



**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:	Kylemore House Nursing Home
Name of provider:	Kylemore Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	04 April 2023
Centre ID:	OSV-0000055
Fieldwork ID:	MON-0039405

About the designated centre

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

Kylemore House Nursing Home is located in a residential area in Bray. The designated centre is a short distance from the sea front, DART train station, shops and other amenities. Kylemore House nursing home accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 12 single and 13 twin bedrooms. One twin bedroom has full en suite facilities. En suite toilet and wash basin facilities are provided in 10 single and seven twin bedrooms. A wash basin is provided in two single and five twin bedrooms. Bedrooms on the first floor are accessible by stairs or a stair lift. A variety of communal areas are available to residents on both floors. A dining room, two sitting rooms, a visitors' room and an enclosed courtyard area is provided on the ground floor. A sitting/dining room and balcony area is available on the first floor.

The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Kylemore House nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
Tuesday 4 April 2023	09:30hrs to 17:15hrs	Mary Veale	Lead
Tuesday 4 April 2023	09:30hrs to 17:15hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspectors, and discussions with residents and staff, Kylemore House Nursing Home was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. There was a very welcoming and homely atmosphere in the centre. The inspectors greeted the majority of the residents during the day of inspection, and spoke at length to nine residents.

The overall feedback from residents was one of satisfaction with the care and service provided. All residents who spoke with the inspectors stated that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents were very positive about their experience of living in Kylemore House Nursing Home.

On arrival to the centre, the inspectors were met by the person in charge. Following an introductory meeting with the person in charge (PIC), the inspectors were accompanied by the PIC on a walk-around of the centre. The centre was registered to accommodate 38 residents. On the day of inspection there were 33 residents living in the centre. There were four planned resident admissions from another designated centre to this centre in the two weeks following the inspection and one vacant bed.

The centre had been beautifully decorated and the décor was sympathetic to the age of the building. The centre appeared clean to a high standard throughout. Alcohol hand gels were readily available in all bedrooms and communal areas throughout the centre to promote good hand hygiene. Staff hand hygiene sinks were available on both floors. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The bedrooms were homely and very personalised. Some residents had brought in their personal furniture and memorabilia. Many residents had pictures of their families framed in their rooms.

The centre was originally a Victorian house which had been adapted and extended over time and could accommodate up to 38 residents over two main floors. The upper floor of the original building had split level landings with accommodation on both of these levels. The centre had a two storey extension built to the rear. Upper floors were accessible by chair lift, therefore residents who lived in the upper levels needed to be able to use the chair lift safely or be assisted by staff to use the chair lift.

The centre had 12 single bedrooms and 13 twin bedrooms. Most bedrooms had a wash hand basin and some had toilet facilities. One twin room on the first floor of the Victorian house had an en-suite shower. Residents' bedrooms were clean, tidy

and contained personal storage space. Lockable locker storage space was available for residents. Many bedrooms were personal to the resident's containing family photographs and personal belongings. Residents had access to 3 shower rooms and 1 bathroom in the centre. 14 residents on the ground floor had access to a single shower room and 23 residents on the first floor had access to two assisted showers, and one assisted bath. Residents and staff whom were interviewed by the inspectors referred to a practice where by showers for residents were provided on a routine basis on the ground floor. The inspectors observed that a number of residents living on the ground floor were immobile, had high dependence care needs and required 2 staff to assist with their care needs. The impact for residents having access to one shower on the ground floor was that the residents on the ground floor had limited access to have a shower on a day or at a time of their preference as there was a custom and practice that residents had a shower on alternative days. Residents on the ground floor with high dependence needs could not use the stairs or stairs lift to access the showers and bath on the first floor.

There was a choice of communal spaces that residents could access, for example, the ground floor contained a dining room, sitting room, quiet room, day room and opened out to a small courtyard at the rear. There was an open plan sitting/dining room on the first floor and from this level there was open access onto a secure terrace which was frequently used during the day. The sitting room space was decorated with a marble fireplace, comfortable sofas and armchairs and old furniture in line with the Victorian style of the house. Communal spaces were spacious and comfortable.

