



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

## Issued by the Chief Inspector

Name of designated centre:	Knockeen Nursing Home
Name of provider:	Knockeen Nursing Home Limited
Address of centre:	Knockeen, Barntown, Wexford
Type of inspection:	Unannounced
Date of inspection:	08 September 2022
Centre ID:	OSV-0000243
Fieldwork ID:	MON-0037042

## About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barntown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses' station, administrative offices, a suitably equipped kitchen and a laundry room. There was staff changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, palliative care, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill (physical, sensory, and intellectual disability). The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in the centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. The centre currently employs approximately 74 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:	49
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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
Thursday 8 September 2022	09:15hrs to 18:25hrs	Bairbre Moynihan	Lead

## What residents told us and what inspectors observed

Overall, on the day of inspection, the inspector observed residents being supported to enjoy a good quality of life by staff who were kind and caring. Residents were complimentary in their feedback of Knockeen nursing home and praised staff for the care they received. Residents described to the inspector how the "food is great" and that they have "no complaints to make" and the "staff are great".

The inspector arrived to the centre in the morning for an unannounced inspection to monitor ongoing regulatory compliance with regulations and standards. The person in charge greeted the inspector at the entrance and following an introductory meeting was guided on a tour of the premises.

The centre is registered to accommodate 49 residents and was at full occupancy on the day. Two of the rooms were for residents who were at end of life. The inspector chatted to a number of residents and spoke in more detail to five residents to gain an insight into their lives in Knockeen nursing home. Knockeen is registered over two floors with all resident accommodation on the ground floor. The centre has 49 single en-suite rooms and a number of communal rooms including the Pike room, sunroom, a rest room and two dining rooms. The two end-of-life suites contained a small kitchenette, seating area for visitors and visitors could stay overnight if they wished. Both rooms opened out onto a patio which contained a table and chairs where residents and their families could enjoy the fresh air. The entrance to the centre contained seating where some residents preferred to sit and relax. The centre had an enclosed garden and a courtyard. The enclosed garden had a number of shrubs and flowers and residents informed the inspector how hard staff worked to maintain the garden. In addition, as part of Nursing Home Ireland's week a mural was painted on a wall in the centre. A competition was running to determine the number of flowers on the mural. The courtyard contained a "Covid angel" which had been recently painted. Resident rooms contained personal items such as photographs, drawings that they had completed and their own blankets on their beds.

Resident activities were carried out by healthcare assistants who were trained in for example imagination gym. External providers also attended onsite for example an art teacher. On the day of inspection art was taking place in the morning and skittles in the afternoon. Residents were enthusiastic about the art and were drawing pictures of animals. Music was playing in the background and some residents chose to observe the artwork and listen to the music. Resident outings had recommenced. 24 residents went to Our Lady's Island on the week prior to inspection and enjoyed tea and ice-cream afterwards. The residents also enjoyed a recent outing to Johnstown Castle. The inspector was informed that the centre was open 25 years on the week of 12 September. Celebrations were planned with mass being said onsite, followed by tea, cake and a sing song with residents.

The residents had access to newspapers and WIFI throughout the centre. The

dining experience was observed by the inspector. The centre had two dining rooms. Residents who required assistance were in one dining room. There was ample staff at lunchtime to provide assistance to the residents. Lunchtime was a social occasion and residents were observed chatting to each other. The menu was on display in two locations in the centre. Snacks and drinks were provided to residents in between mealtimes.

The centre had no restrictions on visiting and visitors were observed during the day of inspection.

## Capacity and capability

This was a well-managed centre with effective leadership and management in place which ensured the residents received high quality, person-centred care and support to meet their assessed needs. The management team were proactive in response to issues as they arose. Staff were knowledgeable regarding residents needs and provided care in a dignified and respectful manner. However, improvements were required under governance and management and some regulations under the domain of quality and safety.

Knockeen nursing home is operated by Knockeen Nursing Home Limited who are the registered provider. The centre has two directors, one is the person in charge and the second director is director of operations. There was a clearly defined management structure with identified lines of accountability and responsibility for the centre. The person in charge was supported onsite by two clinical nurse managers, staff nurses, healthcare assistants, catering, housekeeping, maintenance and administration staff. Overall, on the day of inspection the centre had an adequate number of staff.

