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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:	Kenmare Nursing Home
Name of provider:	Tim Harrington
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0035014

## 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:	26
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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 15 December 2021	09:20hrs to 18:10hrs	Siobhan Bourke	Lead
Wednesday 15 December 2021	09:20hrs to 18:10hrs	Niall Whelton	Support

## What residents told us and what inspectors observed

During the inspection, inspectors met with the majority of the 26 residents who were living in the centre and spoke with eight residents in more detail. The inspectors also met with a number of family members who were visiting residents during the inspection. The overall feedback from residents and relatives was that Kenmare Nursing Home was a nice place to live. Residents told inspectors and inspectors observed that staff were kind, caring and respectful to residents and supported them to have a good quality of life in the centre. However fire safety and staffing warranted urgent action by the provider. The provider was committed to coming into compliance with the regulations and was undertaking renovations in the centre on the day of inspection.

This was an unannounced inspection to monitor compliance with the regulations, by two inspectors of social services. On arrival, a member of staff guided inspectors through the centre's infection prevention and control procedures before entering the building. Following an initial meeting, the person in charge accompanied inspectors on a walk around of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere. During the walk around the centre it was evident that the residents knew the person in charge well and that she was familiar with their needs and preferences.

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 on the day of inspection. Ten of the single rooms and two of the twin had ensuite toilet facilities and hand washbasins, the remaining rooms had handwash basins only. The centre had three separate shower facilities for residents.

Many bedrooms were seen to be personalised with pictures and personal items brought from home. One resident's room had a spectacular view over Kenmare Bay and was described by the resident as "paradise".

During the inspection construction work was underway on one of the twin rooms to increase the size of the room so that it met the requirements of regulations. Work was near completion and inspectors were informed that this work would be completed by the end of December 2021. The ongoing building work meant that there was a lot of noise in the centre on the day of inspection. Residents moved from their rooms to the communal spaces during the daytime when the builders were onsite working. Residents and relatives who spoke with the inspectors told the inspectors that they had been consulted with in regard to the building works and the impact it would have on residents living in the centre.

Inspectors observed escape routes to be clear and unobstructed. There was an awareness of fire safety when speaking with staff and the person in charge. Inspectors noted that fire doors to bedrooms were fitted with devices which

afforded residents the choice to have their bedroom door open and door closers were not an impediment to their manoeuvrability through the building. Once the fire alarm activates, the doors would close. When walking through the centre, deficiencies with containment of fire were noted and are explained in more detail in the Quality and Safety section of this report.

The centre was warm, brightly decorated and clean throughout. Communal spaces in the centre comprised of a large sitting room and large dining room. The inspectors saw that both these rooms were bright spacious and decorated with Christmas trees and decorations for the festive season. There were lovely views from the sitting room for residents to enjoy of Kenmare Bay and sheep were grazing in the fields just outside the centre. However the inspectors saw how lack of storage in the centre impacted on the dignity of residents with a large number of specialist chairs and wheelchairs inappropriately stored in the sitting room where residents were relaxing.

During the day, inspectors saw that residents in the sitting room enjoyed the social activities that were facilitated by the activity co-ordinator. Inspectors observed a lively sing song and proverbs session, musical tennis game and a bingo session during the inspection. Resident told the inspectors that they loved the music and bingo sessions in the centre.

There was ample time between meals and inspectors observed that if residents wished to eat their meals in their rooms, their choice was respected in the centre. Inspectors saw that elevenses in the centre was a social experience with a selection of fruits, sandwiches and biscuits available with a cup of tea for residents.

Inspectors saw that lunch in the dining rooms was a sociable and enjoyable experience for residents. Staff were aware of residents' likes and dislikes and were seen providing assistance in a discreet manner. Residents and staff were seen to have lively chats during mealtimes. There was two choices available for the lunch time meal and lunch offered to residents both appeared and smelled appetising. Residents told the inspectors they always got a choice of meals and were complimentary about the food. Tables in the dining room were spread out to support physical distancing during mealtimes for residents. The tables were decorated with festive ornaments and old style dressers gave the room a homely feel.