On the morning of the inspection the inspectors observed residents on the first floor partaking in a chair exercise group and a sing along activity in the afternoon on the ground floor. The inspectors observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the day in which the inspectors observed laughter and banter between staff and residents.

It was observed that staff were available to supervise residents in communal rooms throughout the day. Staff were seen to encourage participation and stimulate conversation. The inspectors observed residents calling staff by their first names and having good exchanges of conversations.

The inspectors observed many examples of kind, discreet, and person- centred interventions between staff and residents throughout the day of inspection. The inspector observed that staff knocked on resident's bedroom doors before entering. Residents were very complimentary of the staff and services they received.

A number of residents on the ground floor were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. Residents whom whom the inspectors spoke with were complimentary of the food and the choice being offered. Residents had access to drinks and snacks throughout the day. Fresh

jugs of water and cordial was observed in communal areas and residents' bedrooms. Residents who were independent were observed having their dinner in the dining room on the ground floor and residents who required assistance were observed to have their dinner in the sitting room near the nurses station. The inspectors observed the residents having their dinner in the dining room and observed that staff were positive, patient and kind to residents during this meal time dining experience. There was a choice of main meal and desert on the day. The Menu was easy to read and was displayed prominently in both dining rooms on the ground and first floors. The meal time experience for residents with assisted needs is discussed further in this report under Regulations 9: residents rights.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspectors observed a visitor attending during the day of the inspection. Residents told the inspectors that there was no booking system in place and that their visitors could call to the centre anytime

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

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. This was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in November 2022. Improvements were found in relation to Regulation 17; premises, Regulation 21; records, and Regulation 28; fire precautions. On this inspection, actions were required by the registered provider to address areas of Regulation 5; individual assessment and care planning, Regulation 9; residents rights, Regulation 17; premises, Regulation 24; contracts of provision, Regulation 28; fire precautions and Regulation 29; medicines and pharmaceutical services.

Kylemore Nursing home Limited was the registered provider for Kylemore House Nursing Home. The company had two directors, one of whom was actively involved in the daily operations of the centre. There was a stable and experienced senior management team in place, the person in charge worked full time and was supported by a manager and team of nurses, health care assistants, activities, housekeeping, catering staff and admin staff. The centre had employed assist healthcare assistants who supported clinical staff with light duties such as bed

making, tidying residents bedrooms, assisting with group activities and providing companionship for the residents. Staff were aware of their roles, responsibilities and lines of reporting in the centre.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. Staff turnover was low. Staff were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. Staff with whom the inspectors spoke with, were knowledgeable regarding fire evacuation procedures.

Management systems in place to monitor the centre's quality and safety required review. Audits of care had not been undertaken in 2023, which lead to some actions being required to achieve compliance in a number of regulations including medication management and fire safety. This is discussed further under Regulation 23; governance and management. The centre had a comprehensive suite of local governance and staff meetings. Electronic records of the centres meetings were available. Regular risk management meetings, infection prevention and control meetings, fire safety meetings, and staff meetings took place. Minutes of meetings were detailed and included the items discussed, the outcome and any further actions required. There was evidence that infection prevention control and fire safety audits had been undertaken in the centre for 2023. The annual review for 2022 was submitted following the inspection. It set out the improvements completed in 2022 and improvement plans for 2023.

Overall electronic and paper based records were well maintained. Requested records were made available to the inspectors throughout the day of inspection and records were appropriately maintained, safe and accessible.

