Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Killeline Nursing Home
Name of provider:	Killeline Nursing Home Limited
Address of centre:	Cork Road, Newcastle West, Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	24 September 2020
Centre ID:	OSV-0000423
Fieldwork ID:	MON-0030033

About the designated centre

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

Killeline Nursing Home is located in the town of Newcastle West on the Cork Road. The home was opened on the 14th December 2007, providing 63 beds. Most of the bedrooms are single bedrooms with an additional 8 double bedrooms. All bedrooms have en-suite bathrooms, with toilet and shower facilities; grab rails and cabinets for toiletries. We accommodate both female and male residents with the following care needs: general care, dementia specific care and acquired brain injury. There is also a dedicated wing for Alzheimer's and a secured unit for Acquired Brain Injury for people with challenging behaviour. Our ethos of care is to promote the dignity, individuality and independence of all those who enter our care and to assist our Residents in achieving and maintaining all their goals and objectives. There is 24 hour nursing care available. The majority of admissions to Killeline Nursing Home are pre-arranged. An admission pack is made available to all Residents on arrival, which includes information on the nursing home, contract of care, copy of the complaints procedure, and list of personal possessions form. A full assessment shall be completed within 24 hours of admission which will include any updated information and care needs identified to develop appropriate care plans. The care plans will be completed within the 48 hour time frame and additional information can be added appropriately. A Contract of Care will be issued to every resident within one week of their admission to the Nursing Home. The contract provides a legally binding commitment to terms and conditions. We operate an open visiting policy within Killeline Nursing Home. Facilities provided are: quiet room, Polly tunnel, hairdressing, dietitians, chiropodist, speech and language therapists, etc. the following recreational activities are available at Killeline Nursing Home on a weekly basis: arts and crafts, live music twice weekly, bingo, pet therapy, outdoor walks, etc. There is a bus available to ferry residents on outings of interest planned by activity therapist. Mass is celebrated each Wednesday morning. Provision is also made for any Resident wishing to avail of alternative religious services. If a Resident wishes to attend an off-site religious service, we make the necessary arrangements to facilitate this.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 24 September 2020	12:00hrs to 18:00hrs	Mary O'Mahony	Lead
Friday 25 September 2020	10:00hrs to 16:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live and that staff promoted a person-centred approach to addressing their needs. During the inspection the inspector spoke with a large number of the residents and met some relatives also. Residents were very complimentary about the staff. They told the inspector that they were very grateful to the staff for the extra support at the time of the COVID-19 lock down.

The inspector noted that many bedrooms were personalised with ornaments and family photographs. The food was varied and served nicely. Activities were meaningful and varied. Residents told the inspector that the activities kept them entertained during the period of lock-down when they had no access to relatives. Residents said that they missed their relatives during the COVID-lockdown and they said that staff and community had been very understanding of the sadness they felt. Outdoor concerts had been provided and local people had sent in food, treats, cards and well wishes to them. Visiting arrangements had become more relaxed in recent months and residents were delighted by that.

Advocacy services were availed of and residents said they felt safe in the centre. Residents said that their views were listened to and records of residents' meetings showed that their suggestions were acted on. Complaints or concerns were also addressed. Resident meetings were held on a regular basis and were seen to include discussion of the COVID-19 pandemic. At these meetings residents were informed of the importance of hand washing because of COVID-19 and had been given an explanation as to why staff and their relatives had to wear masks.

Residents had access to mobile phones, i-pads and daily newspapers and enjoyed mass from the church by video link.

Capacity and capability

This was a short-notice announced inspection carried out to evaluate the COVID-19 preparedness of the centre and to access the suitability of the centre for registration renewal. On this inspection the inspector found that there was a good system of governance and management in the centre with systems in place to ensure that the service provided was safe, appropriate, effective and monitored. For example: two new clinical nurse managers (CNMs) had been put in place since the previous inspection in order to strengthen the supervision and auditing element of management.

