Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Knockeen Nursing Home
Name of provider:	Knockeen Nursing Home Limited
Address of centre:	Knockeen, Barntown, Wexford
Type of inspection:	Unannounced
Date of inspection:	02 July 2025
Centre ID:	OSV-0000243
Fieldwork ID:	MON-0047406

About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barntown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses' station, administrative offices, a suitably equipped kitchen and a laundry room. There was activities changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, palliative care, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill (physical, sensory, and intellectual disability). The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in the centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. The centre currently employs approximately 74 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

How we inspect

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
Wednesday 2 July 2025	19:30hrs to 21:45hrs	Aisling Coffey	Lead
Thursday 3 July 2025	09:15hrs to 19:00hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Knockeen Nursing Home; however, some residents and visitors referenced certain factors, including food and staff response times to call-bells, as negatively impacting the residents' day-to-day experience in the centre.

The residents spoken with were complimentary of individual staff members. The staff were described exclusively in favourable terms by all residents spoken with. Residents told the inspector staff were "kind", "lovely", "nice" and "friendly". In terms of the care staff provided, positive feedback from residents included "anything I want, they are able to manage" and "no one ever says a cross word". While acknowledging the positive attributes of individual staff members, some residents spoken with stated that staffing levels were inadequate, with two residents referring to long waiting periods for assistance after ringing the call-bell. Similar resident feedback regarding insufficient staffing levels to support them and long wait times for call-bell responses was seen by the inspector in the records of the residents' meeting of 03/06/2025, and lengthy call-bell response times were seen in call-bell response records.

Visitors spoken with were similarly positive about the staff working in the centre and caring for their loved ones. While noting the highly positive feedback from visitors about the centre, including one resident telling the inspector that Knockeen Nursing Home was "the gold standard of nursing homes", some visitors similarly expressed their view that the centre was short-staffed, that their loved one had waited for long periods for assistance and that the food served required review.

The inspector observed warm, kind, dignified, friendly and respectful interactions with residents and their visitors throughout the two inspection days by all staff and management. Staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre; however, some aspects of service provision required improvement as set out in this report.

This unannounced risk inspection was conducted over two days, commencing with an evening inspection on the first day and followed by a second day of inspection on the following morning. During the two days of inspection, the inspector had the opportunity to speak with 13 residents and five visitors to gain insight into the residents' lived experience in Knockeen Nursing Home. The inspector also spent time observing interactions between staff and residents, as well as reviewing a range of documentation.

Knockeen Nursing Home is a two-storey premises overlooking the County Wexford countryside. All residents' accommodation and facilities were on the ground floor,

while the first floor accommodated a guest sleepover room, staff changing, office and storage accommodation.

Residents' bedroom accommodation was single occupancy with en-suite toilet and shower facilities. All bedrooms seen by the inspector were personalised with family photographs and items from home, such as paintings, bedding and ornaments. All the bedrooms had a television, locked storage and call bell facilities. Residents whom the inspector spoke with were pleased with their personal space. The centre also had two dedicated bedrooms for residents requiring palliative care services. These two bedrooms were spacious and bright, with direct patio access. Within these rooms, sleeping facilities enabled families to stay overnight with their loved ones. The centre also had a first-floor guest sleepover room if a further family member required overnight accommodation.

While an on-site laundry was used for domestic purposes, most residents' clothing and linen were laundered off-site. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

The inspector noted that the provider had made improvements to the premises to enhance infection control practices since the March 2025 inspection. The provider was in the process of installing a sink in the store room adjacent to the Pike room to facilitate housekeeping staff in sourcing clean water. There were multiple new alcohol hand gel dispensers conveniently located in the corridors to support staff hand hygiene. The provider had acquired two new linen trollies with protective covers to keep the linen clean.

The inspector reviewed the kitchen and storage areas throughout the centre and found the provider has sufficient stocks of resources, such as food, linen, personal protective equipment and personal care items, including incontinence wear and wipes, to ensure effective care for residents. While reviewing the stock of essential items, the inspector found seven boxes of expired nutritional supplements stored alongside food in an external food storage area. This matter was brought to the provider's attention and addressed promptly by the person in charge.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various rest and communal areas. These communal areas included two lounges, the "Rest Room" and the "Pike Room", two large dining rooms, an oratory and a sun room. Communal areas were comfortable and inviting with domestic features, such as a piano, bookshelves, ornaments and delph dressers, providing a homely environment for residents. The inspector noted that there was improvement in the decor of the dining area opposite the sun room since the last inspection, with bright tablecloths and decorative table furnishing now present. The inspector also noted that both dining areas were unlocked outside of mealtimes, meaning that residents could access this communal space without restrictions.