Residents were happy that indoor visits had resumed and that visits were organised in a safe way. There were suitable indoor spaces for visits and visitors were observed coming and going during the day and they gave positive feedback about the service to inspectors.

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

Inspectors 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 staffing. An urgent action plan was issued to the provider following the inspection in relation to fire safety and staffing. The response from the provider provided assurances that immediate action was taken to address the risks identified during the inspection.

The centre was owned and operated by Tim Harrington who is the registered provider. The centre had a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities. 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. Since the previous inspection, the centre had employed the assistant director of nursing who supported the person in charge with her role two days a week and was undertaking a management qualification.

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. There are a number of areas of concern regarding the adequacy of fire precautions in the centre and significant improvements were required to comply with the requirements of the regulations to ensure that residents and staff were adequately protected from the risk of fire. The registered provider had been pro-active and had commissioned a third party fire consultant to complete a fire safety risk assessment in the centre in June 2021. Some progress was made to address the identified risks, however further work was still required. The fire safety risk assessment included recommendations to arrange for a review of the passive fire protection measures and fire doors in the building, neither of which had been completed.

There were sufficient staff available to meet the needs of residents during the day. However night time staffing levels required review as there was one registered nurse and one care assistant to meet the needs of 26 residents. Furthermore night time staffing levels were identified as a risk to the safe evacuation of residents should a fire occur in the centre at night-time. The provider provided assurances following the inspection that a third staff member would be rostered at night to address this risk.

Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene. Records viewed by the inspector confirmed that there was a high level of training provided in the centre. All staff had received, or were scheduled to receive in the coming weeks, up-to-date mandatory training specific to their roles.

Written policies and procedure as set out in Schedule 5 of the regulations were in place and in date. The centre had a suite of infection prevention and control policies and an outbreak management plan with defined arrangements to be instigated in the event of an outbreak of COVID-19 infection.

All records requested were made available to the inspectors. A sample of staff files viewed by an inspector were found to be well maintained and contained the requirements of schedule 2 of the regulations. However the inspector saw that in one staff file, garda vetting had been sought after the staff member began employment in the centre. This is addressed under regulation 21.

Overall, there was a low level of complaints in the centre. A review of the complaints log and from speaking with residents showed that complaints were investigated and well managed in line with the centre's own policy and procedures.

An annual review of the quality and safety of care provided to residents in 2020 had been prepared in consultation with residents. This included an action plan for 2021. There was evidence of consultation with residents through annual surveys and residents meetings on the management and running of the centre.

The person in charge monitored key performance indicators on risks to residents such as falls, pressure ulcers, restrictive practices, complaints and medication errors. These were discussed and monitored at a weekly quality and safety meeting with the person in charge, the assistant director of nursing and the centre's manager. A schedule of audits was in place and the inspector saw that this included, falls, nutrition assessment, care planning, medication management and oversight of environmental hygiene. A staff nurse had been assigned as a link infection prevention and control nurse for the centre and was undertaking training to support them with this role. This staff member was rostered to undertake assessments of staff compliance with hand hygiene on a regular basis.

While inspectors found that there was good oversight of the quality of nursing and health care provided to residents living in the centre, the provider had not identified risks with infection control and fire safety which were impacting on the safety and well being of residents and staff. These will be discussed under regulation 27 and 28.

### Regulation 14: Persons in charge

The person in charge was a registered nurse who had the required qualifications, management experience and experience of nursing older persons specified in the regulation.

Judgment: Compliant



## Regulation 15: Staffing

While there were sufficient staff available during the day to meet the assessed needs of residents, there was insufficient staff resources at night time to enable residents to be evacuated safely in a timely manner in the event of a fire. The centre had one nurse on duty at night and one health care assistant at night to meet the needs of 26 residents.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff who spoke with inspectors confirmed that they had attended mandatory training on fire safety, infection prevention control and safeguarding. A review of the training matrix in the centre found that most training was up-to-date and those staff outstanding had training scheduled for the weeks following the inspection. Staff were supervised in their roles by the person in charge and ADON.

