



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

Issued by the Chief Inspector

Name of designated centre:	Kilcara House Nursing Home
Name of provider:	Mertonfield Limited
Address of centre:	Kilcara, Duagh, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	20 October 2021
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0034120

About the designated centre

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

Kilcara House Nursing Home is a family run designated centre set in a rural location within a few kilometres of the towns of Abbeyfeale and Listowel. It is registered to accommodate a maximum of 32 residents. It is a two-storey building with stairs and lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale with eight beds, Duagh with nine beds, the new wing with eight beds; and upstairs has ten beds. Bedroom accommodation comprises single, twin and three-bedded rooms with wash-hand basins, and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and dining room. There is a secure enclosed courtyard with seating and there is a mature garden with walkways and seating at the front entrance to the centre. Kilcara House nursing home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term, convalescence care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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 20 October 2021	08:15hrs to 17:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day. The Inspector spoke with several of the residents living in the centre, and spent periods of time observing staff and resident engagement in communal areas. Overall, feedback from residents was that Kilcara House Nursing Home was a pleasant place to live and that they felt safe and well cared for by staff. The Inspector observed a pleasant, relaxed atmosphere throughout the day.

The centre is located between the towns of Listowel and Abbeyfeale, in a rural setting. It is surrounded by nice gardens, with seating to the front and a small secure garden to the back of the premises. On entering the premises the Inspector saw that the reception area and the front sitting room were decorated for Halloween. A large fish tank was situated inside the front door, with seating at either side, and residents were observed sitting here throughout the day, talking to each other and to staff.

Kilcara House Nursing Home is registered to provide care for 32 residents, and there were 29 residents living in the centre on the day of this inspection. The centre is laid out over two floors. Bedroom accommodation consists of 18 single bedrooms and 14 twin bedrooms. All but three twin rooms have en suite facilities. Some bedrooms were seen to be personalised with residents belongings, while others were not. There was adequate communal space in the centre, which comprised of two dining rooms, a sun lounge and two sitting rooms. The Inspector saw that some furniture in the centre required replacement and cleaning. The centre itself was generally clean throughout, however, as found on the previous inspection, some areas pertaining to the premises required to be addressed, such as painting and flooring, which is discussed further under Regulation 17.

Residents spoken with were very complimentary about the staff, and the Inspector saw a number of positive interactions between staff and residents on the day of this inspection. Staff spoken with were very knowledgeable about residents' needs, and were observed to be respectful, kind and caring in their approach to care. The residents who spoke with the Inspector described a positive experience of living in the centre. They said that staff were kind and caring and that they could spend their day as they wished. The Inspector saw that staff were keen to promote residents' privacy, dignity and independence throughout the day of inspection. On arrival to the centre at 8:15, some residents were observed having their breakfast. They told the Inspector that they were "early risers" and liked to get up early. Other residents were observed getting up at 11 am, and told the Inspector that they liked to sleep in "when the mornings were a bit darker". The Inspector saw that staff listened and responded efficiently to residents' requests. Residents appeared well cared for, which was further reflected in residents' comments, that their daily personal care needs were met.

Residents were observed throughout the day reading newspapers, partaking in

activities and watching television. There were arrangements in place to support residents to maintain contact with family members and it was evident that residents had been kept informed of restrictions imposed by the global pandemic. Visiting was facilitated and visitors were observed coming and going throughout the day of this inspection. The Inspector had the opportunity to meet two visitors who were very complimentary about the kindness and dedication of staff working in the centre.

The Inspector observed residents' dining experience on the day of this inspection. Residents had a choice to have their meal in one of two dining rooms, in the sun lounge or in their bedroom. The food served was wholesome and there was adequate staff to support the residents during meal time. Residents were served with drinks and snacks at regular intervals throughout the day. Residents the Inspector spoke with were complimentary about the food served in the centre.

Activities were being provided throughout the day of this inspection that were interesting to residents, and they appeared to be engaged and enjoying themselves. The Inspector observed residents enjoying a sing song, painting, and attending an exercise class. It was evident that the activities coordinator knew residents well and was enthusiastic about the role. Some residents were supported to go for walks in the morning in the surrounding countryside, accompanied by staff.