In terms of outdoor space, the centre had two secure internal gardens, which were clean, tidy, and pleasantly landscaped. The gardens had comfortable seating,

garden decorations, water features, raised vegetable and flower beds, potted plants and flowers. Access to these secure outdoor areas was similarly found to be unrestricted on this inspection, meaning that residents could enjoy these pleasant and secure outdoor areas without restriction.

On the first evening of the inspection, the inspector walked the premises to hear laughter and song coming from the Pike Room at 08:00pm. Within the Pike Room, 15 residents were seen to be enjoying an energetic and humorous karaoke session facilitated by an activities staff member. The provider had enhanced activity provision in 2025 with the recruitment of two dedicated activity staff members who were providing 32 hours of activities weekly. All residents spoken with expressed high praise for the two staff members and the entertainment schedule on offer in the centre. Residents complimented the live music session that had taken place on the first day of the inspection and spoke of their enjoyment of a recent outing to Johnstown Castle. Residents were also looking forward to a family barbeque taking place in the middle of July.

Outside of the karaoke session in the Pike Room, other residents watched television and read in the sun room, while others sat in the rest area in the entrance hall, watching the comings and goings from the centre. Many residents had retired to their bedrooms by 08:15pm, where some were resting, while others read, watched television or hosted visitors. There was a relaxed atmosphere in the centre, and staff were seen attending to residents' needs. The inspector saw that residents were offered refreshments at this time of the evening, including tea, coffee, biscuits and yoghurts.

On the morning of the second inspection day, residents were up, dressed in their preferred attire and appeared well cared for. Refreshments, including fruit, juice, soup and smoothies, were being offered at 10:45am. Arts and crafts were taking place in the Pike Room at 11:45am where nine residents made colourful displays from lollipop sticks. Before lunch, the rosary was recited in the oratory, with seven residents and a visitor participating. In the afternoon, 11 residents and one visitor enjoyed a game of skittles in the Pike room at 3:00pm. Elsewhere throughout the second inspection day, residents were also seen relaxing in their bedrooms, watching television, listening to the radio, and reading books, as well as national and local newspapers. Some residents chose to relax in the various communal areas and were seen chatting with other residents. Residents and their visitors also used the outdoor spaces available, including the enclosed courtyards, as well as strolling the grounds of the centre.

Lunchtime at 1:00pm in both dining rooms was observed to be a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. The inspector observed that 37 residents ate in the dining rooms, while a small number of residents chose to eat in their rooms. Ample drinks, including fresh drinking water, milk, soup, juices, cordial, tea and coffee, were available for residents at mealtimes and throughout the day. Residents confirmed they had been offered a choice of main meals, with beef and vegetable casserole and penne pasta being available on the second inspection day. This same choice was extended to residents prescribed modified texture diets, which was an

improvement from the March 2025 inspection. Overall, residents were complimentary of the quality and quantity of food. However, a small number of residents expressed their dissatisfaction with the food to the inspector, mentioning that the food was sometimes cold, the meat was tough, and the choices available were not to their tastes. One resident was heard to raise this complaint during the lunchtime meal on the second day of inspection. This feedback was brought to the attention of the provider for review.

Visitors were observed coming and going throughout the two inspection days. Residents and their visitors confirmed there were no restrictions on visiting. Visitors were observed engaging in activities alongside their loved ones, chatting in residents' bedrooms and relaxing in the communal and outdoors areas with their family members.

The provider had recently installed new safety measures at the front door, which triggered an alert to staff when a resident attempted to exit the centre, allowing staff to intervene and support the resident. The provider had plans to enhance security at the front door further and was seen to have consulted with residents and families in respect of these forthcoming changes.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection found improvements in the management systems since the previous inspection on 13 March 2025. However, further sustained actions were required as the provider worked towards improved regulatory compliance.

