



# 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:	Kenmare Nursing Home Limited
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	28 March 2023
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0039740

## 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.

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

Number of residents on the date of inspection:	24
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 28 March 2023	09:40hrs to 18:00hrs	Siobhan Bourke	Lead
Tuesday 28 March 2023	09:40hrs to 18:00hrs	Niall Whelton	Support

## What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that residents were supported to have a good quality of life in this centre. The inspectors met with the majority of the 24 residents living in the centre and spoke with five residents in more detail to gain an insight into their lived experience. Residents told inspectors that staff were kind and caring and respected their choices. The inspectors 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.

The inspectors arrived to the centre unannounced. On arrival, the nurse on duty guided the inspectors through the centre's infection prevention and control procedures before entering the building. Following an initial meeting with the person in charge and the centre's manager, the person in charge accompanied the inspectors on a walk around of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere. A number of residents were up and ready for the day's activities while others were being assisted with their personal care by staff. One of the residents told the inspectors that staff were "great" and they were "lucky" to have such staff.

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 rooms had ensuite toilet facilities and hand washbasins, the remaining rooms had handwash basins only. The centre had four shower rooms for residents.

Some of the bedrooms to the front of the centre had beautiful views of Kenmare Bay and were restful spaces for residents. The inspectors saw that some bedrooms were personalised with residents' photographs and belongings and some bedrooms had residents' own furniture. The inspector saw that some of the curtains and privacy curtains in some bedrooms were worn and required replacement or repair. Flooring in the centre was generally well maintained with the exception of two bedrooms. The person in charge told the inspectors that there were plans to replace this flooring. The inspectors observed that a call bell in one of the resident's rooms was not working during the walkaround. The person in charge ensured that it was repaired during the day by the maintenance staff.

The inspectors observed the dining experience at lunch time. The majority of residents had their main meal in the dining room, while others chose to remain in their bedroom. The lunch time meal appeared appetising and nutritious and residents had choice of main course. Textured modified diets were well presented. There was enough staff available to provide assistance with residents who required it. The inspector saw assistance was provided to residents who required it, in a dignified and respectful way. The inspector saw that the dining room tables were

decorated with tablecloths, flowers and condiments and the menu was displayed on a whiteboard in the room. Residents and staff were chatting together during the meal and it appeared a sociable dining experience. Residents were complimentary regarding the quality, quantity and choice of food provided.

The inspector observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. Residents described person-centred and compassionate care and told the inspectors they were listened to and respected by the staff. Inspectors observed a number of visitors coming and going to the centre on the day of inspection.

There was a varied schedule of activities available for residents to enjoy in the centre, which were facilitated by the centre's activity staff and external musicians. 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 ballgames and reminiscence in the morning and in the afternoon a music therapist who attended the centre once a week, provided a lively interactive session with residents. The inspector saw that residents were given musical instruments and sang along with the lively music and songs provided. Residents' views of the running of the centre were sought through resident meetings and surveys. The inspector saw that feedback from these surveys was positive regarding the standards of care and standards of food provided in the centre.

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

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to follow up on the findings of the previous inspection. The inspectors found that in general, the governance and management arrangements, required by regulation, to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. The inspectors found that many of the finding of the previous inspection had been actioned by the provider however, some further improvements were required in relation to fire precautions, premises and care planning.

The provider had arranged for a further revised fire safety risk assessment in November of last year and was progressing through the actions identified in that report.

There was a clearly defined management structure in place that identified the lines of authority and accountability. Since the previous inspection, there had been a change of provider in November 2022 where the previous provider had applied to change registered provider from Tim Harrington to Kenmare Nursing Home Limited. At the time of inspection, the centre was owned and operated by Kenmare Nursing Home Limited who is the registered provider. The provider company remained family run, with three directors, two of whom were actively involved in the day to day running of the centre, as manager and assistant manager. The person in charge was supported by a part-time assistant director of nursing, a team of nursing, caring, housekeeping, catering and maintenance staff. Staff and residents were familiar with staff roles and their responsibilities.

The inspector found that the staffing levels were sufficient to meet the assessed needs of the 24 residents living in the centre at the time of the inspection. The person in charge informed the inspector that recruitment of staff was ongoing in the centre to replace nursing and care staff as vacancies arose. Staff spoken with had good knowledge of each resident's individual needs.

There was a comprehensive programme of both face-to-face and online training provided to staff working in the centre. All staff had attended up-to-date mandatory training in areas, such as manual handling, safeguarding vulnerable adults, responsive behaviours, and fire safety. The person in charge had good oversight of the uptake of training by staff.

A record of incidents occurring in the centre was reviewed by an inspector and found to be well maintained. 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.

The person in charge demonstrated good knowledge of their role and responsibilities including good oversight of residents' care and welfare to continuously improve quality of care. Audits were carried out regularly in the centre in relation to key quality of care issues for example, environmental hygiene, compliance with hand hygiene practices, care planning and medication management. An annual review of the quality and safety of care delivered to the residents in 2022 had been prepared and was available for the inspectors to review on the day of inspection.

