



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

## Issued by the Chief Inspector

Name of designated centre:	Kiltormer Nursing Home
Name of provider:	D & G Nursing Home Limited
Address of centre:	Kiltomer, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	13 July 2020
Centre ID:	OSV-0000352
Fieldwork ID:	MON-0029911

## About the designated centre

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

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Monday 13 July 2020	10:00hrs to 19:00hrs	Geraldine Jolley	Lead
Monday 13 July 2020	10:00hrs to 19:00hrs	Brid McGoldrick	Support

## What residents told us and what inspectors observed

The inspectors spoke with seven residents during the inspection . Residents said they liked living in the centre as it had a good atmosphere and staff were friendly and helpful. They said they knew all staff well including the person in charge and the provider representative.

Five residents said they enjoyed living in their own locality and before the COVID-19 outbreak said that they had been able to go out to the local shop and to see family. The inspectors saw that some of these activities had resumed as residents were taken to the shop during the day and others returned from being out with family.

Residents who were independent went in and out freely and enjoyed the garden area which had been well cultivated with flowers and shrubs. The garden is also home to a variety of wild life, hens, turkeys peacocks that residents said they find entertaining to watch.

Residents said their visitors were made very welcome and while there were now set visiting times these had not presented a problem for them and they were pleased that they could have visits again. The inspectors saw that visits were taking place and that the system for visits that included appointments and information on infection control was well organised.

The inspectors observed that residents were content in the company of staff and saw that staff greeted and talked to residents when entering bedrooms and communal areas.

## Capacity and capability

This unannounced inspection was undertaken as part of the assessment of the application to renew registration and to review the actions taken by the provider and person in charge (pic) to remedy non- compliances identified during the dementia thematic inspection completed on 21 January 2020 and the COVID 19 contingency inspection completed on 29 April 2020. The office of the Chief Inspector has had extensive engagement with the registered provider representative (RPR) in relation to the completion of the statement of purpose and the provision of floor plans that accurately reflected the layout of the centre.

Following the dementia thematic inspection in January a cautionary meeting was held on 9 March 2020 with the deputy chief inspector. The provider representative and person in charge gave a commitment to address the non-compliances evident at

the January inspection.

The registered provider representative and the person in charge were available throughout the inspection and made requested information available promptly to inspectors. The inspectors found non-compliances in several areas that included health and social care, staffing, premises, fire safety and governance and management. An urgent compliance plan was issued the day following the inspection to request prompt action in relation to a number of regulations that included, Regulation, 23- Governance and Management, Regulation 27- Infection control, Regulation 17- Premises and Regulation 28-Fire precautions to safeguard the safety and wellbeing of residents.

The inspectors found indicators that the staff resources available were inadequate to ensure care was delivered in a safe, consistent and appropriate manner. Following a review of the staff rosters, an inspection of the premises and fire safety measures the inspectors were not satisfied that the service was safe or effectively managed. The inspectors found for example:

- that the computer programme to record care plans and nursing interventions was not being used by nurses and records were being transcribed from a handwritten kardex in contravention of An Bord Altranais agus Cnáimhseachais guidelines for record keeping for nurses
- the most recent version of the infection control guidelines Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance V 5 published by the Health Protection Surveillance Centre was not available for staff and staff were not following the guidance on wearing face masks or the procedures for isolation of residents who returned from hospital
- the proposed works to remedy the shortfalls in bathroom/shower provision were not appropriate and would not ensure that sufficient accessible facilities would be available to residents
- several fire doors did not close effectively and some areas had no fire/heat detection
- equipment that included hoists, wheelchairs and bedroom areas were not visibly clean and there was signs of rust on some items
- there was considerable wear and tear noted on paintwork as chipped paint on radiators and doors was evident and items of furniture that included armchairs used by residents every day had worn fabric with foam exposed
- while there was a call bell system this did not reflect the actual room numbers.

The governance and management of the centre needed to be strengthened to ensure that there was sufficient monitoring and oversight of the service and care provided. While the provider had established a governance and management structure and the provider representative worked in the centre with the person in charge on a day-to-day basis the systems in place to review the quality of care delivered did not provide assurances the service provided is safe, appropriate, consistent and effectively monitored.