The centre had a training matrix in place. Staff informed the inspector about the positive learning environment they worked in. They advised that they were often approached to attend courses and if they expressed an interest in a course that this would be considered. Examples of courses that staff attended or plans in place for staff to attend included infection prevention and control training, wound care training and care of the older person. In addition, staff had access to mandatory training.

An audit schedule was in place for each month of the year. Audits were completed of for example complaints and equipment. Audit reports included actions and it detailed how the actions identified were completed. A memo was sent to staff with results of the audits. The centre was pro-active in reporting incidents. Tracking and trending of incidents was occurring through audit of falls, medications and pressure ulcers. Staff stated that they were encouraged to report incidents and encouraged each other so that learning could be derived from the incidents. All incidents were reported to the Office of the Chief Inspector in line with regulatory requirements.

The centre had a risk register in place which described the risk, controls in place, a risk rating and additional controls required. Risks such as lack of hand wash sinks were identified but additional risks identified on inspection were not entered on the risk register. In addition a comprehensive annual audit of the quality and safety of care was completed for 2021, however, it did not detail how the care was in accordance with the National Standards. These will be discussed under Regulation 23: Governance and management.

Systems of communication were in place for both staff and management. Monthly clinical governance meetings were held in June, July and August 2022. The management team attended and the agenda included incidents, policies, audits and health and safety. Complaints, incidents and medication errors were discussed at each meeting providing managerial oversight. An action plan was devised following each meeting.

A complaints log was maintained with details of the complaints, response and the outcome.

### Regulation 15: Staffing

The centre had sufficient staff to meet the needs of the residents. On the day of inspection the centre had two staff nurses and eight carers on duty which reduced to five carers for the evening until 2200hrs. In addition a clinical nurse manager and the person in charge were on duty. Night staffing levels included one staff nurse and two carers from 2200hrs until 0730hrs. There were four catering staff on duty and two housekeeping staff until 1500hrs and one until 1900hrs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a wide range of training including end of life care and imagination gym. In addition, all staff were up-to-date with mandatory training required by the regulations. For example: Fire safety, managing behaviours that challenge and safe guarding.

Judgment: Compliant

### Regulation 23: Governance and management

While the centre had robust processes in place to be assured of the quality and

safety of care in the centre, improvements were required:

- Risks identified on inspection such as storage were not risk assessed and placed on the risk register. Furthermore, old risks remained on the risk register.
- The annual review did not adequately incorporate an assessment of quality and safety of care against relevant national standards.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All incidents were notified to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints log which included both written and verbal complaints. Details of the complaints, response and outcomes of the complaints were logged. The person in charge was the nominated person to deal with complaints. The complaints policy was up to date and outlined the complaints procedure and timelines for response.

Judgment: Compliant

## Quality and safety

The inspector found that residents had a good quality of life in Knockeen nursing home and were encouraged to live their lives in an unrestricted manner, according to their own capabilities. Residents had good access to medical, nursing and health and social care providers. Improvements were required around premises, infection control, residents' rights and individual assessment and care plan.

The centre had an open visiting policy and visitors were requested to wear masks while visiting relatives and friends. It was evident that visitors were welcome in the centre and residents confirmed that there was no restrictions on their loved ones visiting.



Knockeen nursing home provided a homely environment for residents and the provider endeavoured to maintain the centre through an ongoing maintenance programme. Windows facing onto the courtyard were replaced in 2022 and the external windows in the centre were replaced in 2021. The centre had carpets throughout other than in one of the dining rooms. The inspector was informed that carpets were shampooed twice yearly in every room as part of a scheduled deep cleaning but more frequently if required. Residents' laundry and mops were laundered off-site. Laundry belonging to residents in the end of life suites and clothing protectors were laundered onsite. Improvements were required in respect of premises and infection prevention and control, which are interdependent. These will be described in more detail under Regulation 17: Premises and Regulation 27: Infection control.