Judgment: Compliant

## Regulation 21: Records

A sample of three staff files reviewed by an inspector found that one member of staff had garda vetting completed four weeks after the commencement date which is not in line with vetting procedures

Judgment: Substantially 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 that adequate fire safety measures were in place were not effective.
- Risks to residents in relation to fire safety and infection control identified by inspectors had not been addressed at the centre.
- There were insufficient resources to meet the needs of residents at night and to ensure that residents could be safely evacuated should a fire occur at night

in the centre.
Judgment: Not compliant
<b>Regulation 3: Statement of purpose</b>
The centre had a statement of purpose that met the requirements of the regulations. However the inspectors requested updated floor plans to accurately reflect the footprint of the centre.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
An 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
<b>Regulation 34: Complaints procedure</b>
The centre had a policy and procedure in place outlining the process for managing complaints which included an appeals process. The procedure was displayed in the reception area of the centre. An 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
<b>Regulation 4: Written policies and procedures</b>
The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to date.

Judgment: Compliant

## Quality and safety

The inspectors found the care and support provided to the residents to be of a good standard and residents living in the centre enjoyed a good quality of life. However, the high levels of non-compliance found on inspection was posing a risk to the safety and well being of residents particularly with regard to, fire safety, infection control and premises. As outlined previously, an immediate action plan was issued in relation to staffing and the safe evacuation of residents from the centre in the event of fire.

Inspectors observed that residents received a comprehensive assessment of their health, personal and social care needs on admission to the centre. Local general practitioners (GP) provided a comprehensive service to the centre and visited weekly and more frequently as required. Residents had good access to health and social care professionals including occupational therapy, dietitian, speech and language therapy and physiotherapy.

All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans.

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. While the person in charge ensured that risk assessments and safety checks were in place, there remained a high use of bed rails within the centre, which required review, this is discussed further under Regulation 7.

Residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic, and had been successful in keeping the residents safe from COVID-19 infection. At the time of inspection all residents and 88% of staff were vaccinated. The centre had a COVID-19 resource folder, and a comprehensive COVID-19 contingency plan. The person in charge ensured that staff were provided with regular updates on donning and doffing PPE and hand hygiene. Staff were observed to be adhering to best practice in relation to wearing of PPE and hand hygiene on the day of inspection. There was plenty alcohol hand gel dispensers available throughout the centre. The centre was observed to be generally clean, however some improvements required are discussed under regulation 27.

On the day of inspection one of the twin bedrooms in the centre was being renovated and size increased to meet the requirements of schedule 6 of the regulations. While the centre was warm and homely throughout, a number of issues

regarding the premises are outlined under regulation 17.

Overall, residents' right to privacy and dignity were respected and inspectors observed frequent positive and respectful interactions between staff and residents. Residents confirmed to inspectors that they were offered choice regarding their meals and around their daily routine in the centre. There was a varied schedule of activities available in the centre to meet the needs of residents. 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. Visiting was facilitated in the centre in line with national guidance.

From a fire safety perspective, the centre was laid out in a manner that afforded residents and staff an adequate number of escape routes and exits and inspectors noted these were kept clear and free of obstruction. Alternative escape routes were available throughout. The newer area of the building had a good standard of fire containment and was provided with a fully addressable fire alarm system. Inspectors observed some good practices relating to fire safety. All beds in the centre were fitted with evacuation sheets under the mattress and staff were trained in their use. Staff spoken with knew the residents and their evacuation requirements. The building was provided with emergency lighting, a fire detection and alarm system and fire fighting equipment and these were serviced and up to date. However, inspectors identified a number of significant risks to residents related to fire safety which are addressed under regulation 28.

### Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current HPSC guidance. Indoor visiting was scheduled in advance to manage footfall in the centre. Visitors were screened on arrival for symptoms of COVID-19. Residents and visitors who spoke with inspectors confirmed that the number and duration of visits met their requirements.

