



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:	26 October 2023
Centre ID:	OSV-0000052
Fieldwork ID:	MON-0038961

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 74 residents. It has 68 single bedrooms, and three twin-bedrooms, all with en suite 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. 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:	45
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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
Thursday 26 October 2023	09:15hrs to 18:00hrs	Sean Ryan	Lead
Thursday 26 October 2023	09:15hrs to 18:00hrs	Sarah Quilter-Lee	Support
Thursday 26 October 2023	09:15hrs to 18:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Residents living in Kilminchy Lodge Nursing Home told the inspectors that they enjoyed a good quality of life in the centre and that staff treated them with respect. Inspectors found that residents received a satisfactory standard of person-centred care from a team of staff, under the supervision of a structured management team. Residents expressed high levels of satisfaction with the service, including their bedroom accommodation and the premises, the provision of meaningful and engaging activities, and the quality of the food.

Inspectors were met by the person in charge and a person participating in the management, on arrival at the centre. Following an introductory meeting with the management team, inspectors walked through the centre and met with some residents and staff. On the day of inspection, the centre was experiencing an outbreak of COVID-19. A number of residents were cared for in a dedicated isolation area that was separately staffed. Inspectors observed the remaining residents spent their day in their bedroom, or separate communal areas. Inspectors were introduced to a number of residents in the communal dayroom and in their bedrooms. Inspectors spoke with seven residents in detail about their experience of living in the centre. Some residents were unable to articulate their views on the quality of the service they received, however, those residents appeared relaxed and content in their environment, and in the company of fellow residents and staff. Staff were observed attending to the needs of those residents throughout the day, and supporting the residents to engage in meaningful activities.

There was a friendly and homely atmosphere in the centre. Residents were observed chatting with one another in the communal dayroom, and staff were seen to be attentive to their requests for assistance. Other residents were seen walking through the corridors, and meeting their visitors. While staff were busy attending to residents' requests for assistance, residents were observed to receive patient and person-centred care from the staff. Call bells were answered promptly by staff.

Residents complimented the staff who they described as 'polite and caring'. Residents told the inspectors that staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished. Residents were positive in their feedback about the décor of their bedrooms and the general premises.

The centre is registered to provide accommodation to 52 residents. The provider had made significant improvements to the premises such as renovation and redecoration of the communal areas and all bedrooms. The premises was warm, well-lit, clean in most areas, and comfortable for residents. Inspectors found that the premises was designed and well laid out to meet the needs of residents with the exception of two shared bedrooms. The layout of the bedrooms did not facilitate all residents occupying the bedroom to have a chair, or storage facilities, in close proximity to their personal space, and the allocation of private space was not

equitable. There was a lack of directional signage in areas of the premises. Additionally, bedrooms that had views of the enclosed garden did not have adequate privacy screening in place. Those bedrooms could be viewed from the communal garden and dining room. Externally, a secure patio areas was observed to be appropriately maintained, furnished, and accessible to residents.

Areas of the premises occupied by residents, such as bedrooms and communal day rooms, were observed to be clean. Areas designated to care for residents in isolation has appropriate signage in place to support effective infection prevention and control. However, some equipment used by residents, communal bathrooms, en-suite shower facilities, store rooms, and the catering environment were not cleaned to an acceptable standard.

The inspectors observed that all fire doors had been fitted with automatic door closures devices. This also allowed residents to safely keep their door open safely without impacting on fire containment measures. However, bedrooms doors were fitted with locks that required a key to open them from the inside. This had the potential to impede access or egress from the bedroom in the event of a fire emergency. Inspectors observed inappropriate storage of oxygen cylinders, and electrical charging devices in close proximity to combustible materials. Additionally, the fire safety floor plans displayed in the centre were unclear in terms of identifying the fire compartment boundaries. This had the potential to cause confusion and delay in the safe and timely evacuation of residents during a fire emergency.