The centre had a COVID-19 outbreak in March and July 2022. An outbreak evaluation report was completed following the outbreaks. The report viewed described the strengths, weaknesses, opportunities, lessons learned and issues that needed addressing. An issue that the centre identified as needing addressing was visitors compliance with mask wearing. This was also documented in management meeting minutes as the centre was challenged with visitors complying with this.

The centre had a risk management policy in place which was in line with the requirements under the regulation. The centre had good processes around fire precautions. Management had undertaken a review of HIQA's fire safety handbook in 2021 and identified gaps. Fire drills identified learning for staff and issues identified were addressed for example staff identified that when they turned a bed in a corridor during a fire drill that they required to have the bed rails up. It was identified on inspection that a fire exit had wheelchairs along the pathway to the exit and while they were not blocking the exit they had the potential to cause an obstruction if there was a fire. This was brought to management's attention on the day and rectified while the inspector was onsite. Signage was in place identifying zones and fire exits. Further practices will be discussed under Regulation 28: Fire Precautions.

Knockeen nursing home had a person centred approach to the residents. The person in charge was very knowledgeable regarding residents needs and wishes. Two excursions had taken place recently. In addition, an activities schedule was available and residents were observed to be taking part in activities during the day. Activities provided included knitting, imagination gym and "move it or lose it" - an exercise and music class. A survey was completed on residents' dining experience with a suggestion that soup was served at a earlier time. Residents surveyed were happy with lunchtime and an earlier time was trialled with a small number of residents. Residents with dementia were represented by a family member at meetings. The call bell system in the centre was operated via mobile phones and each nurse and healthcare assistant carried one while on duty. This allowed staff to promptly see which resident required assistance.

The centre had two end-of-life suites and links with the local hospice home care with residents transferred from the local acute hospital for end-of life care. Care planning was completed on an electronic system. Care plans reviewed were

generally person centred however, improvements were required which will be discussed under Regulation 5: Individual assessment and care plan.

### Regulation 11: Visits

The centre had an open visiting policy. Visitors were not required to make a booking prior to visiting. The centre requested that visitors wore masks and it was limited to two visitors at a time with no time limit.

Judgment: Compliant

### Regulation 17: Premises

A number of improvements were required to ensure compliance with schedule 6 of the regulations. For example:

- The hairdressing salon was used as a room for general storage; for example: residents clothing for laundering, hangars were in the hairdressing sink, open shelving beside the sink stored gloves and tissues, a trolley in the room contained a hairdryer on top of clean linen such as pillow cases and towels. In addition, used bottles of fluids were located in the room. This was brought to management's attention on the day and the inspector was informed that they belonged to staff but remained there during the inspection. Furthermore, there was a break in the integrity of the laminate surrounding the hairdressing sink.
- A hospitality room had been re-designated as a staff room during the COVID-19 pandemic and remained as such. This room is registered as residents communal space.
- Storage room B containing for example masks and toilet paper was a thoroughfare to the sluice room. In addition this room was cluttered containing hoists, a trolley with clean linen and vacuum cleaners. Furthermore, the door to the sluice room was open on the day of inspection. The inspector was informed that there was planning permission for additional storage but at present there was no date for commencement of the works.
- The sluice room was cluttered with shower chairs, commodes, multiple bowls, jugs and raised toilet seats. Furthermore, there was a break in the integrity of the shelving.
- A room registered as a guest sleepover room contained personal protective equipment (PPE). Assurances were provided by management that guests were not sleeping in the room while PPE was stored in it.
- The housekeeping room was small, was contained within the footprint of Store B and did not contain a hand hygiene sink or janitorial sink.
- General wear and tear was noted throughout the centre including chipped

paint on walls and damaged door frames. This hindered effective decontamination and cleaning.

Judgment: Not compliant

### Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included the requirements under the regulation. In addition, the five specified risks outlined in the regulation and the measures and actions in place to control the risk were included in the policy.