Similar to the findings of the previous inspection, there was inadequate staff allocated to social care and to nursing. The person in charge was on duty with one nurse every day and from observations of care delivery and care records reviewed on the day of inspection, the inspectors found that care practice including infection control procedures and documentation did not reflect current guidelines. There was evidence that care was not delivered in a person centred way. Residents told the inspectors for example that they had showers/baths once a week and residents' documentation did not convey when residents had COVID-19 tests or when results had been conveyed to them. The action plan response submitted into the Chief Inspector following the January inspection stated that care plans would be reviewed to guide staff practice and that staff would be upskilled through additional training to use the electronic care planning system to full capacity. This had not happened. The inspectors acknowledge that the provider had employed a social care practitioner who had commenced updating resident care records however, nurses were not completing care plans and daily records on the computer programme which was the recognised method for maintaining such records in the centre.

In conclusion, the findings of this inspection are that the systems and processes in place to underpin the safe delivery of care, ensure oversight of the service and ensure the premises and services associated with it are inadequate. The inspectors found that the provider had not taken the necessary action to mitigate risks, provide an appropriate safe premises and had failed to improve regulatory compliance.

At the feedback meeting, the provider representative and person in charge accepted the findings and the inspectors found there was a willingness to ensure that issues would be addressed to bring the centre into full compliance with the regulations.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration was not complete. The statement of purpose did not contain all the required information and several revisions were requested by the inspector to ensure all the required information was provided.

The floor plans provided with the application did not reflect the layout of the centre as two bedrooms and a communal sitting area were not described on the plans. A revised version was requested and provided.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The inspectors were told by residents that staff were kind and attentive. The inspectors observed several meaningful interactions between staff and residents

where residents were informed about meals, visits and general news.

However, the inspectors found that there were inadequate resources allocated to nursing care as the nurse on duty during the inspection was noted to be extremely busy assessing residents' care, changing health conditions and arranging admissions to hospital. The inspectors saw that there was no time available to supervise care staff, hygiene standards or that infection control guidelines were being followed appropriately. The cleaning staff worked from 08.00 to 14.00 and this allocation was found to be inadequate as several areas and items of equipment were noted by inspectors to be in an unclean condition.

Only two hours during the morning were allocated to organising activities according to the rota provided during the inspection. Despite this activities were observed to take place during the afternoon and were facilitated by care staff.

On the day of inspection there were 23 residents accommodated in the centre. Fourteen residents were assessed as having maximum and high dependency care needs. The inspectors saw that the staffing levels allocated did not ensure that care was provided in a person centred way that reflected evidenced based practice and did not ensure that in the midst of this pandemic that infection control standards to mitigate the spread of infection were observed at all times. The inspectors saw that there were indicators that staffing resources had a negative impact on residents' care and day to day life choices as there were set routines for baths/showers and when the nurse on duty was busily engaged with an acute care problem there was no supervision of other staff and poor hygiene and safety standards were evident throughout the building. The deficits found in care records and in health and safety indicated that the staff allocation model required review to ensure the service operated with a person centred focus and was a safe appropriate environment for residents to live in.

Judgment: Not compliant

## Regulation 16: Training and staff development

The inspectors were told that staff have access to training to equip them for their roles however the findings of this inspection convey that training provided is not adequate and does not ensure safe quality care is provided and that current good practice guidance for example in relation to infection control is known to staff and followed. The inspectors saw for example:

- several staff were not wearing face masks on the morning of the inspection,
- a resident who was regarded as in isolation was not cared for by staff wearing appropriate personal protective equipment (PPE)
- the isolation arrangements were not fully adhered to as described in Health Protection Surveillance Centre(HPSC) guidance
- registered nurses had not been upskilled to use the computer programme

used to record care plans, accident / incident reports and daily progress notes.

Staff engaged in cleaning duties did not adhere to safe risk management procedures during their work as flexes from equipment were trailing in areas where residents were walking and floors were left in an excessively wet condition.

