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

**Issued by the Chief Inspector**

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Killeline Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Killeline Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Cork Road, Newcastle West, Limerick</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11 December 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000423</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0028003</td>
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</table>
About the designated centre

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

Killeline Nursing Home is located in the town of Newcastle West on the Cork Road. The home was opened on the 14th December 2007, providing 63 beds. Most of the bedrooms are single bedrooms with an additional 8 double bedrooms. All bedrooms have en-suite bathrooms, with toilet and shower facilities; grab rails and cabinets for toiletries. We accommodate both female and male residents with the following care needs: general care, dementia specific care and acquired brain injury. There is also a dedicated wing for Alzheimer's and a secured unit for Acquired Brain Injury for people with challenging behaviour. Our ethos of care is to promote the dignity, individuality and independence of all those who enter our care and to assist our Residents in achieving and maintaining all their goals and objectives. There is 24 hour nursing care available. The majority of admissions to Killeline Nursing Home are pre-arranged. An admission pack is made available to all Residents on arrival, which includes information on the nursing home, contract of care, copy of the complaints procedure, and list of personal possessions form. A full assessment shall be completed within 24 hours of admission which will include any updated information and care needs identified to develop appropriate care plans. The care plans will be completed within the 48 hour time frame and additional information can be added appropriately. A Contract of Care will be issued to every resident within one week of their admission to the Nursing Home. The contract provides a legally binding commitment to terms and conditions. We operate an open visiting policy within Killeline Nursing Home. Facilities provided are: quiet room, Polly tunnel, hairdressing, dietitians, chiropodist, speech and language therapists, etc. The following recreational activities are available at Killeline Nursing Home on a weekly basis: arts and crafts, live music twice weekly, bingo, pet therapy, outdoor walks, etc. There is a bus available to ferry residents on outings of interest planned by an activity therapist. Mass is celebrated each Wednesday morning. Provision is also made for any Resident wishing to avail of alternative religious services. If a Resident wishes to attend an off-site religious service, we make the necessary arrangements to facilitate this.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 60 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>Wednesday 11 December 2019</td>
<td>09:00hrs to 19:00hrs</td>
<td>Mary O’Mahony</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector spoke with a group of residents during the inspection. They appeared to be happy and content in the centre. They said that they felt safe and would know who to approach if they were worried about any issue. They were complimentary of the staff, the management and the kindness shown to them. Their visitors were always welcome and the inspector saw that from breakfast time at 09.00 until the end of the inspection there were a number of friends and family members sitting with residents.

Residents said that the food was really nice and they enjoyed the choices available at each meal. Residents were very impressed with all the efforts made to enhance the dining experience in each unit and they were seen to be well informed about any changes which were made or planned. The inspector was told about the art, reminiscence, music and therapeutic activities which residents availed of. Residents said that they enjoyed the visits from local schools at Christmas and the various activities, led by a dedicated activity coordinator. Card playing, knitting, mass and Sonas were underway in various rooms during the inspection. Residents' ceramic art work was displayed and residents were proud of their achievements in the 'mens' shed' such as the creation of colourful bird tables and wooden Christmas decorations. The physiotherapist and the hairdresser were favourably mentioned by a number of residents. Residents were seen to spend time after meals chatting with each other at the dining tables and the inspector found that there was a relaxed and calm atmosphere in the centre.

Capacity and capability

The inspector found that there was an effective management system in this centre which ensured that good quality care was delivered. Clear lines of accountability and authority were set out and roles were well defined. The person in charge was responsible for the quality and supervision of care. She was supported by the registered provider representative (RPR), the clinical nurse manager, administrators and a knowledgeable health-care team. Management staff maintained records of staff training, policy updates and financial payments. A sample of residents' records such as care plans and medical records were reviewed. Care plans, health care provision and health and safety issues were addressed under the Quality and Safety dimension of this report.

