



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

## Issued by the Chief Inspector

Name of designated centre:	Kenmare Nursing Home
Name of provider:	Tim Harrington
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	05 May 2022
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0036727

## About the designated centre

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

Kenmare Nursing home is situated in the region of Kenmare and can accommodate up to 26 residents. It is a single storey facility that accommodates residents in a mixture of single and twin rooms. The centre is divided into three wings. The Iris wing is the most recent addition to the centre and comprises 10 single bedrooms, all of which are en suite with toilet and wash hand basin. The Lily wing has three twin and three single bedrooms as well as offices, bathrooms, dining room and ancillary rooms. The Orchid wing has four twin bedrooms, two of which are en suite with toilet and wash hand basin and the other two have a wash hand basin only in the room.

The centre provides 24 hour nursing care to both Female and Male residents aged 18 and over. It provides care for residents with a range of needs, including care of the older person, respite care, dementia, physical disability, acquired brain injury, convalescence, post-op, palliative care, on a long or short term stay basis.

Admissions to Kenmare Nursing Home are arranged by appointment following a pre-admission assessment. Families and prospective residents are encouraged to visit the Nursing Home prior to admission, however, this is on hold due to the global pandemic.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 5 May 2022	09:30hrs to 18:20hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspector met with the majority of the 23 residents living in the centre and spoke with five residents in more detail to gain an insight into their lived experience. Residents told the inspector that staff were kind and caring and respected their choices. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with regulations and to follow up on findings from the previous inspection. On arrival, the nurse on duty guided the inspector through the centre's infection prevention and control procedures before entering the building. Following an initial meeting, the person in charge accompanied the inspector on a walk around of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere.

Kenmare nursing home is located approximately three kilometres from Kenmare town and overlooks Kenmare Bay. It is a single storey building with six bedrooms designated as twin rooms and 14 designated as single rooms. Ten of the single rooms and two of the twin had ensuite toilet facilities and hand washbasins, the remaining rooms had hand wash basins only. The inspector saw that the provider had carried out some renovations to the centre since the last inspection. One of the single rooms had been extended in size. A new shower had been installed in the centre to increase access to showering facilities for residents. The inspectors saw however that one of the other shower units in the centre was not working and the shower room itself needed re-tiling.

The inspector saw that some bedrooms were personalised with residents photographs, memorabilia and belongings and some bedrooms had residents' own furniture. Some of the bedrooms to the front of the centre had beautiful views of Kenmare Bay and were restful spaces for residents. The inspector saw that some of the bedrooms and corridors in the centre were in need of upgrade as woodwork and some furniture required repair. Flooring in the centre was generally well maintained with the exception of one bedroom and the corridor into the dining room. The inspector saw that a few bedrooms had chairs that were covered with a material that made them difficult to be effectively cleaned. One chair in the day room was worn and required repair.

The centre had two communal rooms; a large day room and a large dining room. The day room overlooked Kenmare Bay and residents could look out at the countryside from this room. The inspector saw that the majority of residents sat in this room during the day enjoying the activities available. The centre had a small well maintained courtyard that could be accessed by residents. The inspector saw that this space had well maintained outdoor seating and tables. While none of the

residents were using the space on the day of inspection, staff told the inspector that a number had sat out enjoying the sunshine the previous day.

The inspector met with the activities coordinator and saw the activities for the day scheduled on the notice board in the day room. In the morning, residents listened to the rosary on the centre's sound system and prayed together. A local priest attended mid morning and celebrated mass in the centre and chatted with some of the residents during his visit. Photographs of residents enjoying social activities were displayed and the residents told the inspector they enjoyed the activities. Following mass the activities coordinator led a music session and played traditional tunes on the tin whistle which residents seemed to enjoy and cheered her along. In the afternoon residents participated in a proverb session and a game of balloon tennis. Residents could choose where and how to spend their day, as for example some residents preferred to read and listen to the radio or watch TV in their rooms. The activities coordinator also facilitated one to one sessions with residents in their rooms.