Inspectors were not satisfied that staff had appropriate supervision to guide their practice. This was evidenced by symptoms that could be related to COVID-19 not being considered by nurses as possible indicators of this virus.

Inspectors were told that the implementation of the computerised care planning system had presented problems for some staff and several staff could not navigate the system and a social care practitioner had been employed to support the person in charge and assist with administration including documentation related to care practice. This arrangement required review as it did not meet the professional guidance for record keeping issued for nurses by An Bord Altranais agus Cnáimhseachais. The arrangement whereby a nursing record was transcribed from the original by someone other than the person completing the record contravened professional guidelines.

Judgment: Not compliant

## Regulation 23: Governance and management

Governance and leadership arrangements in the centre required review to ensure that appropriate systems were in place to effectively monitor the service delivered and to ensure it was safe, appropriate, consistent and met regulatory requirements.

While there was a defined management structure within the centre there were inadequate arrangements for ensuring that compliance with legislation was achieved and maintained. The findings of this inspection indicate that limited progress had been made in addressing the non-compliances from the last inspection in the areas of governance, the organisation of the premises and fire safety. The management systems for monitoring the service in relation to infection prevention and control, cleanliness standards and fire safety to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c) were not effective.

This was evidenced by:

- poor infection prevention and control standards with inadequate standards of cleanliness noted in bedrooms, the sluice room, toilets/bathrooms and essential equipment
- poor availability of suitable disposal bins for Personal Protective Equipment (PPE) and external clinical waste bins unlocked
- equipment such as commodes had signs of rust and the bedpan washer in the sluice was out of use and required repair

- furniture such as chairs and mattresses showed signs of wear and surface damage and could not be cleaned effectively.

There was inadequate resources provided to ensure appropriate cleanliness and infection control standards were maintained in the centre.

There was a failure to implement the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. The most recent version of the guidance was not available for staff.

While action on some fire safety issues identified at the last inspection had been addressed the overall fire safety system required immediate review as several fire doors did not close effectively and one compartment can accommodate up to 12 residents when the centre is fully occupied presenting a challenge for staff should the centre need to be evacuated.

The provider had not ensured that residents had access to appropriate health care as the inspectors found in a review of 13 residents' records that five residents had not been reviewed since late 2019.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose supplied with the registration renewal application did not contain all the required information and the inspector requested that it was revised in a number of areas. A further review was now required as the staffing complement had changed and now included a social care practitioner. This role was not included in the statement of purpose.

Judgment: Substantially compliant

### Quality and safety

The findings of this inspection were that the provider, D and G Nursing Limited had failed to ensure that the service provided was safe, effectively monitored and met the needs of residents in a person centred way. The provider had failed to provide effective oversight of the environment, fire safety measures or the delivery of care to residents. This failure negatively impacted on the safety and quality of care provided and on the premises infrastructure.

The health and social care of the residents was compromised by poor supervision of staff activity. Care was not person-centred. The inspectors were told that there were

set routines for personal care such as showers and baths which were scheduled weekly. Inspectors reviewed medical and nursing records. Inspectors found that residents were not reviewed at the required intervals and there was no information about when COVID -19 tests had been undertaken or when results had been conveyed to residents.

As previously stated the office of the chief inspector has had regular engagement with the RPR of the centre in relation to fire safety issues and the provision of showers/baths in the centre as part of the registration renewal assessment.

The inspectors followed up on the compliance plan response that was received following the last inspection. The RPR had engaged a civil engineer to advise on the fire safety arrangements for the two single rooms and communal area near reception and an additional fire exit had been put in place. Other works related to this were in progress. However there were several additional fire safety issues that required attention and these included fire doors to bedrooms that did not close effectively, doors with damaged intubescant strips, a lack of heat/smoke detectors in some areas and clutter in the area that housed the boiler. The inspectors concluded that a fire safety risk assessment by a competent fire safety specialist was required to ensure that a fire safety system that was appropriate for the building and met legislative requirements was put in place.