The centre had developed a plan to drive improvements through regular training and staff engagement in order to apply best practice and supportive care in Killeline. The senior management team members attended relevant conferences on nutrition,
dementia care and wound care. Learning from training was discussed with the care team and new ideas adapted and implemented. Staff meetings and detailed handover reports ensured that information on residents’ needs was communicated effectively. The inspector reviewed the training matrix which indicated that staff had received training appropriate to their roles, for example, safeguarding of older adults, fire training, managing behaviours related to the effects of dementia, infection control and medication management. The inspector spoke with a number of staff members who were knowledgeable of the training they had received and relevant care plans and policies. Staff spoken with were found to be aware of their statutory duties in relation to the general welfare and protection of residents.

Documentation which was seen to be in compliance with Regulations included:

- the statement of purpose
- the annual review of the quality and safety of care
- the residents' guide

The inspector found that complaints were managed appropriately and learning was discussed. Residents were provided with contracts on admission which reflected living and care arrangement.

Copies of the Standards and Regulations were readily available to staff who were found to be aware of the positive impact on residents' lives of the Regulations. This meant that residents were treated with dignity, afforded choice in their daily lives and had access to advocacy. The records required under Schedule 2, 3 and 4 of the Regulations were generally accessible to the inspector and securely stored. Care plans were completed on an electronic system which was accessible to all staff members. This meant that all staff were involved in record keeping and were accountable and responsible for care provision within the remit of their roles.

Policies on staff recruitment and training supported robust induction, including a supervised probationary period. The person in charge and the provider representative assured the inspector that Garda (police) vetting (GV) clearance was in place for all staff prior to taking up their respective roles. A sample of staff files was seen to be in compliance with Regulations. This meant that residents were assured that only suitably qualified staff were employed to care for them, with appropriate references and curricula vitae (CVs) in place.

Issues to be addressed in the Capacity and Capability of the service included the following:

- Staffing levels: particularly in relation to supervision, as described under Regulation 15: Staffing, in this report.
- Auditing: While audits were undertaken of certain aspects of care provision, the inspector found that there was no schedule set out in order to ensure that audits were ongoing and the results used to support ongoing quality improvement strategies and monitoring of the service.
- Record keeping: Regulation 21, incident records
- Care plans: Regulation 5.

### Regulation 14: Persons in charge

The person in charge was compliant with all the regulatory requirements for persons in charge of a designated centre. She was accessible to residents and their families and was supported by a knowledgeable nursing team.

Judgment: Compliant

### Regulation 15: Staffing

The daily roster was available to the inspector. Changes were made to this where necessary and it was found to be up to date on the day of inspection. There were two staff nurses on duty during the day on a number of days and three staff nurses on duty on the remaining days.

Similar to findings on the previous inspection the inspector found that after residents’ lunch, when medicines were being dispensed between both floors and when staff were on their break times, there were limited or no staff available to supervise residents in the communal area of the general unit for short periods of time. In addition, one staff nurse was busy with the GP visits to residents. On the day of inspection there was one member of staff absent which impacted on the available supervision, according to the person in charge.

In addition, the night staffing levels required review due to the diverse layout of the premises. There were two staff nurses and three health care assistants (HCAs) on duty during the night. One staff nurse and two HCA’s covered the general unit of 36 residents, and one staff Nurse and one HCA covered the Dementia Unit and the Acquired Brain Injury Unit, totalling 27 residents. These issues were discussed in detail with the RPR and the person in charge at the feedback meeting at the end of the inspection: particularly in relation to the fact that each of the care areas were laid out over two floors and there were residents with very high needs in some units.

The inspector was not assured that the staffing levels supported good supervision and the maintenance of comprehensive care planning documentation for residents.

The person in charge and the RPR undertook to review the staff allocation to provide improved staffing at crucial times of the day.

Judgment: Substantially compliant
### Regulation 16: Training and staff development

Staff training was up to date. Staff had been afforded mandatory and appropriate training. Staff appraisal and re-training of staff was undertaken as part of the staff development protocol. There were defined roles for staff such as care duties, cleaning duties, laundry and kitchen duties. This meant that there was good accountability within the team as to roles and responsibilities.