This was an unannounced risk inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection in March 2025. The inspector followed up on solicited and unsolicited information of concern received by the Office of the Chief Inspector since the last inspection. Two pieces of solicited information submitted by the provider following two recent safety concerns were reviewed; as were two pieces of unsolicited information related to resident care, welfare and safety, staffing levels, communication, governance and management. The overall findings of this inspection indicated that some of the concerns highlighted to the Chief Inspector by way of unsolicited information were substantiated, and actions have been identified for the provider under the relevant regulations within the report.

The provider was seen to have progressed with certain aspects of the compliance plan following the last inspection in March 2025, and improvements were noted concerning food and nutrition and individual assessment and care planning. While it was evident the provider was committed to driving improvements in all regulations, there was continued robust action required concerning several regulations, including healthcare, as set out in this report.

The registered provider is Knockeen Nursing Home Limited. The company has one director who represents the provider for regulatory matters. Since the last inspection in March 2025, there have been changes in the governance and management of the centre, including the appointment of a new person in charge, and the replacement of the second clinical nurse manager and head chef positions, which had been vacant in March 2025. Since the last inspection, the provider has also enhanced the management structures by upgrading specific roles within the centre to create a housekeeping supervisor role and four senior healthcare assistant roles.

The person in charge is a registered nurse and works full-time in the centre. The person in charge is responsible for overall governance and reports to the company director. The person in charge is supported in their day-to-day management of the centre by two clinical nurse managers, staff nurses, healthcare assistants, catering, housekeeping and maintenance staff. The clinical nurse managers deputise for the person in charge.

While acknowledging the recent replacement of managerial positions and the provider's enhancement of the centre management structures, documentation provided by the registered provider to the Chief Inspector indicated that staffing whole-time equivalent (WTE) resources were not in line with the statement of purpose against which the centre is currently registered. From the inspector's observations, discussions with residents and visitors, and a review of documentation, including residents' committee meeting minutes and call-bell response time reports, it was determined that a review of staffing was required to ensure a sufficient number and skill mix to meet the assessed needs of residents. Two residents informed the inspector that they had to wait for prolonged periods for care and attention, which caused them anxiety and upset. The residents' reports to the inspector were substantiated by call bell reports reviewed on the second inspection day. These staffing matters are discussed further under Regulation 15: Staffing and Regulation 23: Governance and management.

The inspector saw documentary evidence of the provider's emerging structured induction programme for directly employed and agency staff members. Records reviewed found the provider had arrangements for assessing a new staff member's competency, which would be reviewed at the six-month probationary period. The provider had also enhanced governance systems in the centre since the last inspection in March 2025. However, while acknowledging these positive actions, further robust improvements were required in staff supervision. Deficits in staff supervision were validated by the inspector's observations and findings during the two-day inspection, particularly concerning healthcare. Additionally, while the provider had introduced a new digital platform to deliver staff training and oversee compliance levels with such training, there were some gaps in adherence to

mandatory training requirements, which required review. These matters are discussed under Regulation 16: Training and staff development.

There was documentary evidence of communication systems in place between the registered provider and management within the centre, and similarly between the person in charge and staff working in the centre. Regular clinical governance meetings reviewed key issues relating to the quality and safety of the service delivered to residents, such as individual assessment and care planning, incidents, complaints, health and safety, audit findings and infection control. Staff meetings were held to discuss matters such as staffing, adherence to policies and procedures, training requirements, fire safety and regulatory compliance.

The provider had a risk register to monitor and manage known risks in the centre. The provider had completed some recent auditing in May and June 2025 concerning medication management, falls, call-bell response times and infection control. Notwithstanding this emerging good practice, this inspection found that further robust oversight was needed to safeguard residents and improve regulatory compliance, as the provider's oversight arrangements had not always been effective at identifying or addressing risks. These matters are discussed under Regulation 23: Governance and management.

Staff files were reviewed. All staff files contained evidence of the staff member's identity. However, the personnel files did not contain all of the documentation required to ensure safe and effective recruitment practices, which will be discussed under Regulation 21: Records.