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

The complaints procedure was displayed at the entrance area to the dining room on the ground floor of the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of complaints received in 2022 was viewed. There was evidence that the complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded. Residents confirmed that they would be happy to discuss a complaint or concern with the person in charge or any member of staff.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safe guarding, fire safety and behaviour that is challenging. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was safe, appropriate and effectively monitored. For example;

- Clinical audits such as care planning, falls, nutrition and quality of care audits were not routinely completed since the previous inspection, which lead to some action being required to achieve compliance in a number of regulations including care planning and medication management.
- There was a gap in management systems to inform ongoing quality and improve safety in the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contract for provision of services did not contain clear details of additional fees to be charged for services, for example, hairdresser and chiropody charges.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

Residents whom could communicate with inspectors expressed a high level of satisfaction with the care provided and the quality of life in Kylemore House Nursing Home. Improvements had been noted in areas of the premises, records and fire safety since the previous inspection in November 2022. On this inspection further actions were required to improve residents rights, individual assessment and care planning, premises, infection prevention and control and medication management.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required an in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiropodist. The centre had access to a mobile x-ray service in the home. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The inspector observed that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to admission, following admission and following recommendations by allied health professionals. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspectors were comprehensive and person- centred. Care plans were sufficiently detailed to guide

staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls. Further improvements were required to residents care plans which is discussed further under Regulation 5: individual assessment and care planning.

There was no restriction to visitors in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas and outside in the back courtyard. Visitors could visit at any time and there was no booking system for visiting.

Residents had adequate space to store their personal possessions and belongings. Residents had access to a wardrobe, drawers and bedside locker in which to store all of their belongings. The centre acted as a pension agent for a number of the residents. There were robust accounting arrangements in place and monthly statements were available. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and maintained electronically.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The risk register contained site specific risks such as risks associated with individual residents and centre specific risks, for example; slips, trips and falls.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medications were administered in accordance with the prescribers' instructions in a timely manner. Control drugs balances were checked at each shift change as required by the Misuse of Drugs Regulation 1988, and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. Improvements were required in the safe storage of medication.

There were many examples where residents' rights and choices were being upheld and respected. For example; many residents went out accompanied by their families. Residents were consulted with on a daily basis by the management team and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed. However, residents living with a cognitive impairment and residents whom had high dependence care needs had limited choice in the time they could have a meal and access to a shower or bath. This is discussed further under Regulation 9; residents rights.

A programme of appropriate activities were available. The inspectors saw a number of different activities taking place throughout the day. The person in charge and management team had placed a great emphasis on person-centred care and the importance of social care. There was evidence of consultation with residents and relatives through resident meetings, that were noted to be well attended. The

inspectors noted that generally issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the day of inspection and were in working order. Fire training was completed annually by staff. There was evidence that regular fire drills took place. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety meetings took place in the centre. On the day of the inspection there were seven residents who smoked and detailed smoking risk assessments were available for these residents. There was fire evacuation maps displayed throughout the centre. However; fire safety procedures required improvement, this is discussed further in the report under Regulation 28.

Regulation 11: Visits

Visiting had resumed in line with visiting guidance for residential centres at the time of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

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

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- On the day of inspection residents in rooms 5 and 21 did not have a chair.

- On the day of inspection one resident in double rooms 4, 6, 10, 13, 14, 18, 22 did not have a chair.

Judgment: Substantially compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 26: Risk management

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

Judgment: Compliant

Regulation 28: Fire precautions

Overall there were good systems in place to protect residents from fire risks, however, improvements were required in relation to the following:

- Inspectors observed that a number of emergency lights were not working. For example, outside rooms 8/9; outside room 12; in room 20
- There was no floor plan on display on the corridor for the compartment from rooms 13 to 17.
- The fire door located on the corridor adjacent to staff room and nurses station had a key pad lock on one side which could obstruct the evacuation route for residents in an emergency .