**Judgment:** Compliant

### Regulation 19: Directory of residents

This record was available to the inspector and was maintained in accordance with Regulatory requirements.

**Judgment:** Compliant

### Regulation 21: Records

Most of the required records were available and accessible to the inspector. Staff files were correctly maintained and all staff had Garda Siochana (police) vetting (GV) clearance in place.

However, the inspector found that all incident reports were not properly maintained: for example, comprehensive details were not maintained in relation to a fall which resulted in a serious injury. This incident had necessitated an in-house investigation for the events which led to the fall. The records were required to allow follow up on the investigation and assurance that there were now safeguards in place to prevent a repeat event.

**Judgment:** Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The management team and staff demonstrated a commitment to continuous improvement and quality assurance. Regular staff
meetings were held and the minutes of these were seen to be detailed and informative. Senior management staff members updated the risk register when appropriate. There was evidence that a number of audit findings were communicated to staff in the staff meetings. Consultation with residents and relatives was documented. Residents and relatives’ questionnaires generally reflected satisfaction with care received in the centre. Residents’ meetings were convened on a regular basis. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan commenced for the year ahead.

The centre was adequately resourced and met the needs of the residents.

Nevertheless the audit system required review as there was little evidence that falls, complaints and incidents were trended to show that improvements were made as a result of these audits.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contacts were detailed and any extra charges for residents were set out. Contracts also included the number of the room which had been designated to the resident on admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose listed all the Regulatory requirements as set out under Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2013 (as amended).

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation on any incidents which were notifiable under the Regulations had been submitted to the Office of the Chief Inspector.
Judgment: Compliant

**Regulation 34: Complaints procedure**

Any complaints and concerns were well documented. Complaints were viewed as an opportunity for learning and the satisfaction or not of each complainant had been recorded. An appeals process was clearly set out.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

Policies were based on best evidence-based practice and were updated within the regulatory time-frame of three years.

Judgment: Compliant

**Quality and safety**

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' holistic needs were met through accessible allied health services, social activity and suitable living arrangements. Most bedrooms were single or double en-suite rooms with appropriate storage facilities, including a lockable space for valuables. Room decor was modern and bright. Rooms were personalised and residents had the use of TV, radio and phone facilities in each room.

During the inspection residents were observed enjoying card games, flower arranging, conversation, knitting, art class and Sonas. Residents were seen to attend mass in the sitting room on the morning of the inspection. Residents were facilitated to access garden areas when they wished to go out and they also had access to the nearby town, shopping trips and community events. An internal 'Men's Shed' group had been established to support male residents in the centre: creative woodworking and art pieces were currently being worked on.

The inspector spoke with relatives who were praiseworthy of the care their relatives received. They were satisfied with the quality of communication with management and medical staff. Notice boards were in place on which items of interest were on display including advocacy arrangements, complaints management and upcoming events. The inspector found that an independent advocacy service had been
accessed to support residents.

Appropriate resources were available to meet the diverse needs of residents. General practitioners (GPs) and allied health services attended the centre regularly. Clinical assessments were undertaken to inform the development of supporting care plans. Good practice was found: for example, the inspector found that residents who had pressure sores had received appropriate wound care, which meant that the pressure sores were now healed resulting in a better quality of life for residents.

Nevertheless, the inspector found that not all care plans had been updated and were not all were comprehensively maintained as outlined under Regulation 5: Individual assessment and Care Plans: in this report.

New arrangements had been put in place in relation to medicine provision in the centre. This change was recent and had yet to be fully embedded in practice, according to evidence seen by the inspector and according to the person in charge. The inspector found that medicine management in the centre required audit and review as some prescriptions were unclear, among other errors found. These issues were detailed under Regulation 29: Medicines and Pharmaceutical Services. Nevertheless, good practice was seen in relation to the management of controlled drugs which were appropriately dealt with, in line with professional guidelines. All medicines were securely stored and copies of the original prescriptions were retained on file in the centre. This enabled staff to recheck the GPs' instructions.