The next two sections of this 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. It will describe those areas that were well managed and in compliance with the regulations, and those areas where improvements in compliance was required.

Capacity and capability

This was an unannounced risk inspection conducted over one day, to monitor compliance with the regulations, and to follow up the previous inspection of January, 2020. Overall, this inspection found that the health care needs of the residents were met to a high standard in Kilcara House Nursing Home and were in compliance with the regulations. However, improvements were required to ensure clear and effective oversight of the service, to address fire precautions, infection prevention and control practices, maintenance of the premises, the monitoring of restraint, and recruitment practices. An urgent action plan was issued to the provider following this inspection, to reduce the risks identified with regards to fire precautions and infection prevention and control practices, which would in turn provide a safer environment for residents. The registered provider actively engaged in this process.

The last inspection of this centre had been in January 2020, which identified eleven regulations as non complaint. Following this inspection the provider representative of Mertonfield Ltd attended a meeting with the Office of the Chief Inspector, and conveyed how the provider would address the regulatory non compliance's

identified, and presented a compliance plan. The Chief Inspector then placed a condition on the registration of this centre which stated that the provider shall address the regulatory non compliance, as outlined in the compliance plan, to the satisfaction of the Office of the Chief Inspector. The Inspector reviewed the actions from the previous inspection, and found that some improvements had been made in relation to staffing, training, food and nutrition and care planning. However, further actions were required in governance and management, staffing, records, fire precautions and infection control, to ensure that the service provided is safe, of good quality and appropriate to the needs of the residents.

Mertonfield Ltd is the registered provider of Kilacara House Nursing Home, and the company has two named directors, one of who works in the centre full time. There is a defined management structure in place, with clear lines of authority and accountability. On a daily basis, care is directed through the person in charge. The person in charge is supported by an assistant director of nursing and a team of nurses, care staff, catering staff and domestic staff. There was a comprehensive programme of audits collected that included information on care plans, medication and quality of life. However, there was not always evidence of action in response to issues identified. There were issues noted on inspection that had not been identified by the provider, which indicated gaps in the oversight processes in the centre. In particular it was found that the oversight and monitoring of infection prevention and control and fire precautions required strengthening, to ensure the safety of residents and staff, which is discussed further under regulation 27 and 28.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to meet residents' assessed needs. However, the Inspector was not assured that staffing levels at night were appropriate, which is discussed further under regulation 15. Improvements were noted in staff training since the previous inspection. Staff training records were well maintained and indicated that all staff had completed up-to-date training in fire safety, moving and handling practices, the prevention, detection and response to abuse, and responsive behaviour. Schedule five policies had also been updated since the previous inspection, in accordance with best practice and were available to staff.

The recruitment practices within the centre required significant improvement, to ensure that systems were robust and that they safeguarded residents. This was also a finding on the previous inspection of this centre. A review of personnel files evidenced that records were not maintained in line with Schedule 2 of the regulations, which is discussed further under Regulation 21.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. However, complaints were not always recorded in line with regulatory requirements. A record of incidents occurring in the centre was maintained. However, not all had been reported in writing to the Chief Inspector as required under the regulations.

Overall, this inspection found that there was a requirement for increased oversight and monitoring of the service, by the registered provider and the person in charge to ensure that the service provided is safe, appropriate, consistent and effectively

monitored.

Regulation 15: Staffing

There was an adequate number and skill mix of staff available in the centre during the day of this inspection to meet residents' needs. However, the staffing levels at night required review as it was found:

- There was only one registered nurse and one healthcare assistant rostered at night (from 23:00 to 07:30am) to provide care for 32 residents over two floors. A twilight health care attendant worked until 23:00hrs. Dependency levels within the centre were high and this level of staffing was insufficient to provide care for the amount of residents accommodated in the centre.
- The Inspector was not assured that there was sufficient staff resources at night time to enable residents to be evacuated safely in a timely manner in the event of a fire, particularly if the fire took place upstairs.

Judgment: Not compliant

Regulation 16: Training and staff development

There was an ongoing programme of training to support staff in providing evidence based care. Based on records seen by the Inspector, all staff had received up-to date mandatory training. However, there was not evidence of a comprehensive induction or appraisal system, which was also a finding on the previous inspection, for example:

- performance appraisals were not taking place for all staff.
- one staff member has a performance appraisal at one month and three months, however, the six month and yearly appraisal were not complete. This was contrary to the centres policy on recruitment.
- one staff member had commenced work, however, did not have a documented induction for two weeks post commencing work.