Overall the inspector observed that the residents were well cared for by a dedicated team who worked hard to ensure the residents were supported with all their needs. The inspector observed that staff provided care and support in a respectful and unhurried manner throughout the day of this inspection. Some residents who had contracted COVID-19 during the recent outbreak, told the inspector that they were well cared for by staff during this time. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. Residents called the staff by name and were seen to be relaxed and comfortable in their company. The inspectors observed some lovely interactions between residents and staff. Inspectors also observed a number of visitors coming and going to the centre on the day of inspection in line with national guidance. Visitors and residents confirmed with the inspector that they were happy with the arrangements in place for visiting. The inspector saw that the physiotherapist attended the centre to review residents who required it on the day of inspection. During the inspection, it was evident that staff had access to alcohol hand rub dispensers through out the centre. While staff were wearing surgical masks, the inspector observed that they were not wearing FFP2 masks in line with national guidance. This was immediately addressed by the person in charge during the inspection.

The inspector observed the dining experience at elevenses, lunch and tea time. For the morning elevenses, residents were provided with a selection of sandwiches, chopped fruits, biscuits and drinks. This was served in the main day room and residents who remained in their rooms were assisted as needed. For the lunch time and evening tea, the dining room tables were decorated with flower posies and condiments. The lunch time menu choice was displayed in the dining room. The meals were nicely presented, looked appetising with adequate portion sizes. Residents were complimentary about the food and told the inspector that they had a choice at mealtimes. The inspector observed that mealtimes were a social experience with residents chatting together or with staff during the meal. The inspector saw that residents who required it were provided with assistance in a discreet manner. There was ample time between meals served in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the governance and management systems in place were not effective to ensure the quality and safety of care provided to residents and to ensure compliance with the regulations. In particular the systems in place with regard to oversight of fire safety, infection prevention and control and premises. While a number of actions required to reduce the risks found on the previous inspection had been addressed some action was still required by the provider to ensure the safety of residents living in the centre at all times.

There was a clearly defined management structure in place that identified the lines of authority and accountability. Staff and residents were familiar with staff roles and their responsibilities. The centre was owned and operated by Tim Harrington who is the registered provider. The centre had a manager and assistant manager who were actively involved in the operational management of the centre. The person in charge was supported by a part-time assistant director of nursing, a team of nursing, caring, housekeeping, catering and maintenance staff.

The inspector found that the staffing levels were sufficient to meet the assessed needs of the 23 residents living in the centre at the time of the inspection. The person in charge informed the inspector that recruitment of care staff was ongoing in the centre to replace care staff as vacancies arose and two healthcare assistants were anticipated to commence working in the centre in the weeks following the inspection. Staff spoken with had good knowledge of each resident's individual needs.

There was a comprehensive programme of training, and all staff had attended up-to-date training in mandatory areas, such as manual handling, safeguarding vulnerable adults, responsive behaviors and fire safety. Training was both provided online and face to face by an external training provider. Additional training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). The assistant director of nursing had recently completed a management course.

The person in charge demonstrated good knowledge of their role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life. Audits were carried out regularly in the centre in relation to key quality of care issues for example, end of life care, care planning, medication management and compliance with hand hygiene practices. An annual

review of the quality and safety of care delivered to the residents in 2021 had been prepared and was available for the inspector on the day of inspection.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 as the centre had experienced its first outbreak in the centre during January 2022 that impacted a number of residents and staff. During the outbreak, the centre had engaged with the local public health team for support and advice. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives. Following the outbreak, the person in charge completed an outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented and to inform future outbreak management. However, while environmental hygiene audits were conducted in the centre, oversight of infection control practices required action as outlined in findings under regulation 27.