There was an activities schedule that was being organised and supervised by the social care practitioner. Inspectors observed that activities did not engage all residents and that there was inadequate time allocated to ensuring meaningful activities were available throughout the day. On the staff rota carers were allocated two hours a day to facilitate activities for the 23 residents accommodated who had varied needs.

The infection control procedures required immediate review to ensure that they are implemented in line with National Standards for infection prevention and control in community services published by the Health Information and Quality Authority and the Health Protection Surveillance Centre Guidelines. The inspectors found the centre was not clean in several areas, guidance on the use of PPE and isolation procedures were not being followed and essential equipment such as bedpan washers were not in working order.

## Regulation 11: Visits

Visits to the centre had resumed following the restrictions imposed by the COVID-19 pandemic. The inspectors saw that the schedule for visits was well organised and met residents' choices and wishes. There was a designated area (converted from the hairdressing area) where residents could meet with visitors in private and infection control procedures were appropriate and were being advised to residents and visitors by the social care practitioner.

Judgment: Compliant

### Regulation 17: Premises

The centre is a single storey premises that is surrounded by a large area of garden that is accessible to residents. This had been well cultivated with flowers and shrubs and was home to a variety of animals and birds that included peacocks and llamas. Some residents told inspectors that they enjoyed walking in the gardens and were able to go out independently.

Residents were accommodated in single and double rooms. Bedrooms were observed to be individualised and had pictures, ornaments and photographs belonging to residents on display. The premises had good levels of natural light and was appropriately ventilated. There were varied features throughout the centre that provided interest for residents. Items of memorabilia were displayed to prompt residents' interest and memory. Photographs of varied events and outings that residents had participated in were on display in hallways. There were several fish tanks in communal areas where residents could see them easily.

The following premises deficits require attention to ensure a safe and appropriate environment that meets the requirements of Regulation 17- Premises are in place:

- the provision of two bath/shower facilities to meet the needs of 29 residents is significantly below the ratio of 1:8 bath and shower facilities that is required
- the conservatory area that was used as a dining area and for activities was cluttered and did not provide a suitable environment for these activities
- residents in bedrooms near the reception area had to travel past this public area and several bedrooms to get to a bathroom which comprised their privacy and dignity
- the centre had no clinical room, visitors' room or cleaning room
- several items of furniture that included armchairs and mattresses showed signs of wear and tear with surface fabric damaged and foam exposed
- the call bell panel did not reflect the accurate numbers of all residents' rooms
- the sluice is poorly organised, the surfaces under and around the sluice are damaged and access to the wash handbasin is restricted
- catering staff do not have access to a toilet or washing facility in the building
- the boiler area is cluttered and has to be accessed through the kitchen

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents told inspectors that the variety of food was good and that catering staff

provided them with choices at main meal times. Home baking was popular with residents who also said they enjoyed baking as part of their regular activities.

Judgment: Compliant

### Regulation 20: Information for residents

Residents told inspectors that they had been made aware of how to make a complaint and had been informed about the new visiting arrangements now that visits had resumed. Residents were aware of the appointment system for visits and said they were happy with the arrangements as they were delighted to be able to see family members again.

Judgment: Compliant

### Regulation 27: Infection control

The centre had not experienced an outbreak of COVID 19. A number of measures to avert an outbreak had been put in place including ceasing admissions and visits on 6 March 2020. A record of staff and residents' temperatures was maintained daily. This record was noted to include only where elevated temperatures were evident and did not convey that the temperature of every resident and staff member was recorded daily. There were sufficient supplies of hand hygiene products and sanitising gels available.

There were infection prevention and control policies available however a copy of the most recent guidance published by the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance v 5 was not available. The most recent guidance includes the wearing of masks in residential settings. The inspectors saw several staff without masks during the morning of the inspection and concluded that this guidance had not been implemented in practice. The inspectors also found that appropriate isolation measures were not followed when a resident required isolation following their return from a hospital stay. The bedroom door was left open and staff did not wear PPE when providing personal care.