Judgment: Substantially compliant

Regulation 21: Records

Significant improvements were required in ensuring that when staff were recruited there were robust systems of recruitment implemented, to safeguard residents. The Inspector reviewed four staff files and found that they did not all contain information

as per Schedule 2 of the regulations. This was also a finding on the previous inspection. For example:

- two staff files did not have any references from previous employers on record.
- two staff files had gaps in the employees Curriculum Vitae.

Judgment: Not compliant

Regulation 23: Governance and management

The systems in place did not support effective governance and management of the centre for example:

- the provider had not identified risks in relation to fire safety which were impacting on the safety and welfare of residents and staff. An urgent action plan was issued following the inspection, to reduce the risk and provide a safe environment for residents, with which the provider engaged.
- there was evidence of a lack of effective systems in place to monitor infection control, the premises, restraint, records, the risk register and complaints which are all outlined further under the specific regulations.
- although audits were taking place, there was not evidence of action plans associated with these audits to improve practices. Therefore, the Inspector was not assured that the audit process was informing quality improvement or whether there was any actual analysis of these audit findings. For example, audits in infection prevention and control conducted in the centre did not detect and address the issues found on inspection.
- while an annual review was available for 2020, it did not show evidence of consultation with residents and their families.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care had been reviewed following the previous inspection. Contracts of care were now in place that detailed services to be provided, the fees to be charged and details of the room occupied by the resident and the number of residents in that room.

Judgment: Compliant

Regulation 31: Notification of incidents

Two residents that were suspected of having COVID-19 were not notified to the Chief Inspector as per regulatory requirements. The management team were unaware of this requirement and subsequently submitted this information.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and residents spoken with knew how to make a complaint. However, on review of the complaints records the Inspector noted that some complaints were not recorded appropriately and did not evidence if the complaint was investigated or if the complainant was satisfied with the outcome.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in Schedule 5 of the regulations were available for review and had all been updated since the previous inspection.

Judgment: Compliant

Quality and safety

Overall, residents' wishes and choices regarding their care and quality of life were respected in Kilacara House Nursing Home, and there was good access to medical and nursing care. However, this inspection found that the quality and safety of resident care was compromised, due to insufficient oversight by management, inadequate management of fire precautions, and infection prevention and control practices.

Residents received a comprehensive assessment of their health, personal and social care needs on admission to the centre. This included the use of validated screening and assessment tools, and there was evidence of input from appropriate allied health care professionals, where necessary. Care plans were person centred and detailed to direct care delivery. Residents' medical and health care needs were met

to a very good standard. Staff were committed to providing quality care to residents. The centre has good access to general practitioner services, and a range of healthcare professionals such as dietetics, speech and language, occupational therapy and physiotherapy. There was a low incidence of pressure ulcer development within the centre.

This inspection took place during the COVID-19 pandemic. The inspector acknowledged that residents and staff working in centre had been through a challenging time, due to the restrictions imposed by the global pandemic. The centre had managed to remain free from COVID-19 to date. Daily symptom monitoring of residents and staff for COVID-19 continued. Staff were observed to have good hand hygiene practices and were wearing personal protective equipment correctly. However, there were improvements to be made in infection control and cleaning procedures within the centre, which is discussed under Regulation 27. There was a risk management policy in the centre and a risk register monitored by the person in charge. However, the risk management policy was not seen to be followed in practice, in relation to the frequency of review.

There was a high use of restraint within the centre and improvements were required to ensure that the use of restraints was monitored, and that practices were in line with national guidance and the centre's own policies and procedures. This was also a finding on the previous inspection of this centre. 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. Medication administration records were maintained in line with professional guidelines. However, some areas regarding the monitoring of medication required to be addressed, which is discussed under Regulation 29.

The fire register reviewed by the inspector indicated periodic servicing of the fire alarm, emergency lights and fire fighting equipment. However, immediate action was required in relation to fire precautions as it was found that the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. The registered provider was issued with an immediate action to address this risk following this inspection. This is further detailed under Regulation 28.