Judgment: Compliant

### Regulation 17: Premises

Inspectors found that the premises did not conform to the matters outlined in Schedule 6 of the regulation in relation to the following:

- lack of suitable storage in the centre resulted in specialist seating and wheelchairs were stored in the sitting room, linen skips were stored in a shower room and the cleaning trolley was stored in the dirty utility room
- flooring in the corridor between the dining room and kitchen was worn and required replacement, joining strips between some of the flooring required

- review as they were a trip hazard
- doors and walls in a number of areas were scuffed and required repainting, the radiator in the treatment room was rusted
  - there were three showers for 26 residents in the centre.

Judgment: Not 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. Risks identified during the inspection are addressed under regulation 23.

Judgment: Compliant

### Regulation 27: Infection control

While the centre was visibly clean throughout, inspectors found that the registered provider had not ensured that all procedures consistent with the standards for the prevention and control of healthcare associated infections were implemented by staff in the centre. This presented a risk of cross infection.

- A chlorine-based product was inappropriately used for routine environmental cleaning.
- The inspector observed medicine cups and spoons being washed in the hand wash sink in the treatment room.
- There was a limited number of hand wash sinks in the centre and many were dual purpose (used by both staff and residents).
- The clinical hand wash sinks in the dirty utility room and treatment room did not comply with current recommended specifications.  
Inspectors were informed that resident's wash-water was emptied down hand wash sinks in residents rooms. This practice should cease as this will significantly increase the risk of environmental contamination and cross infection.
- The treatment room was small sized, poorly ventilated and did not facilitate effective infection prevention and control measures.
- One raised toilet seat was not clean
- The sluicing facilities for washing commode inserts required review as there was no deep sink in the utility to facilitate this.

Judgment: Not compliant

## Regulation 28: Fire precautions

Improvements were required in relation to the identification and management of fire safety risks in the centre. At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. In particular, one area of the building with four bedrooms was found to present a risk to residents on the day of inspection. The attic area above these rooms had large volumes of combustible storage and was not adequately fire separated from the rooms below. A separate room in the attic area was also being used for storage and this area did not have a smoke detector. The access room to the attic, had loose oxygen cylinders and a hoist battery on charge. Eight high dependent residents were accommodated in this area of the building. Following the inspection the registered provider provided assurances to mitigate this risk.

As access to a number of bedrooms was through the dayroom, the provider needs to be assured that a strategy is in place to ensure the safe evacuation from these bedrooms should a fire occur in the dayroom.

The location of a compartment boundary between the large day room and the adjoining bedroom area was not clear and this may hinder staff when carrying out the evacuation procedure.

The provider is required to ensure that all risks identified in the third party fire safety risk assessment are addressed.

Inspectors were not assured that adequate measures were in place to contain fire and protect escape routes in the older sections of the building. For example service penetrations were noted in construction providing a barrier to fire and inspectors were not assured that the attic hatches within the ceiling were fire rated.

Fire doors in the older part of the centre required action to ensure they could effectively prevent the spread of smoke and fire. For example, fire doors to the kitchen required immediate attention. The fire doors to some rooms were not fitted with the appropriate smoke seals, for example, the manager's office, clinical room and some bedrooms.

Additional external emergency lighting was required outside the main entrance to ensure the escape route would be lit in the event of a power failure during a fire.

Inspectors noted additional fire detection was required to ensure the early identification of a fire. For example there was no smoke detectors observed in a storage room at attic level and the clinical treatment room.

Improvements were required to ensure adequate arrangements for giving warning of fire. There were two separate fire alarm systems and these were interconnected.

While the fire and alarm system for the newer part of the building was addressable and would identify the exact location of a fire, the system in the older part of the building was a zoned system and required a zoned floor plan adjacent to the panel to assist staff to locate a fire.

From a review of fire drill reports, inspectors were not assured that adequate arrangements had been made for evacuating residents from the centre in a timely manner with the staff and equipment resources available. Following the inspection, the provider confirmed an additional staff member would be placed on night duty to minimise this risk.