Residents expressed their satisfaction with their bedroom accommodation and were satisfied with the storage facilities for their personal clothing and possessions. Resident's personal clothing was laundered off-site by an external service provider. Residents expressed their satisfaction with the service provided, and described how staff returned their laundry to their bedroom when the laundry was delivered twice a week.

Residents were engaged in activities throughout the day. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer. There was a detailed weekly activity schedule on display to support residents to choose what activities they would like to participate in. There were opportunities for residents to participate in activities according to their interests and some residents completed activities in private such as knitting. The inspectors spent time observing the interactions between residents and staff and observed that staff supported residents to enjoy and engage in activities.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Residents were facilitated to provide feedback on the quality of the service through formal scheduled resident meetings and surveys. One resident was nominated as the human rights ambassador for residents in the centre. Residents were also provided with information on the services available to support them. This included independent advocacy, and safeguarding services.

Visitors were informed that there was an outbreak of COVID-19 in the centre. Visiting was not restricted and a small number of visitors were observed attending the centre on the day of inspection. Visitors expressed a high level of satisfaction with the quality of care provided to their relatives, and described the management and staff as approachable.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This one day unannounced risk inspection was carried out by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).
- review the provider's application to vary conditions of their registration.
- follow up on the actions taken by the provider to address issues of non-compliance found during previous inspections of the centre.

The findings of this inspection were that the provider had taken significant action to improve the quality of the premises for residents, fire safety, and facilities to support effective infection prevention and control. Further action was now required in relation to the governance and management, premises and fire precautions to achieve full compliance with the regulations.

Kilminchy Lodge Nursing Home Limited is the registered provider of this centre, and is a company comprised of three directors. The organisational structure had remained unchanged since the previous inspection. The person in charge reported to a senior management team consisting of a representative of the company directors and a regional manager, who was a person participating in the management of the centre. A member of the senior management team attended the centre on a weekly basis to provide governance and oversight support to the person in charge.

Within the centre, there was an established clinical management structure. The person in charge was supported clinically and administratively by an assistant director of nursing and a team of clinical nurse managers. The assistant director of nursing supported the person in charge in the administration of the service, while the clinical nurse management team were responsible for supervising the quality of care in addition to the delivery of direct nursing care to residents.

There were management systems in place to monitor the quality and safety of the service provided that included a schedule of audits. Inspectors reviewed a sample of completed clinical audits and found that some audit tools were not effective to

support the identification of risks and deficits in the quality and safety of the service. For example, audits of residents' falls had not analysed or identified possible contributing factors to the high incidence of falls, such as poor staff training, or that falls incidents were not consistently documented or managed in line with the centre's own falls management procedure. Therefore, an effective or appropriate quality improvement plan could not be developed. Additionally, inspectors found that improvement actions arising from audit findings were not always implemented. For example, the senior management had identified a requirement to establish a falls prevention programme, however this action had not been established and there continued to be a high incidence of falls in the centre.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed at frequent intervals.

Record keeping and file management systems consisted of both electronic and paper-based systems. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. However, inspectors found that some records were not maintained in line with the requirements of the regulations as they were incomplete. This included records pertaining to nursing documentation, adverse incidents involving residents, and staff personnel records.

The centre had sufficient staffing resources to ensure effective delivery of good quality care and support to residents. On the day of inspection, there was an outbreak of COVID-19 in the centre that affected fifteen residents and a number of staff. There was effective management and organisation of the staffing resource to minimise the risk of infection to residents.

There was a training and development programme in place for all grades of staff. A review of staff training records evidenced that all staff had up-to-date training to support the provision of safe care to residents.