There was evidence that residents were consulted with and participated in the organisation of the centre. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge and the management team were proactive in addressing any residents concerns or issues raised.

Regulation 11: Visits

The centre had an effective system in place for residents to receive their visitors in line with national guidelines. Visits were facilitated every day including weekends. The visitors the Inspector spoke with were complementary about the visiting

arrangements in the centre.
Judgment: Compliant
Regulation 12: Personal possessions
The previous inspection of this centre found that two triple rooms were inadequate in size to ensure privacy and dignity was afforded to residents as they did not have access to their personal possessions. In response to this the provider had reduced occupancy of these bedrooms, to twin rooms, which resulted in residents having more room for personal possessions.
Judgment: Compliant
Regulation 13: End of life
A sample of care plans reviewed evidenced that staff had actively engaged with residents to elicit their end-of-life care wishes. Information reviewed was person centred and clearly identified the wishes of residents and family consultation.
Judgment: Compliant
Regulation 17: Premises
Required improvements in relation to the premises found on this inspection included: <ul style="list-style-type: none"> • the paintwork in areas of the centre including some bedrooms, was scuffed and damaged. • some floor covering was torn and required replacement. • a chair in one sitting room was broken and posed a risk to residents. • some toilets had visible rust around them. • equipment such as wheelchairs and hoists was stored inappropriately in bathrooms. • bath surrounds were missing around the two baths on the premises. • some fabric chairs were shabby and required replacement.
Judgment: Substantially compliant

Regulation 18: Food and nutrition

Improvements were noted in this regulation since the previous inspection. Additional staff had been allocated to assist residents with meals and medication was no longer administered during meal times. Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and resident were referred to allied health professionals or there general practitioner if required.

Judgment: Compliant

Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks. However, the Inspector found that some risks were not updated for over a year, which was contrary to the centres policy.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were required to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff. The provider was issued with an urgent action in relation to the cleaning processes in place as staff were not consistently changing mop heads or water for washing floors between resident's bedrooms, this presented a significant risk of transmission of infection between residents rooms. The provider addressed this the day following inspection and the correct equipment was put in place and training sourced.

Other areas pertaining to infection prevention and control that required to be addressed included:

- the clinical room was not visibly clean on the day of this inspection.
- some areas of the centre were cluttered, therefore cleaning could not be assured.
- there was no formalised method for cleaning of fabric furniture which was visibly stained.
- a resident in isolation did not have signage, placed on the door, therefore the risk of staff entering the room without taking appropriate precautions was

increased.

- the hand wash sink in the clinical room did not conform with requirements for safe handwashing .
- some improvements were required in relation to compliance with the centres own policy on the wearing of protective clothing by all members of staff entering the kitchen, as clinical staff were observed entering the kitchen area, which posed a risk of cross contamination. This was also a finding on the previous inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The Inspector was not assured that residents could be safely evacuated in the event of a fire, as there was no evidence that full compartment evacuations had been completed. This was particularly in relation to the upstairs compartment where up to nine residents could be accommodated. This was particularly concerning as staffing levels reduced to two staff at night. An immediate action plan was submitted to the provider. The provider submitted a fire drill report following the inspection, however, this involved the simulation of only five residents from the compartment and times taken to evacuate residents did not provide adequate assurances. The provider ordered additional equipment to assist the evacuation of residents in response to this finding. Other areas pertaining to fire also required to be addressed such as:

- the frequency of fire drills was found to be inadequate as there were no fire drills in the centre in 2021.
- the fire zone chart displayed in the centre did not indicate the closest method of escape.
- residents' personal emergency evacuation plans were not consistently updated to reflect changes in residents' needs, for example, a change in the level of assistance the resident required to mobilise during an evacuation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The following issues pertaining to medication management required to be addressed:

- some medication in the refrigerator was not labelled with the date in which it was opened, therefore, administration within the expiry date could not be assured.
- an insulin administration pen was not labelled with the residents name or

date of being opened.

- prescribed topical creams that were found in two residents bedrooms were not sealed or labelled with residents details. One of these creams was labelled with a residents name that no longer resided in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using validated tools, and a person centre care plan was developed to direct the staff to assist residents to meet those needs. These assessments and care plans were reviewed at least every four months.