The inspector acknowledged that residents and staff living and working in centre

has been through a challenging time and they had made great efforts to keep the residents COVID-19 free. The management team had provided robust leadership and education to staff on COVID-19 prevention which was evident throughout the inspection. The inspector saw evidence of a good level of preparedness should an outbreak of COVID-19 take place in the centre. The management team had established links with the public health team and the health service executive (HSE) lead for the area. There was a clear and comprehensive COVID-19 emergency plan and policy in place. The management team had created a list of the relevant advisory contacts in the event of an outbreak. COVID-19 signage was seen throughout the centre and social distancing was practiced by staff and residents. Staff were seen to follow best practice in frequent hand washing and wearing of personal protective equipment (PPE) such as masks. Infection control training had been provided to all staff in aspects of hygiene and infection control specifically related to the risks posed by the virus. Regular staff meetings took place to ensure staff were aware of the ongoing changes to guidance from the public health team, the health protection and surveillance centre (HPSC) and the HSE.

Care planning for residents, health care provision and health and safety issues were addressed under the Quality and Safety dimension of this report.

The training matrix was reviewed. Staff had undertaken mandatory and relevant training, such as the prevention of elder abuse, in order to apply safe and supportive care in Killeline Care Facility. Staff spoken with were found to be were aware of their statutory duties in relation to the general welfare and protection of residents. In addition, staff members had attended relevant conferences on nutrition, dementia care and wound care. Minutes of staff meetings and effective daily handover reports indicated that information on residents' needs was communicated effectively. Schedule 5 policies were available to guide practice in line with regulatory requirements. These policies had been updated within the required three year time frame.

The inspector found that complaints and incidents were managed appropriately and learning was discussed.

Copies of the standards and regulations for the sector were readily available to staff as well as the latest guidelines from HPSC in relation to the virus. This information supported person-centred care, dignity for residents, choice in their daily lives and a safe environment. The records required under Schedule 2, 3 and 4 of the regulations were accessible to the inspector and securely stored. Care plans were completed on an electronic system which was accessible to all staff members. This meant that all levels of staff were involved in record keeping and were accountable and responsible for care provision within the remit of their roles.

Policies on staff recruitment and training supported a comprehensive induction, including a supervised probationary period. The person in charge and the registered provider representative (RPR) assured the inspector that Garda (police) vetting (GV) clearance was in place for all staff prior to taking up their respective roles. A sample of staff files was seen to be in compliance with regulations. This meant that residents were assured that only suitably qualified staff were employed to care for

them, with appropriate references on file.

Issues to be addressed in the Capacity and Capability of the service included the following:

-Staffing levels: particularly in relation to supervision in the evenings, as described under Regulation 15: Staffing, in this report.

Registration Regulation 4: Application for registration or renewal of registration

The required documentation was submitted in a timely manner.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All fees were paid when due and where applicable.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was compliant with all the regulatory requirements for persons in charge of a designated centre. She was accessible to residents and their families and was supported by a knowledgeable nursing team.

Judgment: Compliant

Regulation 15: Staffing

The daily worked roster was available to the inspector and it was found to be up to date. Two new clinical nurse managers (CNMs) had been appointed.

Nevertheless, similar to findings on the previous inspection the inspector found that the night staffing levels required review due to the diverse layout of the premises and the profile of residents. There were two staff nurses and three health care assistants (HCAs) on duty for 60 residents during the night, from 22.00 onwards. One staff nurse and two HCA's covered the general unit of 36 residents. One staff

nurse was based on the dementia unit and one HCA was based on the acquired brain injury Unit (ABI), totalling 27 residents. When the nurse was required to administer medicines and attend to nursing duties on the ABI unit, a HCA from another unit would substitute for her in the dementia unit.

Following previous inspection findings extra staff had been rostered up to midnight. However, these staff were later withdrawn. These issues were discussed with the RPR at the end of the inspection: particularly in relation to the fact that each of the care areas were laid out over two floors, with mobile residents under 65 with high needs in some units. In addition, additional staff on these units would enhance residents' choice of a later bedtime, a prompt response to call bells and ensure adequate fluid intake for those requiring support to drink. This was relevant as a review of complaints and surveys indicated that staff were seen to be too busy, bells were not always answered promptly and residents were expected to go to bed too early, in some cases.