The inspector re-examined contracts on this inspection. The provider had amended their contract template to align with regulatory requirements. Two new contracts had been issued using the updated template since the last inspection. The inspector reviewed these contracts and saw that they provided transparency to residents and their representatives in respect of their entitlement to services under the General Medical Services (GMS) Scheme and ensured transparency in respect of additional individual services and the fees to be charged for such services. The provider was undertaking a process of engagement with existing residents and their representatives to bring previous contracts into line with regulatory requirements. While acknowledging this good practice taking place, the inspector found some residents had not been issued with a contract of care, and this finding will be discussed under Regulation 24: Contract for the provision of services.

The provider displayed the complaints procedure prominently in the reception area. The centre had an up-to-date complaints management policy. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were knowledgeable about the centre's complaints procedure. The person in charge maintained a record of complaints received, how they were managed, and the outcome for the complainant. The inspector noted that four verbal complaints had been recorded since the last inspection, and records reviewed documented how these complaints had been managed. While acknowledging this improved recording of complaints, the

inspector found some gaps in complaints management practices when complaints were raised in resident committee meetings, as outlined under Regulation 34: Complaints procedure.

Registration Regulation 6: Changes to information supplied for registration purposes

The Chief Inspector had not been notified of the departure of the previous person in charge within the required time frames.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse with previous management experience and post-registration management qualifications. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff were not appropriate, having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre. This was evidenced by the following findings:

- Two residents voiced concerns about the delay in receiving assistance with personal care when they rang their call-bell. The inspector reviewed recent call-bell response times in relation to one of these residents and found they had been waiting on two separate occasions for 55 minutes and 50 minutes for a call-bell response in the previous week.
- The inspector reviewed a sample of other residents' call-bell response times over the last week and noted eight call-bell response times were exceeding 20 minutes, with delays of up to 50 minutes recorded.

The person in charge acknowledged shortcomings with the current call-bell system, including occasions where it was not clear to staff if a resident was requiring

assistance. The person in charge informed the inspector that the provider was due to replace the call-bell system fully the following week.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While the provider had enhanced governance systems in the centre since the last inspection in March 2025, further robust improvements were required in staff supervision to ensure staff implemented local policies in practice. For example, as referenced under Regulations 6: Healthcare, the inspector found poor adherence to conducting and recording safety checks for residents deemed to be at risk of harm and poor adherence to recording neurological observations for residents after an unwitnessed fall or head injury.

While the provider had a suite of training programmes in place to enable them to perform their respective roles, there were some gaps in adherence to mandatory training requirements requiring action, for example:

- Six staff had not completed fire safety training, while two further staff were overdue for a refresher in fire safety training.
- Five staff had not completed safeguarding vulnerable adults from abuse training, while two further staff were overdue for a refresher in this training.
- The provider had recently extended the remit of the managing challenging behaviour training from nursing and care staff to all staff. Given the enhanced remit of this training, 26 further staff were required to complete this training.

Judgment: Not compliant

Regulation 21: Records

Robust oversight was required in relation to records management. A review of four personnel files found evidence of the staff members' identities for all four staff members. However, the personnel files did not contain all of the documentation required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) to ensure safe and effective recruitment practices. For example:

- Two of the four personnel files did not contain full employment histories.
- Two of the four personnel files did not contain written references from the most recent employer, as required by regulation.

The inspector noted that while all four personnel files had valid Garda Síochána (police) vetting disclosures, two staff had commenced working in the centre in

February 2018 and February 2023, respectively, prior to these disclosures being applied for. At the time of the inspection, the provider had systems in place to ensure that all staff working in the centre had valid Garda Síochána (police) vetting disclosures prior to commencing work in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

At the time of the centre's registration renewal in May 2023, the registered provider, Knockeen Nursing Home Limited, had committed to providing specific staffing whole-time equivalent (WTE) resources, as outlined in the statement of purpose against which the provider was registered to operate, to ensure safe care for 49 residents. However, documentation provided by the registered provider indicated that staffing WTE resources were not in line with the statement of purpose. While the provider had increased staffing WTEs for specific grades of staff, including cooks, maintenance, general management and administration, there had been an overall reduction of 3.69 WTE staff, with reductions identified across the following staff categories:

- The provider was registered to have 7.78 WTE nursing staff, but the provider currently had 6.91 WTE.
- The provider was registered to have 21.94 WTE care staff, including activities staff, but the provider currently had 21.44 WTE.
- The provider was registered to have 0.5 WTE laundry assistants, but the provider currently had 0.4 WTE.
- The provider was registered to have 3.5 WTE housekeeping staff, but the provider currently had 2.61 WTE.
- The provider was registered to have 7.5 WTE kitchen assistants, but the provider currently had 5.41 WTE.

