



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kylemore House Nursing Home
Name of provider:	Kylemore Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	23 November 2022
Centre ID:	OSV-0000055
Fieldwork ID:	MON-0035423

About the designated centre

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

Kylemore House Nursing Home is located in a residential area in Bray. The designated centre is a short distance from the sea front, DART train station, shops and other amenities. Kylemore House nursing home accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 12 single and 13 twin bedrooms. One twin bedroom has full en suite facilities. En suite toilet and wash basin facilities are provided in 10 single and seven twin bedrooms. A wash basin is provided in two single and five twin bedrooms. Bedrooms on the first floor are accessible by stairs or a stair lift. A variety of communal areas are available to residents on both floors. A dining room, two sitting rooms, a visitors' room and an enclosed courtyard area is provided on the ground floor. A sitting/dining room and balcony area is available on the first floor.

The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Kylemore House nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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
Wednesday 23 November 2022	09:45hrs to 16:15hrs	Mary Veale	Lead

What residents told us and what inspectors observed

The atmosphere in the centre was calm and relaxed, and a sense of well-being was evident. The general feedback from residents was that they were happy living within the confines of Kylemore House Nursing Home. The inspector greeted the majority of residents on the day of inspection and spoke in detail with five residents.

Residents' rights and dignity were supported and promoted by kind and competent staff. The inspector spent time observing residents' daily lives and care practices in order to gain insight into the experience of those living in Kylemore House Nursing Home. From the inspector's observations, staff appeared to be familiar with the residents' needs and preferences, and were respectful in their interactions.

On arrival to the centre, the inspector was met by the registered provider representative (RPR) and was lead to the centres sitting room. Following an introductory meeting with the person in charge (PIC) and the RPR, the inspector was accompanied by the PIC on a tour of the centre.

The centre had been carefully and beautifully decorated and the décor was sympathetic to the age of the building. The centre appeared clean to a high standard throughout. Alcohol hand gels were readily available in all bedrooms and communal areas throughout the centre to promote good hand hygiene. Staff hand hygiene sinks had been installed on all floors since the last inspection.

The centre was originally a Georgian house which had been adapted and extended over time and now accommodated up to 38 residents over two floors. The first floor of the original building had split level landings with accommodation on both of these levels. The centre had a two storey extension built to the rear. The first floors were accessible by chair lift so residents who lived in the upper levels needed to be able to use the chair lift safely.

The design and layout of the centre met the individual and communal needs of the residents' on the day of inspection. The centre had 12 single bedrooms and 13 twin rooms. All bedrooms had a wash hand basin, some had toilet facilities and one bedroom had an ensuite shower. Residents' bedrooms were clean, tidy and had ample personal storage space. Lockable locker storage space was available for most residents. Many bedrooms were personal to the resident's containing family photograph and personal belongings. Residents had access to two bathrooms and two shower rooms.

There was a choice of communal spaces that residents could access for example, the ground floor contained a dining room, sitting room, quiet room, day room and opened out to a small courtyard at the rear. There was an open plan sitting/dining room on the first floor and from this level there was open access onto a secure terrace which was frequently used during the day. The sitting room space was decorated with a marble fireplace, comfortable sofas and armchairs and old furniture

in line with the Georgian style of the house. Communal spaces were spacious and comfortable.

On the morning of the inspection the inspector observed residents on the first floor attending mass via a live video stream from a Dublin church. The inspector observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the day in which the inspector observed laughter and banter between staff and residents. In the afternoon the inspector observed residents on the ground floor partaking in an exercise class.

It was observed that staff were available to the supervision residents in communal rooms throughout the day. Staff were seen to encourage participation and stimulate conversation. The inspector observed residents calling staff by their first names and having good exchanges of conversations.

Personal care was being delivered in many of the resident's bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person- centred interventions throughout the day. The inspector observed that staff knocked on resident's bedroom doors before entering. Residents very complimentary of the staff and services they received.