The inspector was not assured that the aforementioned staffing levels supported optimal care and supervision for residents. The COVID-19 risk had placed an added relevance to the inadequate staffing levels as staff were required to change into PPE in the event of a confirmed or suspected case of COVID-19. More than one staff may have to provide care interventions depending on residents' needs.

The person in charge and the RPR undertook to review the staff allocation and audit care needs at these times.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training was up to date. Staff had been afforded mandatory and appropriate training. The inspector saw that all staff had undertaken training in hand-hygiene techniques, donning and doffing of PPE and increased cleaning, related to COVID-19 risks. Staff appraisal and induction documentation was available which indicated the staff were aware of the probationary period and were appraised at each stage. There were defined roles for staff such as care duties, cleaning duties, laundry and kitchen duties. This meant that there was good accountability within the team as to roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

Records were securely stored, complete and easily accessible: for example:

- a sample of staff files was seen to be in compliance with regulations and well well maintained
- comprehensive pre-admission information was available in residents' files
- the most recent insurance certificate for the centre was available.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The management team and staff demonstrated a commitment to continuous improvement and quality assurance. Regular staff meetings were held and the minutes of these were seen to be detailed and informative. Senior management staff members updated the risk register to include the risks associated with COVID-19.

There was evidence that a number of audit findings were communicated to staff in the staff meetings. Since the previous inspection, falls, complaints and incidents were trended to show that improvements and learning had occurred. Consultation with residents and relatives was documented particularly at the time of the COVID-19 lockdown. Residents and relatives' questionnaires generally reflected satisfaction with care received in the centre. Where dissatisfaction with aspects of care had been highlighted these were addressed with the complainant and the staff member where appropriate. Residents' meetings were held on a regular basis.

A comprehensive annual review of the quality and safety of care in the centre for the previous year had been undertaken. Actions were seen to have been completed following this report.

The centre was adequately resourced to meet residents needs.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed and the contracts appeared to be written in a clear, manner that outlined the services and responsibilities of the provider to the resident.

Contracts also included the fees to be paid, including any additional charges as required by legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

Comprehensive records were maintained of verbal and written complaints and the outcome of investigations was recorded.

The complaints process was seen to be displayed in the entrance hall of the centre.

The appeals process was outlined in this document as well as the contact details of the ombudsman and the independent national advocacy service.

Complaints were trended and audited by members of the management team.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' social and medical needs were met through access to allied health services, social engagement and a comfortable environment. Most bedrooms were single or double en-suite rooms with appropriate furniture for storage of residents' personal belongings. Room decor was clean and bright. Residents rights were discussed further under Regulation 9 in this report.

Residents said they were satisfied with the quality of communication with management and medical staff. Notice boards were in place on which items of interest were on display including COVID-19 precautions, advocacy arrangements, complaints management and upcoming events. The inspector found that an independent advocacy service had been accessed to support residents.

Appropriate resources were available to meet the diverse needs of residents. General practitioners (GPs) and allied health services attended the centre regularly. Clinical assessments were undertaken to inform the development of residents' care plans. Good practice was found within the care planning process in the management of pressure sores and choking risks.

New arrangements had been put in place in relation to medicine provision in the centre. This change was now embedded in practice and was addressed further under Regulation 29 in this report.

Risks were reviewed and policies on risk management, including for the event of a

COVID-19 outbreak, were seen to be up to date. A visitors' protocol was in place that this was based on the HPSC guidelines and best -practice in infection control for this COVID-19 era. A personal evacuation plan (PEEP) had been developed for each resident. The required servicing and checks of the fire safety system were carried out. This resulted in a sense of safety for residents and visitors as fire-safety measures were generally robust. Appropriate risk assessments had been undertaken for the use of restraints such as bed rails. These were applied used when there were no alternative measures available.