There were several improvements required to the way infection control measures were managed to ensure safe standards of infection prevention and control were in place and these included :

- a review of environmental hygiene was required and an immediate de-cluttering of several areas that included bathrooms and the sluice

- a deep clean of the environment was required as accumulations of dust, debris and rust was evident under beds and on equipment such as hoists, wheelchairs and commodes
- decontamination of care equipment
- the management of clinical waste required review as dedicated yellow clinical waste bins were not available. The external area where waste was located was not secure and a large container that was found to contain black refuse sacks was unlocked.
- education on the use of PPE was required as face masks were not worn routinely by staff
- some mattresses in use were worn and required replacement as effective cleaning could no longer be achieved
- there were gaps in cleaning schedules that indicated that cleaning was not completed consistently and was not supervised to ensure the cleaning schedule was followed
- there were no systems for decontamination of reusable medical equipment
- there was no secure area to prepare medicines or to prepare/undertake clinical procedures
- there were varying water temperatures throughout the building
- taps were mostly the screw top variety and did not lend themselves to managing infection control effectively
- there was no refrigerator provided to store specimens
- the bedpan washer was out of order and required repair and there was no documented procedure for regular cleaning and disinfection of equipment.

As a result of the above findings an immediate compliance plan to address the infection control deficits was issued

Judgment: Not compliant

## Regulation 28: Fire precautions

The registered provider D and G Nursing Limited had not taken adequate precautions to ensure that residents, staff and visitors were protected from the risk of fire and had not ensured that adequate systems were in place to enable the safe and effective evacuation of residents.

The following fire risk areas were observed by inspectors:

- A hoist stored along an escape route caused an obstruction to the exit
- Risk assessments were not being used to identify fire risk areas throughout the premises, for example the clutter in the boiler area.

Appropriate arrangements were not in place for giving warning of fires. The inspectors noted that a recent fire assessment report 08 July 2020 identified that ' additional detection is required to provide a clear L1 certification '.

The provider confirmed that works are underway to upgrade the fire panel to provide to a fully addressable system with coverage throughout the centre.

Adequate arrangements had not been made for detecting and containing fires:

- A number of doors did not close properly or were damaged and would not achieve the required level of fire resistance and would not control smoke or fumes from entering the rooms.
- A number of toilets and bathrooms did not have fire detection sensors in place and were not connected to the fire alarm system
- A hatch to the attic required review to ensure it was of sufficient fire rated material to provide fire resistance.
- There are a number of panelled type fire doors and bedroom room doors which require review to ensure they can provide the required fire resistance
- the intubescant strips on some doors were damaged
- the magnetic door closures required adjustment as doors were very difficult to close.

The registered provider did not provide adequate emergency lighting throughout the centre.

- a review in March 2020 identified that certification could not be provided as additional lights were required in a number of areas and new exit lights were required

Inspectors were not assured that the large compartment which could accommodate 12 residents could be safely evacuated. The registered provider and person in charge agreed to review the dependencies and personal evacuation plans of residents accommodated in this compartment. They also confirmed that they would simulate an evacuation using night time staffing levels.

As a result of the above findings an immediate compliance plan was issued.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The inspectors found that residents had positive views of their care and described that staff had worked hard during the pandemic to meet their needs and to ensure they kept in contact with relatives when they could not visit. Three residents described the arrangements made for phone calls/Whats App and video and said they enjoyed seeing family members from afar.

The centre had not had any positive cases of COVID-19. The inspectors found that while all residents had a care plan to direct their care some aspects of care practice did not reflect evidenced based practice. A wound care problem that was present on admission was being treated by nurses and had deteriorated and while

the person in charge had discussed this with the resident's doctor on two occasions and a wound swab had been analysed there had been no formal review of the continued deterioration of this wound. The inspectors found that there was a wound care plan in place and this identified changes in the size of the wound but there was no commentary on whether the wound was responding to the care plan or deteriorating.

A resident who displayed symptoms that could be reflective of COVID 19 was not treated as a suspected case.