Risks were reviewed and policies on risk management were seen to be up-to-date. A personal evacuation plan (PEEPs) had been developed for each resident. The required checks of the fire safety system were carried out, including servicing of the equipment. Emergency exits were clearly identified and unobstructed. This resulted in a feeling of safety for residents and visitors as the fire-safety measures were generally robust.

Staff, generally, were seen to implement good infection control practice with the use of hand-sanitisers and the wearing of personal protective equipment. The centre appeared clean and the laundry was segregated. The laundry area of the centre was staffed, maintained and very clean. Nevertheless the lack of sufficient space for sluice facilities had a negative impact on the findings in relation to Regulation 27: Infection control and Regulation 18: Premises, in this report.

Residents spoken with stated that they felt safe in the centre due to the kindness of staff and of management. All staff had received mandatory training. Finances were carefully managed and the centre acted as a pension agent for seven residents. The records of these financial transactions were maintained in a clear and accessible manner. Staff were knowledgeable of the actions required to safeguard residents. Those spoken with were aware of their responsibilities in reporting elder abuse. Appropriate risk assessments and consent had been undertaken for the use of restraints such as bed rails which were only used when there were no alternative measures identified.
Regulation 11: Visits

Visitors were always welcome and spoke with the inspector about the positive experiences they had since their respective family members were admitted. There was adequate space available for private visits or family events.

 Judgment: Compliant

Regulation 12: Personal possessions

Residents had a number of personal items from home in their bedrooms. These included items of furniture, memory boxes, flowers, framed pictures, treasured mementos and books.

 Judgment: Compliant

Regulation 13: End of life

- The palliative expert team was available to support the care at end of life, if required, to support the GP care.
- Personal touches were seen in relation to this care which indicated sensitivity and kindness to residents and families.
- A memorial mass was held on an annual basis for residents who had died during the year and there was a relaxing oratory available for residents, relatives and staff.
- Relatives were supported to stay with their sick relatives and mass was said weekly.

 Judgment: Compliant

Regulation 17: Premises

Premises were well maintained, clean and nicely decorated. Spacious well equipped bedrooms were available to residents all of which had en-suite bathrooms. The majority of the bedrooms were private, with eight double bedrooms. There were three distinct units in the centre: a 14-bedded unit for those with dementia, a 13-bedded unit for people with more complex issues and a 36-bedded unit, set out over two floors, which catered for residents with various care needs, including dementia. Bedrooms were very personal to residents. The person in charge said that
there were further plans in place to redecorate all rooms in consultation with residents. A reminiscence/memory box was placed either inside or outside residents' bedrooms and contained a variety of objects and photos directly associated with each individual. This meant that staff were facilitated to engage in a meaningful and personal way with residents.

Communal rooms were large and the fire was lighting in the sitting room on the day of inspection. The were three dining rooms available to residents. The main dining room was located near the kitchen which meant that staff could readily access the kitchen if residents had a particular request. There were extensive gardens surrounding the building and residents had access to these for walks with family and staff.

Nevertheless, the inspector found that there were some premises issues to address, for example:

- There was only one bedpan washer and sluice room in the centre which was located in the dementia specific unit in the upstairs department. On the day of inspection this room was seen to be used as a store room as well as a sluice room.
- The communal toilet in one area required refurbishment which the RPR said would be undertaken following the inspection.

The RPR said that the provision of a second sluice room was being discussed in order to facilitate accessibility for the cleaning of sanitary and toilet ware.

During the inspection the RPR made arrangements to segregate the sluice area from the storage area in the interests of infection control and hygiene.