Staff, were seen to implement good infection control practice with the use of hand-sanitisers and the wearing of personal protective equipment. The centre appeared clean and the laundry was segregated. The laundry area of the centre was well maintained and very clean. A new upgraded sluice area had been developed since the previous inspection: the bedpan washer had been relocated within the room and stores of cleaning agents and incontinence wear had been segregated to a clean area.

Residents spoken with stated that they felt safe in the centre due to the kindness of staff and the approachability of management. Mandatory training had been provided. However, due to the COVID-19 virus contagion risks a number of courses had been rescheduled.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting the COVID-19 virus. Visitors made an appointment in advance. Staff told the inspector that visits were also facilitated at the weekend which provided flexibility for people who worked during the weekdays.

Visiting controls included a symptom check and a questionnaire. Visitors were expected to adhere to hand washing guidelines, social distance and mask wearing. Staff were also committed to ensuring residents and their families remained in contact by means of WhatsApp, video call, mobile phones and letters.

The inspector saw that compassionate visits were facilitated at any time, particularly if a resident was very ill.

At the time of inspection one resident was in isolation awaiting the results of a COVID-19 test. For this reason all visits to the centre had been temporarily restricted to window visits. Following the inspection, the inspector was informed that the result of that particular test was negative.

As visits through the window would not be feasible or practical during the winter months the registered provider stated that he was actively pursing a new visitors' 'pod' to enable visits in a weather-proof venue.

Judgment: Compliant

Regulation 17: Premises

Premises were generally well maintained, warm and decorated in a modern manner. All bedrooms had en-suite toilet and showers. The majority of the bedrooms were private, with eight double bedrooms. There were three distinct units in the centre: a 14-bedded unit for those with dementia, a 13-bedded unit for people with more complex issues and a 36-bedded unit, set out over two floors, which catered for residents with various care needs, including dementia. Bedrooms were personalised. A reminiscence/memory box was placed either inside or outside residents' bedrooms and contained a variety of objects and photos directly associated with each individual. This meant that staff were facilitated to engage in a meaningful and personal way with resident

The fire was lighting in the sitting room on the day of inspection which added a homely, comfortable feel. There were three dining rooms available to residents. There were large gardens surrounding the building which were furnished with suitable seating, a smoking area and the poly tunnel, as well as walkways for residents' use.

Since the previous inspection the inspector found that a number of premises issues had been addressed:

- The upstairs sluice room had been reconfigured.
- The communal toilet in one area was refurbished, tiled and floored, to a high standard

Nevertheless there were some minor premises issues which could not be addressed during the restrictive COVID-19 lockdown. These included upgrade of a communal toilet downstairs, minor floor repairs and woodwork re-painting. The maintenance man was seen to be progressing these items during the inspection. The RPR stated that these were expected to be completed in a short period of time.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A comprehensive hospital pre-admission assessment, discharge letters and transfer documentation were available in residents' care files. This was relevant in this COVID-19 era as relevant information was required by all centres in relation to any COVID-19 risk or diagnosis.

Judgment: Compliant

Regulation 26: Risk management

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks including the risks of transmission of COVID-19. The risk management policy met the requirements of the regulations and addressed specific issues such as absconsion and the prevention of abuse.

The health and safety statement had been updated recently and the emergency plan was up to date.

A maintenance book was used to identify any hazard and these issues were addressed by maintenance staff who attended the centre daily. This meant that issues were addressed without delay and the upkeep of the centre was an ongoing project.

Nevertheless, a small number of fire safety doors were seen to be blocked from closing by a chair, a soft toy and a hoist. This created a risk in that these doors were designed to close automatically in the event of fire thereby impeding the passage of smoke or flames for a defined period. Any obstruction would negate the purpose of the doors.

During the inspection the "holding" device was reset on one door which meant the resident no longer required a chair to hold it open.

Judgment: Substantially compliant

Regulation 27: Infection control

The findings under this regulation were unchanged since the previous inspection. Infection control policies and procedures had been updated due to COVID-19. During the lockdown period member of the Health Services Executive (HSE) team had contacted the centre on a regular basis during the COVID-19 lockdown. Management staff stated that this contact and advice enabled the centre to establish a supply of personal protective equipment (PPE), to update infection control guidelines and to verify that best practice was being employed when cleaning the centre.