While the management systems in the centre had been enhanced since the March 2025 inspection and some improvements had been achieved, further actions were required to ensure the service provided was safe, appropriate, consistent, and effectively monitored, for example:

- Oversight arrangements concerning healthcare continued to require robust attention, as evidenced by the findings under Regulation 6.
- While the provider's quality assurance systems had identified areas of non-compliance found on this inspection concerning individual assessment and care planning and call bell response times, timely action had not been taken to address these deficits and enhance the quality and safety of service provision for residents.
- The provider's assurance systems required further strengthening as they had not been fully effective in identifying deficits and risks in staff records, as found on this inspection.

- The management systems that provided assurance with respect to the disposal of out-of-date medicinal products were ineffective, as the inspector found seven boxes of expired nutritional supplements stored alongside food in an external food storage area. Similarly, the management systems to ensure the secure storage of medicinal products were not fully effective, as the inspector observed a fluid thickener, a medicinal product, unattended and accessible to residents on the first evening of inspection. Both matters were addressed immediately by the person in charge when it was brought to their attention.
- While the provider had prepared an annual review of the quality and safety of care delivered to residents, this review did not evidence that it had been prepared in consultation with residents and their families, as required by the regulations.
- The registered provider had failed to implement all actions set out in the previous compliance plans submitted to the Chief Inspector. For example, full adherence to mandatory staff training, ensuring all staff have attended a fire drill in 12 months, addressing deficits in assessment, care planning and healthcare, and the submission of updated floor plans to the Chief Inspector reflecting the usage of external storage.

The providers policies required review to ensure safe and effective health care to residents, for example:

- The provider's policies failed to provide clinical guidance to nursing staff on managing residents with deteriorating conditions, nor did they offer clear instructions on seeking further medical assessment or transferring residents to the hospital.
- The provider's policies did not reflect certain practices in the centre concerning the administration of prescribed food and fluid thickener by non-nursing staff.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider had not ensured all residents were provided with a written agreement reflecting the terms by which they reside in this designated centre. For example, residents who were admitted to the centre for palliative care had not been issued a contract. The provider was aware of this gap and was reviewing the matter.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While improvements were noted in recording responses to complaints raised since the last inspection, continued action was required to ensure compliance with the regulation, for example:

- complaints raised by residents at the residents' committee meeting of 03/06/2025 in respect of long wait times for call-bell responses were not being recorded and managed in line with the provider's complaints policy.
- complaints raised by residents in respect of food temperatures, meat quality and food choices being available to meet individual preferences had not been noted and addressed in the complaints log.

Judgment: Substantially compliant

Quality and safety

The inspector found improvements to the standard of care provided to residents since the previous inspection. The inspector continued to observe kind and compassionate staff treating residents with dignity and respect. Visiting was encouraged and facilitated. The provider had enhanced arrangements concerning food and nutrition. Documentation for residents transferring to and from the hospital was seen to support a safe transfer of care. Notwithstanding these good practices, ongoing action was required concerning healthcare and individual assessment and care planning.

There were improvements in care planning noted since the 13 March 2025 inspection. The provider had also invested in a new electronic care records system. The person in charge had arrangements for assessing residents before admission into the centre. The inspector reviewed six residents' records and found person-centred care plans based on validated risk assessment tools. There was written evidence of consultation with the resident and, where appropriate, their family when care plans were reviewed. While acknowledging these good practices, action continued to be required concerning the review of individual assessments and care plans, which will be outlined under Regulation 5: Individual assessment and care plan.

The health of residents was promoted through medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapists, occupational therapists, speech and language therapists and palliative care services. The provider had taken steps to enhance the general practitioner service available to residents since the last inspection and had offered all residents the services of a newly contracted general practitioner who would visit the centre every week. Notwithstanding this good practice, the inspector found that significant robust action was required to ensure that residents had access to appropriate medical and healthcare based on their

assessed needs, and a high standard of evidence-based nursing care. This will be discussed under Regulation 6: Healthcare.