Judgment: Compliant

### Regulation 27: Infection control

The centre was generally clean on the day of inspection, however, a number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- The centre had access to three dedicated hand hygiene sinks. These were not compliant with the required specifications. This had been risk assessed and entered on the risk register.
- The carpet in the cleaners store was stained and unclean.
- Shelving in the clinical room was dusty. In addition, stock was stored on the floor of the room and a urinalysis machine was stored and used in the room.
- While racking was in place in the sluice room there was not sufficient racking to invert the number of bowls and urinals contained in the room.
- A clinical waste bin was inappropriately placed in a bathroom.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. The inspector was informed that the largest compartment was six people however, evacuations took place of the

compartment with residents with the greatest needs for example: one compartment of four residents required the evacuation of two residents via a bed. The evacuation took 3 minutes and 10 seconds with three staff assisting. Learning from the evacuations was identified following each simulated evacuation.

Judgment: Compliant

### Regulation 6: Health care

Residents retained the general practitioner they had prior to being admitted to the centre. The centre had a physiotherapist that attended onsite on Saturday mornings. The inspector was informed that the centre had access to occupational therapy via the HSE with approximately a six week wait for chair assessments. Dietitian, speech and language therapy and tissue viability advice and support were accessed through a private company.

Residents weight and vital signs were conducted at four monthly intervals or more frequently if required and these were observed to have been completed.

Judgment: Compliant

### Regulation 9: Residents' rights

It was unclear from the review of resident committee meetings if issues identified were actioned for example; it was identified by a resident that water in the taps was too hot. Management clarified on inspection that this was reviewed, no action plan was available to confirm that this had been reviewed and closed.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While management were knowledgeable of resident's wishes at end of life these wishes were not always documented in care plans reviewed for example: burial arrangements and spiritual needs.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

# Compliance Plan for Knockeen Nursing Home OSV-0000243

Inspection ID: MON-0037042

Date of inspection: 08/09/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 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"> <li>• Risks identified on inspection such as storage were not risk assessed and placed on the risk register. Furthermore, old risks remained on the risk register.</li> <li>-The risk register has been reviewed and updated. A review of the risk register will become part of the monthly governance meeting agenda.</li> <li>• The annual review did not adequately incorporate an assessment of quality and safety of care against relevant national standards.</li> </ul> <p>“comprehensive annual audit of the quality and safety of care was completed for 2021” was reviewed and the relevant standard attached to the improvement plan for 2022. See attached.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A)The hairdressing salon was used as a room for general storage; for example: residents clothing for laundering, hangars were in the hairdressing sink, open shelving beside the sink stored gloves and tissues, a trolley in the room contained a hairdryer on top of clean linen such as pillow cases and towels.</li> </ul> <p>The hairdressing salon is used 2 days a fortnight for hairdressing .It is a fully functioning hair dressers ,where the residents make appointments, read their magazines and chat .To maximise utilisation of this room the other 12 days the laundry trolley and hoist are stored here for staff convenience working in this section. The 2 days it functions as a salon the items are stored in store b and the laundry. There is no impact on the residents salon experience on these days. The salon is thoroughly cleaned every day. Linen trolleys</p>	



are returned to the laundry nightly , cleaned and restocked.

PLAN:-Memo to staff around appropriate storage and put in place a plan to audit same.

- B)In addition, used bottles of fluids were located in the room. This was brought to management's attention on the day and the inspector was informed that they belonged to staff but remained there during the inspection.

The "bottles of fluids" are drinks belonging to the staff on duty, as they are all still wearing masks they are encouraged to rehydrate throughout their shift. Staff water bottles stored in this room have no impact on the care of the residents. They are individual staff bottles which are removed at the end of their shift.

PLAN:-Memo to staff around keeping their water bottles in the nearest staffroom.

- C)Furthermore, there was a break in the integrity of the laminate surrounding the hairdressing sink.

PLAN:-Same will be repaired in the next month.

- D)A hospitality room had been re-designated as a staff room during the COVID-19 pandemic and remained as such. This room is registered as residents communal space. This was only ever a temporary measure . The hospitality room became unusable in the COVID-19 pandemic and to accommodate IPC guidance around staggering breaks/ social distancing breaks it is temporarily designated as a second staffroom.

PLAN:-The hospitality room will return to its designated use.

- E)Storage room B containing for example masks and toilet paper was a thoroughfare to the sluice room. In addition this room was cluttered containing hoists, a trolley with clean linen and vacuum cleaners.