Judgment: Compliant

Regulation 6: Health care

Residents benefited from a good standard of evidence based health care provided in this centre. Allied health professionals attended residents on site and there was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required in relation to the following:

- the monitoring of restraint. There was a high usage of bed rails in the centre with 64% of residents using bed rails. The Inspector found that safety checks were not always being carried in line with the centres policy. The last inspection of this centre also found that records pertaining to the use of restraint were not consistently maintained for residents with bed-rails, in line with the requirement set out in Schedule 3 of the regulations. The inspector concluded that reduced staffing levels at night contributed to the high levels of restraint usage.
- a resident that required a behavioral care plan to direct and inform care, did not have one in place.

Judgment: Not compliant

Regulation 9: Residents' rights

The Inspector found that staff understood and respected residents' rights, to make their own decisions and live in a way that suited them. They had access to advocacy services and were regularly consulted in relation to 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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0034120

Date of inspection: 20/10/2021

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: The registered provider has now placed a second HCA on night duty which will Enhance over all patient care. PIC/ADON will carry out 6 monthly audits to ensure compliance with same.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will have induction completed plus performance appraisal at appropriate intervals and yearly appraisals. Pic/ADON will carry out 6 monthly audits regulation 16 to ensure compliance.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Administrator will obtain all relevant documentation from new employees which, management will check prior to commencing employment.- ADON /PIC will carry out 6 monthly audits to ensure compliance.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All residents who require bed rails have now been added to Risk register. This will be audited every 6 months and will be updated 3 monthly as required. Consent was /is always obtained prior to commencing bed rails.</p> <p>Management will monitor same with the aim to reducing bed rail use were possible.</p> <p>The registered provider has commenced overseeing infection control and general maintenance of the premises by carrying out spot check - walk arounds. These will be enhanced by carrying out 6 monthly audit.</p> <p>Residents and families are aware of annual review but same not documented clearly. Same will be done when completing next annual review.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All incidents will be notified appropriately going forward by PIC/ADON.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints are and have been dealt with, But not documented appropriately on individual pages which has now been commenced. 6 monthly audits will be carried out to ensure compliance.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The register provider and PIC have carried out a thorough inspection of the nursing home and have put plans in place of which some are in progress for example furniture upholstery and painting, 3 Monthly audit of premises will be carried out by Register provider with the aim to be fully complaint by February 2022 as awaiting outside contractots.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: The risk register is and will continue to be updated. 6 monthly audits will be carried out by PIC/ADON</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The premises has been decluttered which has made it easier to clean The registered provider has commenced overseeing infection prevention and control measures throughout the premises by carrying out risk assessments and 3 monthly audits.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The register provider has booked a chartered civil engineer to carry out a fire risk assessment of the premises. Kilcara are awaiting same due to Covid 19. Each resident has been provide with an individual Evac chair up stair. This along with second HCA on night duty will greatly reduce evacuation time of residents.</p>	

Evacuation will take place quarterly to enhance staff competency. PIC/ADON will carry out 6 monthly audits along with yearly risk assessments of premises.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All RGNS have been re-informed of the importance of ensuring all medications are labeled and date opened clearly written. PIC will carry out 6 monthly Audits to ensure medication management is adhering to regulations

Regulation 7: Managing behaviour that is challenging

Not Compliant

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

All information was /is available in residents care plan. The resident in question does not display behavior that is challenging. They have behavioral issues which are not challenging, Management have added a specific behavioral care plan.

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 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	Orange	17/11/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/01/2021
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	Substantially Compliant	Yellow	28/02/2022

	under Regulation 3.			
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.	Not Compliant	Orange	07/12/2021
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	17/11/2021
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	10/11/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	28/01/2022
Regulation 26(1)(b)	The registered provider shall ensure that the	Substantially Compliant	Yellow	11/11/2021

	risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.			
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	22/11/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and 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.	Not Compliant	Red	26/10/2021
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	Not Compliant	Red	26/10/2021

	designated centre and safe placement of residents.			
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	02/12/2021
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	22/10/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	20/10/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective	Substantially Compliant	Yellow	10/11/2021

	<p>complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</p>			
Regulation 7(3)	<p>The registered 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.</p>	Not Compliant	Orange	06/12/2021