A centre specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The complaints procedure was displayed in the centre and residents and staff were aware of the procedure. A review of the record of complaints found that while all complaints were documented, the process of the management of some complaints was not always completed. For example, a small number of complaints did not have the outcome of an investigation documented.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary conditions of registration was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- The nursing record for resident's health and treatment given, following an incident in which a resident suffered harm was poorly documented, and investigated. There was no documented assurance that appropriate assessment, treatment and care was delivered to a resident following a serious fall.
- Records required under Schedule 2 of the regulations were not appropriately maintained. Two staff files did not contain two written references or relevant qualifications.
- Records of specialist treatment and nursing care provided to residents were not maintained in line with the requirements of Schedule 3(4)(b). For example, records of repositioning charts for residents at high risk of impaired

skin integrity were not consistently maintained.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents to residents was safe, appropriate, consistent and effectively monitored. For example;

- The systems of monitoring, evaluating and improving the quality and safety of the service were not effective. For example, improvement action plans were not consistently implemented, subject to time frames, or progress review.
- There was poor monitoring and oversight of infection prevention and control, and the quality of environmental hygiene in areas of the centre, such as the dining room and catering facilities.
- There was poor oversight of record management systems to ensure compliance with the regulations. For example, records pertaining to nursing documentation, and the records of incidents were found to be poorly recorded and investigated. In addition, records for the monitoring of the water quality were incomplete.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were not managed in line with the requirements of the regulations.

Records of complaints received by the centre did not consistently detail the outcomes of any investigations into complaints.

Additionally, records did not clearly indicate that a written response of acknowledgment was issued to the complaint in line with the requirements of the

regulations, and the centre's own complaints procedure.

Judgment: Substantially compliant

Quality and safety

Residents living in this centre received care and support which ensured that they were safe and that they could enjoy a good quality of life. While the registered provider had taken some action to ensure residents' safety in relation to fire safety and infection prevention and control, these were not sufficient to bring the service into full compliance and further action was required. Additionally, this inspection found that the physical environment did not always meet the needs of residents in terms of their privacy needs.

Inspectors reviewed the arrangements in place relating to fire safety. Inspectors found that regular fire safety checks in the centre were completed and recorded. There were daily, weekly and monthly checklists which included testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. The centre was equipped with a fire detection and alarm system which covered all areas. However, this inspection found that fire containment measures, maintaining adequate means of escape, and ensuring the safe and timely evacuations of residents in the event of a fire emergency were not in line with the requirements of the regulations. This is discussed further under Regulation 28, Fire precautions.

Action had been taken with regard to the maintenance of the premises since the previous inspection. Significant renovations works had been completed in all areas of the premises. All corridors and bedrooms had been redecorated and new floor coverings had been installed in all areas. However, some action was required to ensure compliance with Schedule 6 of the regulations. This included the provision of appropriate directional signage to support residents to navigate their environment.

Inspectors found that some action had been taken following the previous inspection to support effective infection prevention and control measures. This included the management of storage areas to ensure they could be effectively cleaned, and the appropriate segregation of equipment in the sluice rooms. Staff spoken with were knowledgeable of the signs and symptoms of respiratory infections and appropriate controls were in place for any resident showing symptoms of respiratory infection. Conveniently located alcohol hand gel dispensers were available throughout the centre. On walking around the centre the inspectors noted that the standard of cleanliness in the catering departments and in some communal facilities was not consistent with the standard in other areas of the centre. A review of the systems in place to monitor and supervise the cleaning of these areas, such as audits and checklists were not fully effective. Further findings are described under Regulation 27, Infection control.

Inspectors reviewed a sample of resident's assessments and care plans and found that the residents' needs were being assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents.

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 occupational therapy through a system of referral. Residents were provided with appropriate access to medical and health care services.

Residents told the inspectors that they felt at home in the centre and that their privacy and dignity was protected. Residents were free to exercise choice about how to spend their day and were encouraged to enjoy and participate in activities.

Inspectors found that the layout and configuration of two bedrooms designated to accommodate two residents did not provide equitable and usable private space for residents. Additionally, inspectors found that some residents were not provided with adequate privacy screening on their bedroom windows.

Satisfaction surveys were carried out with residents and relatives and reflected that residents were satisfied with the service provided.