Staff had been re-trained in correct hand washing technique, donning and doffing PPE and physical distancing. Staff spoken with were found to be knowledgeable of correct practice and they were all wearing masks and hand washing appropriately on the day of inspection. There was a good supply of hand sanitiser in

the centre with dispensers placed outside each room.

The HSE and the health protection and surveillance centre (HPSC) guidelines were accessible to staff and the guidelines were seen to be followed in practice.

The current 'COVID-19 era' process for cleaning a room on discharge of a resident was clearly outlined. Evidence of effective staff communication was seen in the minutes of meetings. There were colour-coded cloths in use for floor washing. The cleaning process included a rota for deep cleaning of individual bedrooms. A checklist was filled out by staff and this was audited by management.

Residents were isolated on admission for a period of two weeks, as set out in the aforementioned guidelines.

One resident who was in isolation suspected of having contracted COVID-19, received a negative result during the inspection.

One staff member had tested positive during the weekly serial testing for COVID-19 and was completing the isolation period at the time of inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were generally well managed and subject to audit. Improvements were seen since the previous inspection. The pharmacist and the CNM had completed a comprehensive audit of medicine practices and medicine management in the centre. Professional and safe practice was seen in relation to the management of controlled drugs in line with professional guidelines. All medicines were securely stored and were prescribed by a general practitioner (GP). There was a medicines fridge in the staff office which was locked and maintained at the required temperature. These records were made available to the inspector.

Allergies were recorded and the doctors had prescribed when any resident's medicine was to be crushed. Staff nurses signed when they administered medicine to residents. Medicine trolleys were secure. Medicines no longer in use were returned to pharmacy. There was a medicines' fridge in the staff office which was locked and maintained at the required temperature. These records were made available to the inspector.

Nonetheless despite the improvements noted above and acknowledged with staff, the inspector noted a discrepancy between the signatures for the administration of one medicine. Accurate records were required to be maintained in relation to the counting and administration of all medicines to avoid any error or potential harm to a resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were completed on an electronic system. There were generally informative and were commenced following the admission of each resident. Improvements were seen since the previous inspection in the maintenance of care plans. Staff had received training in recording on the electronic system.

Residents' care plans were updated every four-months. A number of validated clinical assessment tools were seen to be used to inform practice and clinical decisions.

However improvements were required as follows:

- while care plans for end of life decision-making were in place for a number of residents they were not all accessible within the individual care plans and were stored in a separate folder
- the information seen in a sample of care plans lacked clarity in relation to end of life decisions and there was no reference to the aforementioned folder.

Judgment: Substantially compliant

Regulation 6: Health care

Staff said that medical personnel and allied health care professionals were attentive to residents and responded to their health care needs.

The physiotherapist was employed by the centre and was available to residents in Killeline two days per week.

The pharmacist was very supportive, providing training to staff and carrying out meaningful audit and follow-up on the audit actions.

The centre had the services of a nurse who was trained in wound care, within the centre. This greatly enhanced residents' welfare and improved healing times for wounds. Detailed, professional input was seen in relevant care plans and training was delivered by the aforementioned staff member. This meant that staff were aware of best evidence based practice in wound care and how to prevent their development in the first place.

Nevertheless, the inspector found that issues required supervision and attention

- end of life decisions were not always signed by a medical professional

- incorrect weights were recorded for residents in one audit. Correct weights were recorded in another document.
- improving the communication with relatives in relation to changes in medicines or health issues for residents was an ongoing projectThe CNM informed the inspector that she was auditing the above practices with the aim of improving documentation and communication.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Some residents with dementia experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Resident had access to psychiatric review and staff were seen to interact in a person-centred way with residents.

Care plans for residents exhibiting responsive behaviour were in place. There was evidence that residents who presented with responsive behaviours were supported in a person-centred way using effective de-escalation methods. Training had been provided to staff on responsive behaviours and the person in charge assured the inspector that this training was ongoing for all staff.