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge did not ensure that medicinal products were stored securely in the centre. For example;

- Two containers of laxative medications were not stored securely, both containers were left on the top of the medication trolley and were accessible to residents.
- A cabinet containing laxative medications, nebuliser medicines and nutritional supplements was not locked, and could be accessed by residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A number of the care plans reviewed by the inspectors contained very detailed information with which to guide resident care, however other care plans required action to ensure that they met residents needs:

- There was evidence that the care plans were not regularly reviewed. For example one resident had a previous wound which had healed, however the care plan had not been updated in nearly six months. The impact of this was that information to meet the residents current needs was not up to date.
- Two residents who were living on the ground floor had care plans for personal care which were very specific to the residents care needs and outlined that the residents had a plan of care to have a shower every alternative day, however the progress notes viewed identified large gaps in which the residents had a shower, for example one resident had a record that they had an assisted shower on the 7th March 2023, 21st March 2023, 1st April 2023 and the 2nd April 2023.
- Consultation had not taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when

appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Overall residents rights and choices were respected within the confines of the centre, however the following issues required action by the provider:

- Only one shower was provided for the use of 14 residents on the ground floor. Both residents and staff interviewed referred to a practice whereby showers were offered every alternative day to residents on the ground floor which limited the residents choice as to when they wished to have a shower. Nursing care plans for residents on the ground floor documented in the plan of care that residents had a shower every alternative day which was not evident in the daily progress notes recorded by nursing and care staff. For residents who were independent and living on the ground floor they had a choice to access shower facilities on the first floor. Residents with low dependence needs would be required to either walk up fifteen steps or use a chair lift. At the top of the stairs was a thumb lock door and separate door handle which could be difficult to open when using a mobility aid or carrying toiletries. Also residents with a high dependence need could not access the stairs or stairs lift. The impact of this limited access was that residents right of choice to have a shower at a time of their choosing was not supported.
- Residents whom were living with a cognitive impairment and who required assistance with their meals had limited choice in the time they could have their meal and location where they could have their meals. For example, the inspectors observed that dinner served to the residents who required assistance on the ground floor was served in the sitting room and not the dining room. The dinner time meal for residents who required assistance was finished at 12:15pm.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kylemore House Nursing Home OSV-0000055

Inspection ID: MON-0039405

Date of inspection: 04/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All Staff Nurses will be facilitated to complete the HSE course " which is Fundamentals in Clinical Audit" to provide them with a better understanding of clinical auditing. They will be given protected time to complete clinical audits. • Since the day of inspection some clinical audits have been completed, including falls audit, nutrition audit, restraint audit and medication management audit. Their findings have been disseminated and corrective actions, where necessary, have been completed by Nursing staff. • An audit calendar has been developed to cover all clinical issues and will be subject to review as the need arises. The gap in management systems to inform ongoing quality and improve safety in the centre has been addressed 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • Contract of care updated to include additional fees for services including hairdresser/chiroprody. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The chairs have been returned. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Floor plan on display on the corridor for the compartment from rooms 13 to 17 was reinstated on the 10th April 2023. • The locking system on the fire door in the corridor adjacent to the staff room and nurses station was removed on the 5th April 2023. • Since the inspection emergency lights throughout the building have been twice inspected by the fire safety contractors and the unit outside rooms 8/9 has been replaced. A further unit inside room 14 has been replaced albeit it was inaccurately identified in the report as being outside room 14. <p>The unit in room 12 was fully functioning. There was no need to replace same according to the contractor.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • All Staff Nurses have been instructed that all medications must be kept in locked medication trollies or in the locked drug cupboards. • All staff Nurses have been instructed that all cupboards containing any form of medicine must be kept locked and the key is held by the Staff Nurse. • A notice has been placed on the medication cupboards' essential requirement. • The PIC ensures that these procedures are always being followed. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All resident's care plans have now been updated and consultation with the resident or the resident or their representative have been documented. • All Staff Nurses have been instructed that all residents' care plans must be updated as and when changes occur. • Each Staff Nurse has been given the responsibility of reviewing and updating a group of resident's care plans and consultation with the residents or their representative must be documented. • Protected time will be given to each Nurse to assist them in completion of the above. • Care plans will be rotated between the Nurses to ensure all are familiar with each resident. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with Regulation 9: resident's rights.</p> <ul style="list-style-type: none"> • Specific care provided is as follows: Every resident is offered a shower/personal care each day. Resident's preferences in relation to time of day (morning, afternoon, or evening) is provided and individual needs are also taken into consideration. Each resident is offered and provided assistance with carrying out personal care or having a shower and consideration is provided to each resident's individual physical and emotional needs and preferences on the day. • Measurable: An analysis of recorded observations of all personal care provided to the 14 residents on the ground floor was conducted. The records attached are for the period 10/04/2023 to 18/06/2023 inclusive. These records provide evidence that the residents' rights are 	

