Kardex and double signature. Some GPs Refuse to write up Kardex.</p> <p>Any PRN medications residents taking at home will be documented as PRN, For e.g.: - Gaviscon.</p> <p>RGNS all informed if notice anything not working (Medication Fridge) properly ensure to inform management and handover at each RGN shift change. Document in Maintenance folder. Management will oversee and carry out regular audits.</p> | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Management will ensure that all care plans including short stay residents will have comprehensive assessment of need within 48 hours of admission.</p> <p>Regular audits and spot checks will be carried out for compliance of same.</p> | |
| Regulation 6: Health care | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All RGNS have been re-informed at RGN meeting of the importance of follow through care in accordance with professional guidelines. Kilcara will continue with a Comprehensive handover at the beginning of each shift which will ensure all health care needs are followed through and appropriate MDT involvement.</p> | |

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| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The use of bed rails could have been reduced furthermore in Kilcara, as some residents do not require same, but Management will adhere and respect individual choice for use of same as some residents used bed rails for security previously at home.</p> <p>Risk assessments/ consent has always been obtained prior.</p> <p>Plan are in place to monitor and risk assess all residents prior to giving key code for access in and out of nursing home independently.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Kilcara have two dining rooms in the centre and the dining experience for residents who can dine independently is a pleasant, sociable and relaxed occasion. Residents have a choice of meals from a menu, that is updated daily</p> <p>Some residents are unable to sit at the dining room table as require OT specific wheelchair due to poor posture.</p> <p>Did trials armchairs; unsuccessful.</p> <p>Another resident requested not to be moved to dining room for meals, same respected and is documented in care plan.</p> <p>Will monitor all residents dining experience daily and carry out resident surveys twice yearly. Residents are given time to voice any concern/ changes they may have at meetings.</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 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 | 14/09/2023 |
| Regulation 18(1)(c)(i) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served. | Not Compliant | Orange | 13/09/2023 |
| Regulation 18(1)(c)(iii) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary | Not Compliant | Orange | 14/09/2023 |

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| | needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned. | | | |
| 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 | 13/09/2023 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Not Compliant | Orange | 31/01/2024 |
| Regulation 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the | Substantially Compliant | Yellow | 03/11/2023 |

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| | number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre. | | | |
| Regulation 24(2)(b) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services. | Substantially Compliant | Yellow | 03/11/2023 |
| 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 | 14/09/2023 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Not Compliant | Orange | 31/01/2024 |
| Regulation 28(1)(b) | The registered provider shall | Not Compliant | Orange | 31/01/2024 |

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| | provide adequate means of escape, including emergency lighting. | | | |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Not Compliant | Orange | 31/01/2024 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 31/01/2024 |
| Regulation 28(2)(ii) | The registered provider shall make adequate arrangements for giving warning of fires. | Not Compliant | Orange | 19/09/2023 |
| Regulation 28(3) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre. | Not Compliant | Orange | 31/01/2024 |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice | Not Compliant | Orange | 13/09/2023 |

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| | provided by that resident's pharmacist regarding the appropriate use of the product. | | | |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4. | Not Compliant | Orange | 14/09/2023 |
| 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 | 13/09/2023 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus | Substantially Compliant | Yellow | 13/09/2023 |

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| | Cnáimhseachais from time to time, for a resident. | | | |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 19/10/2023 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Substantially Compliant | Yellow | 13/09/2023 |