The registered provider had taken some precautions to ensure that residents were protected from the risk of fire and some progress was made to address the risks identified in the previous inspection. However, further action was required to come into compliance with regulation 28.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

There was evidence of consultation with residents in the planning and running of the centre. One to one family and resident meetings were held to help inform care planning for residents. Residents were surveyed to seek their views on the running of the centre and their experience of living in the centre.

### Regulation 15: Staffing

Based on the assessed needs of the 23 residents living in the centre and the size and layout of the centre, the inspector was assured that there was a sufficient number of staff available in the centre on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development



The inspector reviewed the training matrix which demonstrated good oversight of training needs. Mandatory staff training was up to date and other role-specific training was completed such as medication management and cardio-pulmonary resuscitation. Staff were supervised in their roles by the person in charge or the assistant director of nursing.

Judgment: Compliant

### Regulation 21: Records

The inspector found that records were stored securely. Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection. A sample of three staff files reviewed showed that they met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were not effective in ensuring that the service provided was safe in relation to fire safety and infection control in the centre;

- oversight arrangements to ensure all risks in relation to fire safety had been addressed were not in place
- improved oversight of compliance with infection prevention and control practices such as wearing of FFP2 face masks as recommended in national guidance when delivering care to residents
- oversight of the premises required action to ensure it met the needs of residents.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts and noted that while contracts were signed and included the bedroom number and the costs of additional services if required, they did not outline the fees to be charged for services.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was available to staff, residents and relatives. This contained the required information as set out in the regulation and described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed the centre's incident and accident log and found that all required notifications as outlined in Scheduled 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a policy in place outlining the process for managing complaints which included an appeals process. The inspector viewed a sample of complaints all of which had been investigated and resolved to the satisfaction of the complainant. Residents who spoke with inspectors were aware how to raise a concern or make a complaint.

Judgment: Compliant

## Quality and safety

Overall the inspector found that residents living in the centre were supported to have a good quality of life in Kenmare nursing home. There was evidence of residents needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspectors found that while some action had been taken since the previous inspection by the provider to address areas of non compliance, significant improvements were required in the

management of infection control, premises and fire safety to promote residents' safety at all times.

The inspector was assured that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy, occupational therapy and a physiotherapist was on site twice a week. Residents' records evidenced that a comprehensive assessment was carried out for each resident. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition.

The person in charge ensured that staff were up to date with training in the management of responsive behaviours. Where residents were predisposed to episodes of responsive behaviours, they were responded to in an appropriate manner by staff, and care plans were comprehensive and person centred. It was evident to the inspector that alternatives to restraint were in use in accordance with best practice guidelines and the number of bed rails in use in the centre had reduced since the last inspection.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meal appeared varied and wholesome.

In general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Visiting was facilitated in the centre in line with national guidance.

While the centre was warm and homely throughout, the inspector observed that a number of issues regarding the premises required action. The inspector saw that an extension to one of the twin rooms had been completed to meet the requirement of the regulations and conditions attached to the registration in relation to this room were removed. The size of one of the single rooms had been increased and this was reflected in the statement of purpose. The provider submitted an application to increase the occupancy of this room from a single room to a twin room. The inspector saw that the layout of the room when reviewed didn't meet the requirements of regulation 17. As while the room size had increased, it did not ensure that the floor space for each resident was sufficient to occupy a bed, a chair and personal storage space to promote residents' dignity and privacy. The provider undertook to review the room layout to see if this could be achieved. The inspector saw that doors and walls in residents rooms and corridors required painting. Some of the centres chairs, wardrobes and lockers were worn and required repair or

replacement. One of the showers in the centre required re-tiling and replacement as it was not in working order. Other issues in relation to premises are outlined under regulation 17.

The inspector saw that the centre was generally clean and there was adequate hand hygiene dispensers through out the centre to facilitate hand hygiene practices. A link nurse assessed staff's knowledge and hand hygiene practices regularly in the centre. Some of the findings from the previous inspection had been addressed such as the cleaning products used in the centre had been reviewed and disposable inserts for commodes had been purchased. However, the inspector saw that staff were not wearing FFP2 masks in line with national guidance on the morning of inspection. This was immediately addressed by the person in charge when brought to her attention. Some of the furniture surfaces bed frames, lockers bed tables were worn so effective cleaning could not be assured. These and other findings in relation to infection control are addressed in Regulation 27.