Judgment: Compliant

Regulation 8: Protection

Training records confirmed that staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Training was provided on this aspect of care by the person in charge. Organisational policies were in place to guide staff on the prevention, detection, reporting and investigating allegations of abuse. Staff were knowledgeable of the actions required to safeguard residents.

Finances were carefully managed and the centre acted as a pension agent for nine residents. The records of these financial transactions were maintained in a clear and accessible manner.

Judgment: Compliant

Regulation 9: Residents' rights

During the inspection the inspector observed interactions between staff and residents. Staff appeared respectful of residents' communication and personal needs. Survey results revealed that residents felt that their rights and choices were upheld and respected. They said they were consulted with on a daily basis by the person in charge, CNMs and staff. They said they were consulted relation to visits, food choices and bedtime routines. Residents' meetings were facilitated and minutes of these indicated that relevant issues were discussed and actioned.

A comprehensive programme of appropriate activities had continued during the time of lockdown. The activity schedule was informed by residents' interests and abilities. At the time of inspection the activities coordinator was on holidays. However, an alternative staff member had been assigned to lead activities during her absence. The inspector saw some interesting activities taking place during the inspection as well as one-to-one and small group activities. During the inspection residents were observed enjoying TV and music videos, conversation, walks, art, bingo and knitting. Residents were facilitated to access garden areas and the smoking area whenever they requested this. An internal 'Men's Shed' group had been established to support male residents in the centre: colourful woodwork and art pieces were on display in the garden as well as a productive vegetable poly-tunnel.

Arrangements were in place to facilitate residents' religious and civil rights. Residents voted in all elections and weekly mass was available in the current time by video link. The contact details for the national independent advocacy service were displayed and available for residents or their families, if required.

Residents had access to daily newspapers and radio. Televisions and radios were seen in residents' bedrooms and residents were seen reading the daily paper.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killeline Nursing Home OSV-0000423

Inspection ID: MON-0030033

Date of inspection: 25/09/2020

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**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In order to be in full compliance with Regulation 15: following inspection, staffing hours have been comprehensively reviewed. In consultation with Person in Charge and CNM's, the decision to resend the hours at night time and morning has been reversed, whereby extra hours will be rostered in Dementia Unit, up to 12mn, and again between 7-8am. This will be monitored and audited for 4 weeks in order to ensure the care needs of the residents are sufficiently met. Week commencing 02nd November 2020	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In order to be in full compliance with Regulation 17: A sink has been ordered again, as with the Covid emergency, supplies have been slow. The Maintenance man has commenced schedule of repainting woodwork, and 50% is complete. I expect this work to be completed by 07/12/2020. Completion date ---- 07/12/2020	

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
In order to be in full compliance with Regulation 26: Management has ensured there is now increased awareness among staff, and in addition a written notice was created by the person in charge/ CNM's reminding staff at handover that bedrooms are only held open by electronic door guard. Regular audits of this are in place with immediate effect and 3 monthly reviews.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
In order to be in full compliance with Regulation 26: Management has ensured there is now increased awareness among staff, and in addition a written notice was created by the person in charge/ CNM's reminding staff at handover that bedrooms are only held open by electronic door guard. Regular audits of this are in place with immediate effect and 3 monthly reviews.

With immediate effect.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
In order to be in full compliance with Regulation 5: Person in charge has put in place a system whereby CNM's will review each resident's End of Life care plan with GP. This will be recorded in the computerized system, Epic-Care, and also in residents hard back folder separately to be accessed by nursing staff. Reviews have commenced and completion by 07/12/2020.

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: In order to be in full compliance with Regulation 6: Person in charge has reviewed End of Life signatures by the medical profession and these are now up to standard following inspection. Recording of weights was reviewed and no further action is required. Auditing of communication practices has begun. Completion Date ----- 07/12/2020	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	02/11/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	07/12/2020
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	03/11/2020

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	03/11/2020
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	03/11/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Substantially Compliant	Yellow	03/11/2020

	designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	07/12/2020
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 guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	07/12/2020