Staff had information available on the resuscitation status of residents however there was no resuscitation equipment in the centre to support staff where residents were identified for cardiopulmonary resuscitation.

Judgment: Not compliant

### Regulation 6: Health care

A review of nursing and medical records found that the provider had not ensured that appropriate medical and health care had been provided for residents. Several residents had not been reviewed for several months. In a sample of records reviewed four residents had not been reviewed since June, October, November and December 2019.

There was no reference in any record that residents had been tested for COVID-19 or that their results had been conveyed to them. It is a requirement of this report that residents health care needs are reviewed and that health care services and professional expertise is provided where required.

Judgment: Not compliant

### Regulation 9: Residents' rights

The inspectors saw that staff were respectful and courteous to residents. Staff knew residents well and were observed to have regular meaningful conversations with them about family, what was going on locally, the new government and the situation with COVID-19. Residents were observed to have freedom to use telephones and to go outside if they were independent.

There were some areas where residents could not exercise choices and where care practice did not reflect a person centred approach. For example there was a list for showers/baths which were scheduled for one a week which did not reflect that residents could choose to bath or shower when they wished.

The inspectors saw that residents had conveyed their wishes about resuscitation and this was recorded. Many residents were for resuscitation however there was no equipment in the centre to support staff to undertake this procedure which limited how staff could ensure this choice was fulfilled.

The inspectors found that environment where some residents had meals and took part in activities was cluttered and untidy for example the conservatory area and this did not reflect a positive approach to respecting dignity. The seating for residents in this area was not adequately supportive as it consisted of upright chairs. The inspectors saw that there had been a reduction in the use of side- tables in the sitting room and more residents now used the dining table at meal times. Residents were observed to have free access to the outdoor gardens and several residents were observed to go in and out as they wished.

Residents meetings were held where residents were updated on the easing of restrictions, the resumption of visiting and on the fire drill procedure. From the record reviewed activities and social events were discussed and a barbecue was planned.

There were some shared bedrooms where privacy and dignity was compromised as screens around beds did not appropriately enclose beds or partially covered the bed when drawn.

Judgment: Not 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>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Kiltormer Nursing Home OSV-0000352

Inspection ID: MON-0029911

Date of inspection: 13/07/2020

## 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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:            The required floor plans were submitted on the day of inspection.            The Statement of Purpose has been reviewed, updated and submitted to the inspector.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A dedicated housekeeping shift has been established from 8am-2pm, 7 days per week. We have commenced an ongoing deep clean schedule which is recorded in the centre . During the maternity leave of our Activities Coordinator, the Social Care Practitioner is coordinating the activities schedule with staff rostered 10.30 to 12 and 2.30 to 4pm to provide a varied, person centred programme. An additional 8am-2pm shift is been introduced for the healthcare assistants from the 24th august awaiting Garda Vetting &amp; covid-19 testing on new employees</p>	
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The admissions policy has been updated to reflect the appropriate procedure to follow during isolation – training has been given to all staff on this policy. All nurses are currently undergoing upskilling on the use of Epicare including full training on care plans and assessments – this will be completed by 30th September 2020. Currently care plans and assessments are completed on Epicare, daily progress notes are recording on paper. All staff have read and reviewed the latest HPSC guidance – ongoing updates will be communicated clearly during handover. Housekeeping staff have completed COSHH and Risk management training. All staff have completed Infection Control (including isolation procedures in the event of a suspected/confirmed Covid 19 case) and Fire safety training. A training plan has been developed for the remainder of 2020 to ensure quality improvement and professional development for all staff.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