Judgment: Substantially compliant

**Regulation 18: Food and nutrition**

- Food was plentiful.
- The dietitian and the SALT engaged with the staff which meant that they were aware of the preferences and any dietary modifications for residents.
- The kitchen staff were seen to maintain relevant records about residents' dietary needs.
- The kitchen was well stocked and clean.

Judgment: Compliant

**Regulation 20: Information for residents**
- There were a number of notice boards around the centre.
- Newspapers were available daily.
- Visitors from the community were plentiful.
- Outings were facilitated.
- Staff engaged in social and local conversation with residents.
- There was a residents’ information booklet available.
- Resident information meetings were held regularly.

**Judgment:** Compliant

**Regulation 26: Risk management**

Risks had been identified and assessed.

A risk register was in place and this was seen to be updated on a regular basis.

**Judgment:** Compliant

**Regulation 27: Infection control**

Storage and sluice facilities required segregation and re-design in order to maintain hygienic practices particularly in relation to the provision of a suitable storage rack for drying urinals and storage of clean stores such as paper towels and other sanitary supplies.

**Judgment:** Substantially compliant

**Regulation 28: Fire precautions**

All fire safety systems appeared to be in place. These included:

- fire drill records, servicing and checking of equipment as well as safe storage of oxygen and risk assessments for residents who smoked.
- there was a fire safety policy in place and procedures to follow in the event of a fire were displayed.

**Judgment:** Compliant
**Regulation 29: Medicines and pharmaceutical services**

The inspector saw that medicine management required review and evaluation to initiate the required improvements: for example:

- one medicine prescription was duplicated
- not all discontinued medicines were signed when completed
- two medicines had yet to be co-signed following transcribing
- not all staff had signed when medicines had been administered
- the date of opening was not written on eye drops with a specific shelf life once opened.

As these errors came to light in the small sample checked on the day, the inspector formed the view that audit in this aspect of care was not robust. A comprehensive audit of medicine management and an action plan to address errors would enhance safe practice.

Judgment: Not compliant

**Regulation 5: Individual assessment and care plan**

- The information in some care plans was incomplete and did not fully describe how the resident was to be supported in certain aspects of care, for example, care at end of life: to include mouth care protocol, skin integrity and nutritional care.
- Care plans had not been updated within the required four-monthly regulatory time frame.

Judgment: Not compliant

**Regulation 6: Health care**

- Health care was provided by the medical team of GPs and consultants.
- Allied health services, such as physiotherapy, dental, optical, palliative care, dietitian and speech and language therapy (SALT) were accessible.
- The centre had employed a physiotherapist to attend the centre on two occasions each week. The cost of this service was included in the social charge arrangements.
- Relevant residents had been facilitated to access national screening programmes.
Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

- There were care plans in place in relation to incidences of escalation of behaviour due to the negative effects of dementia.
- Staff were trained to assist residents in managing the behaviour and supporting these residents by utilising de-escalation techniques, such as going for a walk, engaging in activity or removing any stressors from the environment.

Judgment: Compliant

Regulation 9: Residents' rights

- Residents were facilitated to access a number of meaningful activities which they enjoyed.
- Residents' choices were respected such as bedtime routine.
- Residents had daily access to outdoor areas which were well planted and contained appropriate garden furniture.
- Advocacy personnel were accessible to residents.
- Residents' surveys and meetings were undertaken.
- Weekend activity plans were set out for, and delegated to, a particular staff member to ensure continuity for residents over the weekend.