PLAN:-Store room B reviewed and decluttered

- F)Furthermore, the door to the sluice room was open on the day of inspection The sluice room door does have a code on it. It contains no chemicals.

PLAN:- Memo to staff to remind them of the importance of keeping the door closed

- G)The inspector was informed that there was planning permission for additional storage but at present there was no date for commencement of the works Since the start of Covid there has been a 20ft. container, and two 10ftx8ft sheds bought to manage the increase storage need that came with the Covid pandemic.

PLAN:-The reason that there is no plan to commence works for additional storage is budgetary constraints in the current climate.

- H)The sluice room was cluttered with shower chairs, commodes, multiple bowls, jugs and raised toilet seats. Furthermore, there was a break in the integrity of the shelving.

Plan:-Sluice room will receive additional shelving, the side of the shelf damage have been replaced and decluttered.

- I)A room registered as a guest sleepover room contained personal protective equipment (PPE). Assurances were provided by management that guests were not sleeping in the room while PPE was stored in it.

PLAN:- The PPE will be rehoused.

- J) The housekeeping room was small, was contained within the footprint of Store B and did not contain a hand hygiene sink or janitorial sink.

We consider the housekeeping room a press and the hand hygiene sink is in the adjacent sluice room. This had been risk assessed and placed on the risk register.

- K)General wear and tear was noted throughout the centre including chipped paint on walls and damaged door frames. This hindered effective decontamination and cleaning.

As discussed on the day we are constantly tipping up paint work that gets damaged and

no one day will every wall and door frame be perfect. It is a living home where we have a number of residents with motorised wheelchairs, some of which is only learning to drive their chairs. The handyman often tips up paint work late in the evenings/night to avoid it impacting on the residents wellbeing and safety.  
 PLAN:-The maintenance man will continue to constantly repair and repaint any damaged surfaces.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- The centre had access to three dedicated hand hygiene sinks. These were not compliant with the required specifications. This had been risk assessed and entered on the risk register.  
 PLAN:-We plan a gradual replacement of these sink and will adopt any new infection control guidance around specifications.( new guidance to be published early 2023)
- The carpet in the cleaners store was stained and unclean.  
 PLAN:-This will be replaced with lino floor covering.
- Shelving in the clinical room was dusty. In addition, stock was stored on the floor of the room and a urinalysis machine was stored and used in the room.  
 PLAN:-Dust removed as part of daily cleaning by house hold staff. Memo to nursing staff to remind them not to leave anything on the floor in the clinical room. The urinalysis machine will be rehoused adjacent to the sluice room.
- While racking was in place in the sluice room there was not sufficient racking to invert the number of bowls and urinals contained in the room.  
 PLAN:-Over stock of clean bowls and urinals removed.
- A clinical waste bin was inappropriately placed in a bathroom.  
 PLAN:-Clinical waste bin placed in the sluice room.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 All issues raised at resident committee meetings historically were addressed , by giving feed back to the cooks, carers, maintenance staff both verbally and via memo's to the relevant departments (care monitor). The minutes of the previous meeting are always reviewed at the start of the next meeting and issues not addressed/ resolved could be carried forward.  
 PLAN:-Going forward the minutes of the residents committee meeting will contain an action plan, documenting what was previously done verbally or via a memo to the

relevant departments.

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:

The person in charged reviewed all 49 End of life care plans. All were complete and contained information about preferences around resuscitation, family and religious involvement in their end of life care. Some residents didn't detail specific information around burial and this would not have been pursued if they had expressed that a family member knew all their funeral wishes and they were happy that they would be fulfilled. End of life care is a huge part of Knockeen Nursing Home care as we have an average of 39 deaths a year due to the 2 palliative care beds that we facilitate for Wexford Hospice Home Care. We invest a lot into ensuring all in our residents receive excellent end of life care.

PLAN:-Continue to complete End of life careplans with each resident and their families.

## 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.	Not Compliant	Orange	01/12/2022
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	30/09/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre	Substantially Compliant	Yellow	30/09/2022

	to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/12/2022
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.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	30/09/2022

	that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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