An audit schedule is now in place with weekly, monthly and quarterly audits completed by the Director of Nursing and Operations Manager. Audits include care plans, hand hygiene, temperature checks, fire safety checks (lighting, emergency exit routes, door guards), HR files, absconsion drills, 04/09/2020. Quarterly quality improvement meetings have been established to ensure that all relevant departments can communicate effectively. Regular resident forums and family forums are conducted with feedback reviewed by management and improvements implemented where required. During Covid-19, the GP has been conducting remote reviews. The records have been updated appropriately and GP's have been onsite. All residents have been reviewed.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose has been updated and submitted to the Inspector.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A plan for an extension to allow for additional bathrooms, clinical room and housekeeping storage area have been submitted to the inspector. The plans also include a bathroom to accommodate the two bedrooms near the reception area.  All equipment and furniture has been reviewed and decommissioned where required. A number of new mattresses, chairs and commodes have been purchased to replace these items.  A call bell system has been purchased and is due to be installed in September 2020. This will also allow the providers to audit call bell attendance and duration to ensure a high standard of care at all times.  The sluice room has been updated to allow effective cleaning.  The conservatory area has been decluttered and will be maintained to a high standard.  A painter is currently updating the décor as required. This will include the radiators and a number of doors in the building.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Infection Control within the nursing home is now within regulation. The sluice machine has been repaired &amp; equipment policy updated. Additional staff have been allocated to housekeeping with appropriate schedules in place. A deep clean of the centre has also been completed.  The external bin area is now secure to reduce fire raising risk.  Infection control training has been completed by all staff and management.  Water temperatures are audited weekly and results recorded. Any temperatures recorded outside boundaries are reported and resolved.  There is an upgrade of taps planned (to be completed by December 2020). In the meantime, staff have been educated on the use of blue towel to turn off the tap after handwashing. This is monitored by management.  A fridge is now in place in the nurses station. A work area has been allocated to the nurses to prepare medicines in the nurses station.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

The daily fire checks include fire exits will ensure that escape routes are clear – this is recorded in the fire file.

Risk assessments have been completed and will continue to be completed on high risk areas for fire – for example the stove in the day room.

The recommendations of the fire expert are all being enacted. These include – adjustment of fire doors to ensure they close correctly (this is monitored on an ongoing basis during the weekly sounding of the fire alarm, additional fire detectors in bathrooms (to be completed by 21st August), intumescent strips replaced where required (completed 10th August) and additional fire doors along the corridor to create smaller compartments to be completed by 30th Sept 2020. An electrician has installed emergency lights where recommended (Completed 10th August). The boiler room has been decluttered.

The full fire safety officers report will be forwarded to your office once received (expected timeline before 15th September 2020).

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The care plan for this wound has been updated. The emergency policy has been updated with the procedure in the event of a cardiac arrest. Kiltormer Nursing Home has an agreement for use of the community AED located in the village. Staff have been trained on its location and procedure.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

Accurate records of GP visits have been obtained and all residents have been reviewed by their GP. Going forward, residents will be reviewed regularly or as required. Records regarding Covid 19 testing and communication of the results has also been updated to reflect practice.

Regulation 9: Residents' rights	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The shower/bath list sheet has been updated to reflect that this is a guide and that residents can choose when to have a shower. Touchcare is being used by staff and provides evidence that residents have free choice around their showering routine. The emergency policy has been updated with the procedure in the event of a cardiac arrest. Kiltormer Nursing Home has an agreement for use of the community AED located in the village. Staff have been trained on its location and procedure All shared bedrooms have been reviewed and screens in one bedroom have been revised to ensure privacy and dignity can be provided to the residents at all times. A dedicated person to deliver activities is rostered daily from 10.30 to 12pm to 2.30 to 4pm. A person centred programme is being delivered.</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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	13/08/2020
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	20/07/2020
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Orange	05/08/2020

	ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2020
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.	Not Compliant	Orange	05/08/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Red	21/07/2020
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	Red	21/07/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined	Not Compliant	Orange	30/09/2020

	management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	Red	21/07/2020
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	Red	21/07/2020
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	Not Compliant	Orange	21/08/2020

	and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	21/08/2020
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	30/09/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	21/07/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a	Not Compliant	Red	21/07/2020

	resident catch fire.			
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	Orange	30/09/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	21/09/2020
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	21/08/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	21/07/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to	Substantially Compliant	Yellow	13/08/2020

	the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	13/08/2020
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Yellow	13/08/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional	Not Compliant	Orange	21/08/2020

	guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	13/08/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	21/08/2020