Judgment: Compliant

Regulation 8: Protection

- Staff had been trained in the protection of older persons from abuse and in recognising and responding to abuse.
- The policy to support residents was relevant.
- Advocacy was accessible if required to provide independent support.
- Finances were appropriately managed and the accounts for residents for whom the centre acted as a pension agent were transparent and well maintained.
- Where any allegations had occurred these were addressed in a timely and decisive manner.
| 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
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Compliance Plan for Killeline Nursing Home OSV-0000423

Inspection ID: MON-0028003

Date of inspection: 11/12/2019

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td><strong>Outline how you are going to come into compliance with Regulation 15: Staffing:</strong></td>
<td></td>
</tr>
<tr>
<td>1. One staff member only goes to break at 1.30pm, and CNM is on floor from 1-2pm.</td>
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<tr>
<td>2. The 7.30-2pm shift will increase to 7.30-2.30pm from Monday January 13th. This will ensure more visibility of staff in day room at this time.</td>
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<tr>
<td>3. In order to comply with regulation 15, Registered Providers and Person in Charge will discuss in January 2020 the requirement of a Health Care assistant in Dementia specific unit as well as a health care assistant in Acquired brain injury unit, and a Nurse floating between both specific units.</td>
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| Regulation 21: Records              | Substantially Compliant       |
| **Outline how you are going to come into compliance with Regulation 21: Records:** |
| 1. Training will be given to all Nursing Staff in January 2020 on January 16th on entering information into Incident forms in Epic Care. |
| 2. Person in Charge will check all incidents entered, before closing them off. |

| Regulation 23: Governance and management | Substantially Compliant |
| **Outline how you are going to come into compliance with Regulation 23: Governance and management:** |
1. Auditing falls, incidents, complaints will be carried out on a monthly basis, from January 1st 2020, and on a quarterly and six monthly basis, a review will be carried out. 
2. Results will be trended to show improvements or otherwise, and action plans will be put in place. 
3. KPI’s will be monitored and documented.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises:</td>
<td></td>
</tr>
<tr>
<td>1. The sluice room in Dementia specific unit will be revamped to segregate the sluice area from storage area. This will take place in January 2020.</td>
<td></td>
</tr>
<tr>
<td>2. A sluice room will be discussed for the downstairs general area, in January 2020, to facilitate accessibility for cleaning of sanitary and toilet ware.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control:</td>
<td></td>
</tr>
<tr>
<td>1. The sluice room in Dementia specific unit will be revamped whereby storage area will be segregated from sluice area, and a suitable storage rack will be installed for drying urinals. This will take place in January 2020.</td>
<td></td>
</tr>
<tr>
<td>2. A new sluice room will be discussed in early January for the downstairs general, to facilitate accessibility for cleaning of sanitary and toilet ware.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</td>
<td></td>
</tr>
<tr>
<td>1. A comprehensive audit of medication management, will be carried out in January 2020, by person in charge, and CNM.</td>
<td></td>
</tr>
<tr>
<td>2. A twice weekly audit on cardex’s will be carried out on Mondays and Thursdays by CNM.</td>
<td></td>
</tr>
<tr>
<td>3. Random daily checks will be carried out on the Mar-Sheets by person in charge, to</td>
<td></td>
</tr>
</tbody>
</table>
check R/N’s signatures and regular feedback will be given to the Nurses on findings.

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. All Nurses are allotted 5-6 care-plans each, which means they are fully responsible for the changes that may occur on a given day, such as End of Life care, Nutritional care, speech and language, and wound care.
2. Nurses are responsible for the care plans to be reviewed 3-4 monthly.
3. Person in charge will check residents care plans frequently, and is responsible to ensure care plans are accurate and up to date and resident and family are involved in the care plans.
4. Regular Nurses meetings (monthly) regarding medication management, will be held monthly, which will commence on 9th January 2020.
5. Random checks on drug trolly and medication fridges, will also be carried out frequently by PIC and CNM.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>20/01/2020</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>29/02/2020</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>16/01/2020</td>
</tr>
</tbody>
</table>
and are available for inspection by the Chief Inspector.

| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 01/01/2020 |

| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 29/02/2020 |

<p>| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product. | Not Compliant | Orange | 10/01/2020 |</p>
<table>
<thead>
<tr>
<th>Regulation 5(3)</th>
<th>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre concerned.</th>
<th>Not Compliant</th>
<th>Yellow</th>
<th>30/12/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 5(4)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/12/2019</td>
</tr>
</tbody>
</table>