Arrangements were in place for residents to receive visitors. There was no restrictions placed on visiting to the centre.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

Action was required to comply with Regulation 17: Premises. For example;

- There were areas of the premises that were not laid out to meet the needs of the residents, in line with the statement of purpose. For example, half of a communal dayroom was allocated for use as a physiotherapy area. This reduced the amount of communal space available for residents to use.
- There was insufficient directional signage displayed to direct occupants around the centre. In addition a number of rooms were not provided with

signage to indicate the room function, for example, the visitor's toilet.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by findings of;

- Poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, cleaning records for the kitchen indicated that specific pieces of equipment and the catering environment had been cleaned on the day of inspection. However, the equipment and catering environment was visibly unclean on inspection.
- Oversight and management of known infection risks in the centre was poor. This was evidence by incomplete records in relation to ensuring a safe water supply.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Vacant bedrooms, some en-suites, storage areas, and the main dining room were visibly unclean. Equipment within the dining room, such as a fridge, cupboards, and utensils, were visibly unclean.
- Equipment shared by residents was not clean, or appropriately decontaminated after use. For example, a hoist that was shared between residents was not clean on inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider was not taking adequate precautions against the risk of fire:

- Hoist battery chargers were unsecured and stored on a filing cabinet with combustible items adjacent to them.

The means of escape was not adequate, for example;

- The locks to bedroom doors required a key to operate the lock from the escape side. This created a risk whereby a resident would require a key to exit their bedroom in the event of a fire emergency. Additionally, this could potentially impact on staff gaining timely access to the bedroom.

- There was no documented evidence that a timber sheeted ceiling in the day room by reception, was adequately treated with a proprietary product to prevent the surface spread of fire.

The systems in place for the adequate containment of fire were not robust. For example;

- Storage rooms and the enclosure to electrical panels on the delivery corridor, were not located within fire-rated construction.
- The ceiling within the medicines room had penetrations which impacted its fire resistance. This included an attic hatch and ventilation grilles.

The measures in place to safely evacuate residents and the drill practices in the centre did not provide assurance that adequate fire safety procedures were in place. For example;

- The simulated drills did not reflect that full compartment evacuations took place. There was a fire compartment providing accommodation to fourteen residents. An evacuation drill of this compartment had not been practiced to demonstrate that adequate resources were available to ensure the safe evacuation of this larger compartment within a reasonable time frame.
- Some staff were unclear on which fire doors were within fire compartment boundaries.
- While all residents had a personal emergency evacuation plan (PEEP) in place, the information contained within the PEEP was not consistent with the providers' own fire safety management plan. Additionally, some personal emergency evacuation plans had not been updated since April or May of this year.

The floor plans on display were not clear. The coloured system used to delineate fire compartment boundaries were similar to other annotations on the plan. This had the potential to cause confusion during a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed five residents assessment and care plans. Care planning documentation was available for each resident. Residents had their clinical assessments of need completed by an appropriate health care professional, which informed the health, personal and social interventions outlined in the care plan.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to General Practitioners (GP) of their choice and the person in charge confirmed that GPs attended the centre as required. Residents also had access to range of health and social care professionals such as physiotherapy, occupational therapy and tissue viability nursing.

Judgment: Compliant

Regulation 9: Residents' rights

The layout and design of a number of bedrooms did not support residents to undertake personal activities in private. For example,

- The layout of two twin-bedrooms designated to accommodate two residents were not configured to ensure residents had adequate space to undertake personal activities in private. For example, while there was personal space for each resident, the layout of the room would not afford one resident in each bedroom adequate usable and private space to include their bed, a chair, and personal storage within their private bed space.
- Some bedroom accommodation did not ensure residents had adequate privacy. There were ten bedroom windows that did not have adequate privacy screens. The bedrooms faced out onto communal garden areas, and were visible across courtyard areas from the dining room.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilminchy Lodge Nursing Home OSV-0000052

