



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

## Issued by the Chief Inspector

Name of designated centre:	Killure Bridge Nursing Home
Name of provider:	Killure Bridge Nursing Home Limited
Address of centre:	Airport Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	29 August 2022
Centre ID:	OSV-0000242
Fieldwork ID:	MON-0037741

## About the designated centre

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

Killure Bridge Nursing Home is a designated centre registered to provide care to 79 dependent people. It is a purpose built single story building opened in December 2004 and consists of 62 single en suite bedrooms, five single bedrooms and six twin rooms surrounded by four acres of landscaped gardens. It is situated three kilometres outside Waterford city. The communal space includes two large comfortably furnished day rooms, two dining rooms and a number of smaller rooms including a library and oratory which are quiet spaces for residents and relative use. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

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

Number of residents on the date of inspection:

79

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
Monday 29 August 2022	09:00hrs to 18:00hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Killure Bridge Nursing Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector greeted the majority of the residents and spoke at length with 12 residents. The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre.

On arrival the inspector was met by the person in charge and the assistant director of nursing and guided through the centre's infection control procedures before entering the building. The inspector encountered and greeted residents leaving the dining area following breakfast prior to the meeting with the person in charge and the assistant director of nursing. The inspector was accompanied on a tour of the premises by the person in charge. The inspector spoke with and observed residents' in communal areas and their bedrooms. The design and layout met the individual and communal needs of the residents'. The centre comprised of a single storey building with 67 single bedrooms and six double bedrooms. All of the bedrooms had access to a wash hand basin and the majority of single bedrooms has ensuite facilities. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Many of the residents' bedrooms had bottled water, and fresh flowers. The centres resident information booklet was available in residents' bedrooms. Pressure relieving specialist mattresses, fall mats, and cushions were seen in residents' bedrooms.

There was a choice of communal spaces which were seen to be used throughout the day by residents. For example; two dining rooms, two large sitting rooms, a library, a sun room, a family room and oratory. The environment was homely, clean and decorated beautifully. Armchairs chairs were available in all communal areas and the entrance lobby. The sitting rooms had a fireplaces, large televisions and one had a piano. The sun room had a bookshelves, large tables and was a space in which residents' could read the newspaper, listen to music or partake in activities. The main dining room had the daily menu displayed at the entrance door and contained a kitchen dresser.

Residents had access to enclosed garden areas, the doors to the garden areas were open and were easily accessible. The garden areas were attractive and well maintained with flower beds and brightly coloured garden benches. Residents were seen accessing the front garden on the day of inspection, the front garden had a

sheltered visiting area and a secure pond.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. Many residents told the inspector that they had a choice of having their meals in their bedrooms and could have breakfast in bed up to 10:30 if they wished. The inspector observed the dining experience at lunch time and saw that there were two sittings for lunch. The first sitting was for residents who required assistance and the second sitting was for residents' who were independent. The lunch time meal was appetising and well presented and the residents were not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person-centred interventions throughout the day. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents very complimentary of the staff and services they received. Residents' said they felt safe and trusted staff. Residents' told the inspector that "staff couldn't do enough for them and were always available to assist with their personal care". Inspectors observed residents calling staff by their first names and having good exchanges of conversations.

The Inspector observed a centre where the rights and choices of the residents were promoted. The majority of residents' spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to books, televisions and visits from friends and family. The activities programme was displayed in the centre. On the day of inspection residents were observed playing bingo, partaking in the rosary and enjoying live music. The inspector observed residents having good humoured banter with each other during the day inspectors observed many examples of good camaraderie was heard between residents. The inspector observed many residents walking around the centre and the grounds. The centre had a rickshaw bike which was seen in use on the day, residents told the inspector that they enjoyed trips around the grounds of the centre.

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspector observed that visiting was facilitated. The inspector spoke with two family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complimentary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff for keeping their family member safe during the pandemic.

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 carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in September 2021.

Improvements were found in relation to areas of Regulation 5; individual assessment and care plan, Regulation 9; residents rights, Regulation 17; premises, Regulation 28; fire precautions and Regulation 34; complaints procedure . On this inspection, actions were required by the registered provider to address areas of Regulation 27; infection prevention and control.

The registered provider is Killure Bridge Nursing Home Limited. The registered provider had operated the centre for over 17 years. The company had three directors, two of whom were involved in the day to day operations of the centre. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by an assistant director of nursing, a clinical nurse manager, a team of registered nurses and health care assistants, activities staff, catering, housekeeping, laundry, administration, garden and maintenance staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspector noted that a large proportion of nursing staff had completed a fundamentals in frailty programme, syringe driver and medication management training. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. Records of management and local staff meetings showed evident of actions required

from audits completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included corrective measures from audits, KPI's, training, fire safety, covid-19 planning and clinical risks. The annual review for 2021 had been completed. It set out the centres vision for 2022; which was "to continue to provide excellence in clinical care, promote education and training for staff, foster a culture of continuous quality improvement and continue to advance creativity and well being with the residents". Quality improvement plans provided time lines to ensure actions would be completed. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, relative satisfaction surveys, adverse events, complaints and audits.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. Policies and procedures as set out in schedule 5 were in place and up to date.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

There was a complaints procedure displayed in the entrance lobby of the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of complaints received in 2022 were viewed. There was evident that the complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.



Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safe guarding, fire training and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls and quality of care. Audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

## Quality and safety

The rights of the residents' was at the forefront of care in Killure Bridge Nursing Home. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Following inspection in September 2021 the provider had made improvements to the premises by reconfiguring the layout of a double room to meet the statutory instrument 293. Improvements had been made to maintain the resident's right in a double room by adjusting the position of curtains so as the

resident's dignity could be maintained. On this inspection improvements were required in relation to infection prevention and control.

The centre was bright, clean and tidy. The premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available inside all bedrooms and on corridors areas. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, toilets and shower areas. Residents has access to a call bell in their bedrooms.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk registered contained site specific risks such as risks associated with manual handling, the potential of medication errors and risks specific to residents prescribed anticoagulants.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example, temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting.

The centre acted as a pension agent for a number of the residents. There were robust accounting arrangements in place and monthly statements were available. Resident's had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident/representative and a staff member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided on-site and some residents chose to have their clothing laundered at home.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There was two sittings for meal times in the dining room. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times. The chef was knowledgeable about the residents' individual dietary requirements and liaised closely with the management team, ensuring any required changes to residents' diets were made. Residents' weights were routinely monitored.

The centre had recovered from a COVID -19 outbreak earlier this year. The centre

had following the advice of Public Health specialists, and had put in place many infection control measures to help keep residents and staff safe. Staff were observed to have good hygiene practices and correct use of Personal protective equipment (PPE). Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were available. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centre was free of clutter on the day of inspection. Used laundry was segregated in line with best practice guidelines. There was evidence of infection prevention control (IPC) meeting with agenda items such as covid-19, nebuliser care and actions required from specific IPC audits, for example; donning and doffing of PPE , hand hygiene and mattress audits. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the day of inspection and all were in working order , a defect was identified on one compartment door which was addressed on the day of inspection. Fire training was completed annually by staff. There was evidence that fire drills took place quarterly. There was evidence of fire drills taking place in each compartment and of a simulated night time drill taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated , how long the evacuation took and learning identified to inform future drills. There was a system for daily and weekly checking , of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system . Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. There was a smoking shelter available for residents. On the day of inspection there were three residents who smoked and detailed smoking risk assessments were available for these residents. A fire extinguisher, fire blanket and call bell were in place in the centres smoking shelter.

There was a good standard of care planning in the centre. In samples of care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person centred and routinely reviewed. Since the previous inspection the centre had facilitated training in person centred care planning. From the sample of nursing notes viewed it was evident that four monthly reviews of care plans with residents was taking place.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as

required an in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiropodist. Residents had access to dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging and restrictive practice. Residents' had access to psychiatry of later life. There was a clear care plan for the management of a resident who had responsive behaviour. It was evident that the care plan was being implemented. There was low use of bed rails as a restrictive device. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. The front door to the centre was locked from 4pm to 9am. The intention was to provide a secure environment, and not to restrict movement . Residents' were seen assisted by staff to leave the centre and visitors accessed the centre through out the day of inspection.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. There was evidence that the centre had returned to pre-pandemic activities, for example; a summer barbecue had taken place. Group activities of a rosary recital, bingo and live music entertainment took place throughout the day of inspection day .Residents has access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

## Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

### Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal every day, and special diets were catered for. Home- baked goods and fresh fruit were available and offered daily. Snacks and drinks were accessible day and night. Fresh water was available throughout the day in residents' rooms and communal areas.

Judgment: Compliant

### Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information for residents about the services and facilities provided including, complaints procedures, visiting arrangements, social activities and many other aspects of life in the centre.

Judgment: Compliant

## Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

## Regulation 27: Infection control

Some improvements were required to ensure the environment was as safe as possible for residents and staff. For Example;

- A review of the centres commodes and shower chairs was required as a number of the commodes and shower chairs contained rust on the legs and wheel areas.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred 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, bed rail usage and falls .

Based on a sample of care plans viewed appropriate interventions were in place for

residents' assessed needs.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported residents with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant



## Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	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 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Killure Bridge Nursing Home OSV-0000242

Inspection ID: MON-0037741

Date of inspection: 29/08/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Any shower chairs or commodes with rust on wheels were removed and new ones purchased. An audit of shower chairs and commodes will be included in the scheduled environmental audit going forward	

## 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 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	31/08/2022