The inspector saw that fire fighting equipment was located throughout the building. Emergency exits were displayed and free of obstruction. Fire safety systems were supported by a fire safety policy. The fire safety alarm and extinguishers were serviced when required and records were available for inspection. Daily, weekly and monthly fire safety checks were recorded. Staff spoken with knew the residents and their evacuation requirements and how to respond in the event of a fire in the centre. A number of fire drills were carried out in the centre indicating that staff were assessed for response time, team work, efficiency and knowledge. The provided assured the inspector that these were being carried out regularly in the centre. The inspector saw that a number of the risks identified in the previous inspection had been actioned. A third member of staff was rostered on night duty so that staff could respond in a timely manner should a fire occur at night. The attic areas had been cleared of storage and was now fitted with a smoke detector. The fire door in the dining room had been replaced and a review of fire doors had been undertaken in the centre. Additional external emergency lighting had been fitted outside the main entrance to ensure the escape route would be lit in the event of a power failure during a fire. There was a zoned floor plan adjacent to the panel to assist staff to locate a fire. However, while the inspector saw evidence that there was a plan in place to address the remaining issues, a number of these issues required action and are outlined under regulation 28.

## Regulation 11: Visits

In line with with current HPSC guidance of February 2022, (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre), each resident had a nominated support person who could visit the centre anytime. Visitors were observed throughout the day; they were welcomed to the centre and staff completed the appropriate COVID-19 safety precautions with

visitors upon entry to the centre. Visitors and residents who spoke with the inspector were happy with the arrangements in place for visiting.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the following issues in relation to the premises did not conform to the matters outlined in Schedule 6 of the regulation which impacted on the dignity and safety of residents:

- a number of chairs and lockers in residents rooms were worn
- some lockers, wardrobes and a bed table in some resident's room were worn and chipped
- walls and doors in some of the bedrooms and corridors were marked and required repainting
- flooring in one of the bedrooms and in the corridor near the dining room required replacement
- the privacy curtains in one of the twin rooms did not close effectively to ensure residents dignity and privacy was protected at all times
- some of the bedroom curtains were worn and required replacement
- one of the centre's showers was broken and required replacement and re-tiling was required in this shower room also
- the radiator in the treatment room was very rusted.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The inspector saw that there were effective systems in place to ensure residents got the correct meal to meet their dietary needs. Residents had a choice of meals at lunch time and residents told the inspector that they were happy with the standard and quality of food provided. The inspector saw that there were effective systems in place to ensure residents got the correct meal to meet their dietary needs. The inspector saw that the lunch time meal and evening meal served, looked wholesome and nutritious and there were drinks and snacks provided to residents throughout the day. Residents were weighed and assessed for the risk of malnutrition on admission and at regular intervals thereafter, using a validated tool.

Judgment: Compliant

## Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. A health and safety statement was also available in the centre.

Judgment: Compliant

## Regulation 27: Infection control

The inspector found that the registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff. This increased the risk of cross infection in the centre. This was evidenced by;

- The cleaning trolley was stored in the dirty utility room which increased the risk of cross contamination
- Two commodes did not have wheels and therefore could not be easily transported for cleaning or emptying, the provide assured the inspector that these would be replaced.
- Some surfaces and furniture was worn and poorly maintained and as such did not facilitate effective cleaning.
- some of the armchairs in resident's bedrooms were upholstered with a material that made them difficult to be effectively cleaned
- While all staff were wearing medical grade masks, inspectors saw that many staff were wearing surgical masks instead of FFP2 masks as recommended in national guidance for care of residents living in residential care facilities. This was addressed immediately by the person in charge on the day of inspection.