Inspection ID: MON-0038961

Date of inspection: 26/10/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Immediately following the inspection, a comprehensive review of all records required to be maintained under regulations was undertaken by the Person In Charge, supported by a Person Participating In Management. An action plan was developed with clearly identified actions and dedicated responsibilities that will ensure full compliance by 15 December 2023. The actions taken will address the non-compliances identified during the inspection. The Person In Charge will ensure implementation of the action plan, overseen by a Person Participating In Management and the Registered Provider Representative.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the inspection, the Registered Provider Representative in conjunction with a Person Participating In Management completed a review of the management systems in place and the actions outstanding from improvement action plans. A dedicated composite plan was developed comprising all outstanding actions and on a daily, weekly and monthly basis, the Person In Charge will ensure implementation of these actions. This will be monitored weekly by a Person Participating In Management and formally reviewed at the monthly governance meeting. Examples include daily checks of the catering facilities and dining room carried out by the Person In Charge or designate (complete); weekly Infection Prevention Control audits by the centre's Infection Prevention Control Link Nurse; overseen by the Person In Charge (ongoing), revisions to care documentation to ensure compliance with regulations and best practice (to be complete by 31 December 2023) and formal investigation training for the Person In Charge (to be</p>	

completed on 18 January 2024).	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>From the date of inspection, the Person In Charge now ensures that all complaints are managed in accordance with the requirements of the regulations and the centre's policies and procedures. Adherence is monitored weekly by a Person Participating In Management and complaint investigations and outcomes are reviewed formally at monthly governance meetings before being closed. (Complete)</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Person In Charge sourced alternate storage for physiotherapy equipment and communal space is now in line with the Statement of Purpose (Complete). Additional temporary directional signage was erected by a Person Participating In Management following the inspection. New directional signage is on order and will be in place from 15 December 2023.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Training and supervision of housekeeping and catering staff has been enhanced to include further training on cleaning methodology, including the cleaning of equipment and utensils and the importance of accurate documentation of cleaning schedules to evidence the work completed. This has been undertaken by the Housekeeping Manager and overseen by the Person In Charge. (Complete).</p> <p>Update training on infection prevention and control is being provided to all grades of staff by the centre's Infection Prevention Control Link Nurse. (to be complete by 31 December 2023).</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the inspection, evidence was provided to the inspector to confirm that timber sheeting was adequately treated to prevent the surface spread of fire; that the lighting along external escape routes was emergency lighting; that the electrical panels were contained within fire-rated enclosures; that the construction enclosing the kitchen provided adequate containment of fire and that all ceilings and penetrations had been closed and effectively fire sealed (complete). Additional signage has been installed, doors with ventilation grills have been replaced and a programme of lock replacement (for thumb turns) will commence for those residents who wish to lock their doors. Additional fire drills to optimise staff response times have been completed by the PIC including the largest compartment simulating night-time staffing levels. Response times and staff knowledge on escape routes and compartment boundaries is assessed by the Person In Charge or their designate daily and by a Person Participating In Management during weekly visits and is reviewed formally at monthly governance meetings. (Complete and ongoing). The Registered Provider Representative has refreshed escape plans which now ensure there is no confusion during an evacuation of the centre (complete). All PEEPs have been updated in accordance with the centre’s policies and procedures to accurately reflect the current needs of each resident. The Person In Charge will ensure that PEEPS continue to be refreshed in accordance with the changing needs of each resident. Hoist batteries are now stored in an area free from combustibles and the centre’s fire management documentation has been fully implemented (complete).</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: By 31 January 2024, the layout of twin bedrooms will be fully re-configured to comply with the requirements of the regulations thereby enabling both residents to undertake personal activities in private. By 11 December 2023, privacy screening will be fitted to the windows of bedrooms facing onto communal gardens & courtyards and car parks.</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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	15/12/2023
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	15/12/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Not Compliant	Orange	15/12/2023

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/01/2024
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.	Not Compliant	Orange	31/12/2023
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.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Not Compliant	Orange	31/12/2023

	including emergency lighting.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	31/12/2023

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/12/2023
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.	Substantially Compliant	Yellow	31/12/2023
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly	Substantially Compliant	Yellow	31/10/2023

	recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2024