Regulation 11: Visits

The provider had a written visitor policy as required by the regulation. The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had several private and communal spaces for residents to host a visitor.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises are in line with the statement of purpose and the floor plans for which it is registered. For example, the provider was using external storage on the centre's grounds to store residents' consumables, such as incontinence wear. The provider also utilised external storage for the centre's food supplies. However, these storage spaces were not included in the centre's floor plans, necessitating the provider to update the floor plans and submit an application to vary condition 1 of the centre's registration to the Chief Inspector.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Overall, residents were complimentary regarding food, snacks, and drinks. Food was prepared and cooked on-site. Choice was offered at all mealtimes, and adequate quantities of food were observed to be provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. There were new oversight arrangements in place, overseen by the centre's head chef and clinical nurse manager, to ensure the dietary needs of each resident, as prescribed by a healthcare or dietetic staff, were being met.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon the residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed in the residents' records.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place, up-to-date and contained the requirements as outlined in the regulation. The provider also had a policy for responding to major incidents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While there were improvements in care planning noted since the previous inspection, action continued to be required concerning the review of individual assessments and care plans to ensure that each resident's needs were comprehensively assessed and an up-to-date care plan was prepared to meet these needs, for example:

- A resident assessed to be at risk of malnutrition did not have their nutrition care plan updated at required intervals, with a gap of 11 months noted since the last review. The practice of not updating care plans at required intervals is a missed opportunity to identify the possible factors causing or contributing to the weight loss, develop a plan to mitigate these risks, and enhance the resident's health and comfort.
- A resident assessed to be at very high risk of developing a pressure ulcer did not have their skin care plan updated at required intervals. Additionally, the skin care plan incorrectly recorded the resident's risk category. Underestimating a resident's risk of developing a pressure ulcer could lead to missed opportunities to mitigate these risks and create a robust care plan to enhance the resident's comfort and safety.
- A resident at risk of malnutrition had been reviewed by a dietitian in the weeks before the inspection; however, the resident's nutritional care plan had not been updated to reflect the dietitian's recommendations.

Judgment: Substantially compliant

Regulation 6: Health care

Notwithstanding residents' access to a range of healthcare professionals, significant robust action was required to ensure that all residents had timely access to appropriate medical and healthcare based on their assessed needs and a high standard of evidence-based nursing care. For example:

- The inspector reviewed the records of three residents who had unwitnessed falls and found neurological observation assessments were not monitored and documented in line with the provider's falls policy in all cases. The inspector found that for one of the falls, there was no record of neurological observation assessments post-fall. For a second fall, there were two neurological observations recorded but not continued until the resident's transfer from the centre to the hospital. For the third fall, one neurological observation assessment was completed before the resident's transfer to the hospital, but these assessments were not recommended and continued for 24 hours after the fall, when the resident returned to the centre, as outlined in the provider's policy. Neurological observations allow for early identification of clinical deterioration and timely intervention. Not completing the neurological observations may lead to delays in recognising a resident at risk of clinical deterioration. This was a repeat finding from the 13 March 2025 inspection.
- One resident did not have timely access to a medical review of their condition following early detection of signs and symptoms of physical deterioration. The lack of timely access to a medical review can lead to delayed diagnosis and treatment of healthcare needs for the resident concerned.
- Two residents were assessed to require safety checks at 60-minute intervals. The inspector reviewed the records of these checks for both residents for the previous 48 hours and found the checks were not recorded as being completed at the required frequencies. Additionally, some of the gaps were occurring at periods where risk was assessed to be highest for the residents concerned.
- One resident assessed to be at risk of malnutrition had not been referred to a dietitian for additional professional expertise, in line with the provider's policy. This was a repeat finding from the 13 March 2025 inspection.
- Another resident, also at risk of malnutrition, was deemed to require weighing monthly to monitor and respond to weight loss. The inspector found this resident had not had their weight recorded for over 12 weeks. This was a repeat finding from the 13 March 2025 inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in varied activities in accordance with their interests and capacities. The provider had enhanced activity provision in 2025 with the recruitment of two dedicated activity staff members who were providing 32 hours of activities weekly. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings. The provider was using a digital platform to consult residents' representatives and had plans to survey residents later in the year. Residents' privacy and dignity were respected, and the provider had consulted residents about privacy curtains within their bedrooms since the last inspection. The centre had in-house religious services twice weekly. Residents could communicate freely, having access to telephones and internet services throughout the centre. Residents had access to independent advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Knockeen Nursing Home OSV-0000243