There was evidence of consultation with residents in the planning and running of the centre. Relatives and resident meetings were held and residents were surveyed to seek their views on the running of the centre and their experience of living in the centre.

## Regulation 15: Staffing

A review of the staffing rosters and the staffing levels on the day of the inspection

found that staffing was appropriate to meet the assessed needs of the 24 residents living in the centre and for the size and layout of the building.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. The inspector reviewed the training matrix and saw that mandatory training such as fire safety training, manual handling and safeguarding vulnerable adults was up-to-date and regularly scheduled for staff. Staff who spoke with the inspector were knowledgeable regarding residents' care needs. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained the information required in line with specified regulatory requirements.

Judgment: Compliant

### Regulation 21: Records

The inspector found that records were stored securely. 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

Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were a number of management systems in place to ensure the service was safe, appropriate and effectively monitored. However issues



to do with fire precautions are addressed and actioned under Regulation 28.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of legislation.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner. Incidents were reviewed during the inspection which were all managed appropriately.
Judgment: Compliant
<b>Quality and safety</b>
<p>In general, the inspectors found that residents were supported to have a good quality of life in Kenmare Nursing Home and were provided with a good standard of care by kind and dedicated staff. There was evidence that residents' needs were being met with access to health care services and opportunities for social engagement. However, inspectors found that some improvements were required in relation to care planning, premises and fire precautions as discussed under the relevant regulations.</p> <p>Residents had good access to allied health professionals such as physiotherapy, dietitian, and speech and language therapy when required. Validated risk assessments were completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. Based on a sample of care plans viewed, while appropriate interventions were in place for some residents' assessed needs, some care plans reviewed required improvements as outlined under Regulation 5: Individual assessment and care plan.</p> <p>Residents' hydration and nutrition needs were assessed and regularly monitored.</p>

There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspectors saw that the serving and presentation of food was good and residents were complimentary regarding the food and choices available to them.

The inspectors found that the premises was clean and most of the findings of the previous inspection had been addressed. Staff were provided with infection prevention and control training and cleaning staff were knowledgeable regarding appropriate cleaning practices and enhanced cleaning requirements during an outbreak. An inspector identified that action was required in regard to safe storage of sharps and ensuring staff were wearing surgical face masks appropriately as outlined under Regulation 27: Infection control.

Residents had access to pharmacy services. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medication administration practices were being monitored well and areas for improvement were identified and actioned. However, improvements were required in the management of medications that required administration in an altered format as outlined under Regulation 29: Medication and Pharmaceutical services.

There was evidence of ongoing maintenance in the centre. The inspectors identified issues such as a broken call bell, a loose strip on a door insert and other issues that required repair. A number of which were addressed on the day of inspection as outlined under Regulation: 17 Premises.

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 general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with through residents meetings and surveys and had access to independent advocacy if they wished.

The fire safety management folder was examined. While there was evidence that the emergency lighting and fire detection and alarm systems were being serviced, the appropriate records were not available for review in the centre. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Fire drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels. The reports of fire drills detailed what went wrong and identified areas for improvement. The previous issue with a fire compartment boundary near the main day room was now addressed. The provider had constructed a compartment wall in the attic, which further protected residents from the risk of fire in this area of the building. Some improvements are required in relation to fire precautions, particularly in relation to the maintenance of fire doors, fire containment and outstanding risks in fire safety risk assessment as outlined under Regulation 28: Fire precautions.

## Regulation 11: Visits

Visitors and residents confirmed that visits were encouraged and facilitated in the centre.

Judgment: Compliant

## Regulation 17: Premises

The inspectors observed that the following issues with the premises that required action;

- A call bell in a resident's bedroom was broken, this was repaired by maintenance staff during the inspection.
- One of the dining room doors had a loose sealant strip; this was repaired by maintenance staff during the inspection.
- A light bulb in one ensuite toilet was not working and was replaced by maintenance staff during the inspection
- Privacy curtains and window curtains in some residents bedrooms were worn and required repair or replacement.
- Flooring in two bedrooms was worn and required repair or replacement.
- A section of skirting board required repair as it was detaching from the wall and there was a hole in the wall at this point.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

There were policies and procedures to guide practice in relation to the management of nutrition. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspectors found that residents on specialised modified consistency diets received the correct diet and modified meals were well presented. Residents' hydration and nutrition needs were assessed and regularly monitored. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

While residents' documentation including information received following transfer back from acute services was available, a copy of information sent with residents who transferred out of the centre was not maintained in line with regulations.

Judgment: Substantially compliant

### Regulation 27: Infection control

While it was evident that the provider had addressed many of the findings of the previous inspection, the inspector found that the following required action to ensure procedures were consistent with the National Standards for infection prevention and control in community services (2018).

- Two sharps containers did not have the temporary closing mechanism in use, therefore this increased the risk of staff sustaining a needle stick injury.
- Staff were not consistently wearing face masks correctly in line with national guidance.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Notwithstanding the works already completed and improvements made to fire safety management, further action is required to ensure the safety of residents living in the centre.