Residents were complimentary of the food and the choice being offered. Residents had access to drinks and snacks throughout the day. Fresh jugs of water and cordial was observed in communal areas and residents' bedrooms. The inspector observed the dinner time experience on the first floor on the day of inspection. Food was served directly from a hot trolley. The dinner time meal was homemade, warm and appetising. The meal time was not rushed. There was a choice of main meal and desert on the day. The inspector observed that staff were positive, patient and kind to residents during the dinner time dining experience. The Menu was easy to read and displayed prominently in both dining rooms.

All of the residents' spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, televisions, and Wi-Fi. Residents could leave the centre to go into the town of Bray if they wished. The activities programme was displayed in the centre and residents' had a choice of attending activities each day. For residents who could not attend group activities, one to one activities were provided. The inspector observed many residents walking around the centre. The inspector observed residents reading newspapers, watching a football world cup game on television, listening to the radio, and engaging in conversation. Books and board games were available to residents. The residents told the inspector that music was very important to them and had enjoyed recent performances in the centre from well known folk and eurovision musicians. The centre had recently purchased smart TV's which complimented the karaoke experience for residents.

The residents told the inspector that they were looking forward to attending the turning on of the Christmas lights and the opening of a new shopping centre in Bray. The hairdresser attended the centre fortnightly.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspector did not observe visitors during the day but the residents told the inspector that there was no booking system in place and that their visitors could call to the centre anytime. Residents said that their visitors mostly came at the weekends.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. This was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in February 2022. Improvements were found in relation to Regulation 17; premises, Regulation 23; governance and management, Regulation 27; infection prevention and control, and Regulation 28; fire precautions. On this inspection, actions were required by the registered provider to address areas of Regulation 17; premises, Regulation 21; records and Regulation 28; fire precautions.

The registered provider had applied to renew the registration of Kylemore House Nursing Home. The application was timely made, appropriate fee's were paid and prescribed documentation was submitted to support the application to renew registration.

Kylemore House Nursing home Limited was the registered provider for Kylemore House Nursing Home. The company had two directors, one of whom was actively involved in the daily operations of the centre. There was a stable and experienced senior management team in place, the person in charge worked full time and was supported by a manager and team of nurses, health care assistants, activities housekeeping, catering staff and admin staff. Staff were aware of their roles, responsibilities and lines of reporting in the centre.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The Inspector noted that staffing levels were slightly higher than outlined in the centre's statement of purpose. Staff turnover was low. Several staff had worked in the centre for many years and were proud to work there. Staff were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspector was informed that manual handling training was to take place in the centre the next day following inspection. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

Policies and procedures as set out in schedule 5 were in place and up to date and in line with the regulations. Policies had been signed by staff to show that they had read and understood them. The inspector was informed by the PIC that a policy is discussed almost daily at morning handover to ensure that staff are informed, and kept up to date with best practice guidance to ensure the best care is provided to the residents.

There were good management systems in place to monitor the centre's quality and safety. Improvements had been made to the centres auditing process since the previous inspection. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; restrictive practice, falls, infection prevention and control, and medication management. Audits were objective and identified improvements. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. The inspector viewed minutes of management meeting which had agenda items included corrective measures from audits, training and fire precautions, covid-19 planning and clinical risks. The centre had an extensive schedule of staff meeting in place to ensure up to date information was communicated to all staff. The annual review for 2021 was reviewed. The review was undertaken against the National Standards. It set out an action plan with time lines and responsibilities to ensure actions would be completed.

Overall electronic and paper based records were well maintained. Requested records were made available to the inspector throughout the day of inspection and records were appropriately maintained, safe and accessible. Improvements were required in staff records and this is discussed further under Regulation 21: records.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

The complaints procedure was displayed at the entrance area to the dining room on the ground floor of the centre. There was a nominated person who dealt with

complaints and a nominated person to oversee the management of complaints. A record of complaints received in 2022 was viewed. There was evident that the complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded. Residents confirmed that they would be happy to discuss a complaint or concern with the person in charge or any member of staff.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the requested fees were received.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and was compliant with regulation 14. She was aware of her responsibilities under the Act and displayed good oversight of the service and good knowledge of the residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. All staff had completed training in safe guarding, fire safety, behaviours that are challenging, and infection prevention and control.