respected as determined by their wishes, preferences and needs and not by staff. All personal care was provided either in residents' rooms or the ground floor bathroom. It is clear from these records that communication by staff is person-centered meaningful and a source of motivation for residents. We also measured data in relation to the experience of the 14 residents on the upper floor and found that there was very little difference in the choices made in relation to Personal Care and/or showers provided. That recorded /observation was carried out concurrently and in precisely the same manner by a senior HCA who will continue to do this on a weekly basis. The item is a point on the agenda of our governance meetings. As a team we will continue to link in with residents about their preferences and gather data in relation to care provided. This will form the basis of driving any further required quality improvement initiatives.

Chart: Personal Care = PC Shower = SH Self Care = S. Care

Week ending 18/06/2023

Ground Floor - A&B are double rooms

Mon Tues Wed Thurs Fri Sat Sun

SH PC PC PC PC SH PC

PC PC SH SH SH PC SH

SH PC SH PC SH PC SH

A SH PC SH PC SH Vacant Vacant

B PC SH PC SH SH PC SH

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In addition to gathering the above data, we will also continue to seek feedback from residents via 1:1 conversations and monitoring residents' meetings for feedback specific to resident experience of personal care needs.

- Achievable:

We have established a system of gathering data and will continue to do so. We also take steps to ensure that staff are trained to be respectful and considerate of residents' wishes and preferences at all times but particularly when supporting residents with personal hygiene. The time of day that residents are assisted with personal care and/or a shower is agreed with each resident. This is attainable as staff are required to approach situations in a flexible manner and keep the needs of each resident to the forefront. This is a key step to specifically address the rights and dignity of each individual resident. It is important to note that it is not determined by a rota or time-bound in any way but rather meets the needs and wishes of each resident. It is reasonable that a resident might change their mind each day as to the time they wish to have a shower and it is realistic within current staffing levels that this is achievable throughout the day. There

are policies and procedures in relation to personal care provision of residents in place and the residents Rights Charter is displayed in the entrance hall which all our staff are familiar with.

Structures already in place via governance meetings will monitor information being measured as outlined above. As indicated, data gathered by HCA will be reviewed as will records of residents' meetings and any relevant 1:1 interaction with residents. These processes already allow plans to be developed and actioned.

- Realistic

Governance and oversight structures in place will assist with making measurement and outcomes achievable. Staff training is provided on an ongoing basis and will continue with a focus on record keeping and monitoring the specific situation. Governance meetings provide a forum for the topic to consistently be reviewed and feedback from residents' meetings will be monitored for any resident specific needs.

Flexibility remains a key aspect of the care provided here. This is displayed via applying flexibility to providing meals and choice in relation to time-of-day residents are assisted at.

In addition, the Nursing staff and manager work closely with the chefs to ensure the specific, daily requirements in relation to dietary or time differences of all meals for residents is achieved. All these steps continue to be taken to provide assurance that the privacy and dignity of each resident is always upheld.

- Time bound:

These items have already been actioned and will continue to be monitored on an ongoing basis. Right now, residents express being satisfied with levels of care provided and we will continue to monitor each individual residents' needs as they evolve.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	05/04/2023
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.	Substantially Compliant	Yellow	07/06/2023
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	05/04/2023

	the fees, if any, to be charged for such services.			
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.	Substantially Compliant	Yellow	05/04/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	10/04/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	06/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	25/04/2023

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.	Substantially Compliant	Yellow	05/04/2023
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