Judgment: Not compliant

## Regulation 28: Fire precautions

While a number of actions had been taken by the provider to reduce the fire safety risks identified in the previous inspection the following issues required action:

- As access to a number of bedrooms was through the day room, the provider had yet to ensure that a strategy was in place to ensure the safe evacuation from these bedrooms should a fire occur in the day room.
- Work was outstanding to ensure the compartment boundary between the large day room and the adjoining bedroom area was addressed

- The fire door in room 13 had been reviewed and guidance provided to the provider was that this door needed to be used as a fire door and work to ensure this door could be accessed easily was yet to be completed
- Personal emergency evacuation plans for residents required to be updated to reflect their room number accurately in the event of a fire.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident to the inspector that care plans were reviewed every four months or more frequently as required. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. Care plans were developed to inform the care supports and assistance each resident needed.

Judgment: Compliant

### Regulation 6: Health care

The health of residents was promoted through ongoing medical review. Residents were reported to have good access to general practitioners (GPs). This was confirmed from a review of residents records. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Residents had access to speech and language therapy, occupational therapy and dietetic services. Residents were reviewed by tissue viability specialist where required. Physiotherapist services were provided in house and the inspector saw that the physiotherapist was in the centre on the day of inspection to provide assessments and treatment to residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. It was evident to the inspector that the person in charge was working to reduce the number of bedrails in use in the centre and the number had reduced

significantly since the last inspection. There was evidence of alternatives to restraint in use in accordance with best practice guidelines.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. The person in charge ensured that any allegations of abuse were reported to the chief inspector and actioned and investigated as required.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights and choice were promoted and respected in the centre. Residents were supported to engage in activities that considered their interests and capabilities. Residents had access to radios, telephones, television and newspapers. The centre employed an activity co-ordinator who provided a varied activities programme that included bingo, music sessions, balloon tennis, exercise sessions and arts and crafts. On the day of inspection a local priest said mass in the dayroom and residents told the inspector that this was important to them. A number of residents said the rosary together each day. Residents could choose how and where to spend their day. A review of residents' family meeting minutes and satisfaction surveys confirmed that residents were consulted with and participated in the organisation of the centre. Residents had access to radios, telephones, television and newspapers.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kenmare Nursing Home OSV-0000239

Inspection ID: MON-0036727

Date of inspection: 05/05/2022

## 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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Management will discuss in our weekly management quality meetings and our daily debrief meetings supervision to ensure that we are always in compliance with all aspects of Regulation 23	
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: We will ensure fees to be charged for services will be noted on all Contracts of Care	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• Furniture has been replaced / repaired where appropriate</li> <li>• Currently the entire building is being repainted</li> <li>• Flooring will be replaced</li> <li>• Privacy curtains have been changed to ensure they close more effectively; curtains</li> </ul>	

<p>have been replaced where needed</p> <ul style="list-style-type: none"> <li>• We are currently waiting for our plumber to replace the out of order shower</li> <li>• Tiles have been replaced</li> <li>• Radiator in treatment room has been replaced</li> </ul>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Cleaning trolley is no longer stored here</li> <li>• These commodes have been replaced with commodes that have wheels</li> <li>• Furniture has been replaced or repaired where appropriate</li> <li>• A cleaning schedule has been made for the above-mentioned chairs involving steam cleaning</li> <li>• We will ensure that we will follow national guidance at all times</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• The emergency exit closest to these rooms has now been altered to ensure access can be gained from outside of the building in case of a fire</li> <li>• Works regarding the fire compartment in the attic is currently underway</li> <li>• The door in question is now easily accessible</li> <li>• All PEEPS have been reviewed and updated where necessary</li> </ul>	

## 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.	Not Compliant	Orange	30/06/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	16/06/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	16/06/2022

	the fees, if any, to be charged for such services.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	16/06/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	25/06/2022
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.	Not Compliant	Orange	25/06/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	25/06/2022