The registered provider was not taking adequate precautions against the risk of fire:

- While there was significant progress made to address the risks identified in the fire safety risk assessment report of November 2022, there were some outstanding actions.
- The fire alarm panel showed a fault. While the provider confirmed this to be a magnet release issue and not detection, the fault had not been logged in the daily checks.
- There was no periodic inspection report available for the electrical installation.

Means of escape required improvement:

- The exit door from a bedroom was not part of the evacuation plan or readily openable when required.

Action was required to ensure adequate containment of fire:

- Holes where services penetrated fire rated ceilings were not adequately sealed to maintain the fire resistance
- The wall between the attic and the stairs leading to it did not provide adequate containment of fire
- Assurance was required from the provider regarding the effectiveness of the fire compartment boundaries and the fire doors within the compartment walls, to support progressive horizontal evacuation.

Action was required to ensure adequate detection of fire and giving warning of fire:

- Assurance was required that the privacy curtains in bedrooms did not impact the effectiveness of the smoke detectors
- The activities store was not fitted with fire detection
- The floor plans adjacent to the fire alarm panel were small and difficult to read. The fire alarm system in this part of the building is zoned and staff may rely on the floor plans to identify the location of a zone.

The arrangements for maintaining fire equipment were not effective:

- There were maintenance issues to fire doors; for example, doors not closing against the latch, absent smoke seals and automatic closing devices missing to some doors.
- An attic hatch was loose and required to be secured.
- While invoice records showed the emergency lighting and fire alarm systems were serviced, the service records were not available in the centre for review.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The inspectors saw that action was required in the management of medications that required administration in an altered format such as crushing. These were not individually prescribed, therefore nurses were not always administering medications in accordance with the direction of the prescriber. This could lead to medication errors.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, the inspector found that residents care plans were not always updated in line with the requirements of the regulations and were not always updated when residents care needs changed.

- One care plan was not updated every four months in line with requirements
- A resident's nutritional care plan did not reflect recorded weight loss and therefore the nutritional assessment score was miscalculated
- A resident's wound plan did not accurately reflect the condition of the wound.

These findings may impact on the provision residents' care in line with their assessed needs.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents living in the centre had access to medical care from local general practitioners who reviewed residents as required. 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 9: Residents' rights

Residents were provided with opportunities to participate in activities in accordance with their interests and capacities. There was a schedule of activities available seven days a week that were facilitated by two activity co-ordinators and external providers. During the morning, the inspectors saw a large group of residents enjoying activities such as a reminiscence session and a lively ball game and in the afternoon a musical therapist provided a lively interactive musical session for residents. The inspectors saw activity staff provide one-to-one activities for residents who choose to stay in their rooms. Staff and residents assured the inspector that residents' choices were respected in the centre. Residents had access to independent advocacy services. Residents religious preferences were supported and mass was celebrated in the centre by a local priest. Residents and family meetings were held in the centre to seek residents views on the running of 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Kenmare Nursing Home OSV-0000239

Inspection ID: MON-0039740

Date of inspection: 28/03/2023

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• Repairs / replacements are currently ongoing</li> </ul>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: We will ensure that the nurse on duty will keep a copy of the transfer letter in the residents' care plan.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> <li>• The sharps containers have a temporary closure mechanism in place, but unfortunately the last staff member using had left them open. All staff have been informed to close them after use. The empty container has been removed so that only one is in use at a time.</li> <li>• All staff have been advised to wear face masks correctly and in line with national guidance.</li> </ul>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  We have engaged with a professional to ensure the remaining actions of our fire safety risk assessment are completed including the wall near the attic storage area.  Our fire safety checklist has been updated to reflect any faults on our fire panel, this fault has since been rectified.  The PAT testing report and service records are now on file.  Our evacuation plan has been updated to show this fire exit, this fire exit now also has had a keypad and emergency key fitted.  Any holes made due to installations of additional emergency lighting have be filled.  A complete review was carried out on all fire doors, compartment boundaries and have reviewed accompanying paperwork, we are now satisfied that all up to standards / requirements.  The activity store has now been fitted with fire detection.  The floor plans are now larger and colour coded showing the different zones.  All doors now have self-closers and smoke seals are being installed where missing.  The attic hatch is now closed correctly.  We have reviewed our fire evacuation plan and signage throughout the building and have updated same. All staff will partake in fire drills and be made aware of the complete layout of the building.  All service records are now available for viewing.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  All GP's have been informed to write "Crushed "on the medication records and sign where needed</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  All care plans have been updated and a nurses meeting / education session was held to ensure all nurses were aware of care planning requirements. The PIC will do periodic inspections of care plans as well as audits</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/08/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre,	Substantially Compliant	Yellow	29/03/2023

	hospital or place.			
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	29/03/2023
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.	Substantially Compliant	Yellow	15/08/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	01/05/2023
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	15/08/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	15/08/2023

	detecting, containing and extinguishing fires.			
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	15/08/2023
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.	Substantially Compliant	Yellow	01/05/2023
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.	Substantially Compliant	Yellow	29/03/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise	Substantially Compliant	Yellow	29/03/2023

	it, after consultation with the resident concerned and where appropriate that resident's family.			
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