Judgment: Compliant

Regulation 21: Records

Improvements were required with staff records. In a sample of four staff files viewed, two of the files did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which outlined details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The rights of the residents was at the forefront of care in this centre. Staff and management were seen to encourage and promote each residents human rights through a person-centred approach to care. The inspector found that the residents well- being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Improvements were required in relation to the centres premises and fire safety.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas and outside in the back courtyard. Visitors could visit at any time and there was no booking system for visiting.

The centre acted as a pension agent for a number of the residents. There were robust accounting arrangements in place and monthly statements were available. Resident's had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and maintained electronically. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided for residents in the centre by a private provider.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. There were up to date COVID -19 risk assessments in place including the centres contingency plans for a COVID- 19 outbreak. The risk register contained site specific risks such as risks associated with individual residents and centre specific risks, for example; laundry and storage of oxygen.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. Fire training was completed annually by staff. There was evidence that fire drills took place quarterly. There was evidence of fire drills taking place in each compartment and of a simulated night time drill taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated, equipment used, how long the evacuation took and learning identified to inform future drills. There was a robust system of daily and weekly checking, of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents for day and night evacuations and their supervision requirements at the assembly point. Staff spoken to were familiar with the centres evacuation procedure. There was fire evacuation maps and compartments maps displayed throughout the centre. There was evidence that fire safety and fire

training were agenda items at management and staff meetings in the centre. Some improvements were required to fire door automatic closures which is discussed under Regulation 28; fire precautions.

The inspector saw that the resident's pre-admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls and restrictive practice usage. Care plans were regularly reviewed and updated in line with the regulations and in consultation with the resident.

Apart from improvements required to lockable storage space for residents in the centre, the premises was meeting the requirement of the regulations, and appropriate to the needs of residents. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

Staff were observed to have good hand hygiene practices. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centre had a curtain cleaning schedule. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits which included COVID 19 were evident and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections.

The inspector saw that the resident's pre-admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls and wound care. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Residents were supported to access appropriate health care services in accordance with their assessed needs and preferences. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care

services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiroprapist. The centre had access to a mobile x-ray service and emergency care in the home. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The provider assured the inspector that all staff had valid Garda vetting disclosures in place and that volunteers were not attending the centre.

There was a rights based approach to care in this centre. Residents rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. The centre had continued to involve the local community and external entertainers in activity provision in a safe manner. A number of residents walked to the sea front and shops in Bray almost every day. One resident went for a swim in the sea every morning. Residents' were complimentary of the activities provided by activities staff. Residents confirmed that their religious and civil rights were supported. Group activities of an exercise class and a quiz took place during the day of inspection. Residents has access to daily national newspapers, WIFI, books, televisions, and radio's.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered by a private provider and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example two residents did not have lockable storage space.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal every day, and special diets were catered for. Home- baked goods and fresh fruit were available and offered daily. Snacks and drinks were accessible day and night. Fresh water jugs were seen to be replenished throughout the day in residents' rooms and communal areas.

Judgment: Compliant

Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks. A register of live risks was maintained which included additional risks due to COVID-19, these were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and the vaccination programme for COVID-19 was on going.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to ensure adequate containment of smoke, for example,

- The automatic door closure on the door of room 19 required review as the door closure leg was not fully releasing causing the door to not close.
- The compartment door between bedroom 17 and bedroom 18 required review as the door was not closing to form a adequate seal to ensure adequate containment of smoke.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including falls and infections. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kylemore House Nursing Home OSV-0000055

Inspection ID: MON-0035423

Date of inspection: 23/11/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • The Gaps in employment are now documented on the 2 staff files 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Locks were fitted to the two Lockers that were found to be without 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Batteries were changed in the automatic door closer on room 19 which enabled the door closer to operate effectively • The hinges were adjusted on the compartment door on the corridor between rooms 17 – 18 allowing the door to close properly. 	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	08/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	08/12/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	08/12/2022