Inspection ID: MON-0047406

Date of inspection: 03/07/2025

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Additional training will be given to nursing staff in post fall assessment and management Changes are made on the electronic care management system to allow better monitoring of neurological assessment post fall. Policy will be put in place to give nursing staff clear instruction on seeking medical advice and escalation protocols. Safety checks will be done as per the care plan and risk assessment. Compliance will be monitored by management staff. All residents will have their weights recorded monthly and residents identified to be at risk for malnutrition will be referred to dietitian for expert advice.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We are highly focused on ensuring that all elements at the home are in compliance with Regulation 15. The inspector saw that there were extended time for call-bell responses. Management identified the issue with the call-bell system and have invested to install a fully modern new call-bell system across all areas of the home. The PIC is working with staff to ensure that the new system is incorporated into daily practices at the home.	

Management is establishing reporting metrics so that areas for improvement are identified quickly and consistent learning loop is embedded.

The home has introduced a new training platform to drive staff knowledge and standards. The PIC has further identified the need for enhanced practical training which will promote the abilities of staff members.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Two trainings sessions have been completed for Fire and Safety and additional dates have been scheduled to get all staff compliant with the training requirement.

Additional departments added to remit of challenging behavior training and are progressing with the training and will be completed by the timeframe given below.

Additional trainings are introduced to address the training gap, and staff are given paid hours to complete these trainings.

Additional supervision arrangements will be put in place to ensure staff comply with local policies.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
An audit of the employee file will be done to identify non-compliance, and actions will be taken to rectify non-compliance.

For future appointments a system will be introduced which will allow PIC to check that all documents required under Schedule 2 are in place before an employee commences employment.

Admin staff will be given additional training on the regulatory requirements.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
We can confirm that no department of the nursing home has had hours reduced. The majority of departments (housekeeping, care activities, maintenance, kitchen, Management & Administration) have all had additional hours applied.

A full and complete review of data and information related to, staffing levels, rostered hours, worked hours, will be completed to ensure that there are no errors in reporting in the future. As part of this we will seek engagement with HIQA so that all information and statistics are submitted in the required formats.

A full review of the quality assurance system will be carried out, and an improvement plan will be developed to ensure the timely completion of all action plans.

A full review of staff files will be undertaken, and any gaps identified will be rectified within the timeline given below.

The involvement of residents and their families will be included in the annual review going forward.

The floor plans are with the architect to update the external storage spaces as requested by HIQA in inspection conducted in March and further recommendation made in most recent inspection.

Policy on Managing Medical Emergencies will be put in place to give staff clear instructions on seeking medical advice and transferring residents to hospital.

Policy will be reviewed to reflect the practise of non-nursing staff administering food and fluid thickener.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
All residents including the residents admitted to the two palliative beds will have a contract of care for provision of services that complies with Regulation 24

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Complaints raised during residents committee will also be dealt with in line with the complaints management policy.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Action has been taken to ensure that all relevant parts of the home are displayed on the plans. The store and the shed are now added on the plans.

The application to vary Condition 1 will be lodged to ensure compliance.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Additional trainings will be given to nursing staff on assessment and care planning.
Additional hours will be allocated to update all the pending assessments and care plans to reflect residents current care requirement.

Residents will be assigned named nurses to update assessment and care plans following any change in residents care requirement.
More efficient quality assurance system will be introduced to monitor compliance.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Additional training will be given to nursing staff in post fall assessment and management
Changes are made on the electronic care management system to allow better monitoring of neurological assessment post fall.

Policy will be put in place to give nursing staff clear instruction on seeking medical advice and escalation protocols.

Safety checks will be done as per the care plan and risk assessment. Compliance will be monitored by management staff.

All residents will have their weights recorded monthly and residents identified to be at risk for malnutrition will be referred to dietitian for expert advice.

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
Registration Regulation 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	30/11/2025
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2025

Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/11/2025
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	31/10/2025
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	30/11/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/10/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	30/11/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/01/2025
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 number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	17/10/2025
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	Substantially Compliant	Yellow	30/11/2025

	of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2025
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 Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/11/2025
Regulation 6(2)(c)	The person in charge shall, in so	Substantially Compliant	Yellow	30/11/2025

	far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			