While the procedures to follow in the event of a fire were displayed, they did not include the phased evacuation strategy described to inspectors.

The maps displayed in the bedrooms required improvement as they did not show the correct layout of the building.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

### Regulation 6: Health care

Residents living in the centre had good access to medical care from local general practitioners who reviewed residents regularly. A physiotherapist came to the centre twice a week to provide both individual and group physiotherapy sessions. From a review of a sample of residents files, it was evident that referrals were made to health and social care professionals such as dietitian, speech and language therapist and occupational therapist when required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a high usage of bed rails in the centre, with over 60% of residents being allocated bed rails. There was not always evidence of alternatives being trialled to reduce this high level of restraint.

Judgment: Substantially 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. 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. There was adequate space and facilities for residents to undertake activities in groups, and in private. A review of residents' 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 local newspapers. Residents had access to online religious services and group rosary prayers in the centre

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not 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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kenmare Nursing Home OSV-0000239

Inspection ID: MON-0035014

Date of inspection: 15/12/2021

## 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An additional staff member rostered on for night duty	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Due to foreign national employees not having an Irish address before entering the country, we hired them with just police clearance from their country as per advice given to us from the Garda Vetting office, in future we will ensure that all foreign national employees complete Irish Garda Vetting before commencing employment and not just police clearance from their own country.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An additional staff member rostered on for night duty and combustible materials have been removed from this area, Additional fire detection systems have been added to the center.	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  An additional unassisted shower has now been re-added to our building, said flooring has been repaired, storage issues are being better managed (specialised chairs &amp; wheelchairs not in use have been removed) and scuffed doors &amp; radiators have been repaired / painted.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  We have stopped using the chlorine-based product for routine cleaning as per a miscommunication between ourselves &amp; the IPC team. The Staff Nurse that was washing Medicine cups etc. was reminded on the day of inspection that this is not the correct way of doing so. "Wash-water" will no longer be emptied down the sink in the Residents bedroom. More frequent cleaning and inspection of cleaning will be carried out on all toilet seat raisers.  We are sourcing 6 disposable commode inserts and will now use these instead.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  All combustible storage in the attic has been removed and smoke detectors installed.</p> <p>All O2 cylinders has been moved to outside of the building where they are now stored and any excess cylinders have been returned.</p> <p>Risks identified in our 3rd party fire assessment have re rectified. The fire door mentioned in the kitchen has been replaced.</p> <p>We have 5 attic hatches in the building, 3 are fire rated and certificates to prove this. Re the remaining 2 in the older part of the building we are awaiting clarification re these fire hatches and the compartment boundaries surrounding the day room from our engineer</p>	

and building control.

Maps displayed in bedrooms have been updated and now show correct layout and where exit doors are in each room.

All fire related signage and procedures have been reviewed and the older part of the building has been updated with a colour coded zoned floor plan for the three different zone areas

An extra staff member has also been rostered on for a night shift to ensure these procedures can be carried out more efficiently.

Re bedrooms 17-20 we are currently waiting for our fire safety company to come assess and quote us for the fire door at this end of the building to be altered so it can be accessed outside the building and not just inside.

We are waiting for our service provider to come and look and give us a quote for external emergency lighting outside the main entrance.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

8 bedrails that are currently in use have been requested by the Resident themselves and they written consent, on a trial basis we removed 2 bedrails, this resulted in increased falls so they were reinstated. 6 bedrails were removed following an assessment and alternatives in place, to minimise the risk of falls. We currently have 12 bedrails in use

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	20/12/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	14/02/2022
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	14/02/2022

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	15/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	20/12/2021
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	21/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	15/12/2021

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	16/12/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	03/03/2022
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	27/12/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	27/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and	Not Compliant	Orange	27/12/2021



	fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	14/02/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	14/02/2022
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	21/01/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	27/12/2021
Regulation 7(3)	The registered	Substantially	Yellow	05/02/2022

	provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Compliant		
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