



**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:	Knockeen Nursing Home
Name of provider:	Knockeen Nursing Home Limited
Address of centre:	Knockeen, Barntown, Wexford
Type of inspection:	Unannounced
Date of inspection:	07 August 2024
Centre ID:	OSV-0000243
Fieldwork ID:	MON-0040224

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:	42
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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
Wednesday 7 August 2024	08:50hrs to 17:50hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Knockeen Nursing Home. The residents spoken with were highly complimentary of the centre and the care they received. One resident told the inspector the centre was "like another home". While another resident informed the inspector that "you're looked after very well" in the centre. When it came to the staff that cared for them, residents informed the inspector staff were "lovely", "kind" and "very helpful". Visitors who spoke with the inspector provided equally positive feedback, commenting on how lucky they felt to have secured a placement for their loved one. Visitors spoke of the high level of care, attentiveness and the responsive communication they experienced with staff and management. One visitor referred to the staff that cared for their loved one as "like family". Overall, resident and visitor feedback captured the person-centred approach to care and attention provided in this small and homely centre, where every resident was supported to have a good quality of life by a highly dedicated staff team. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

The inspector arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspector chatted with seven residents and two visitors to gain insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

Prior to the inspection, the centre had been managing an outbreak of Norovirus and an outbreak of COVID-19. On the inspection day, one resident was isolating in their bedroom. The inspector observed that appropriate signage was in place to alert visitors to the outbreak of infectious disease. Hand sanitising facilities and masks were available at reception for staff and visitors. Communal dining and group activities had been suspended for the duration of the outbreak, which had an impact on the lived experience of the residents in the centre. Residents spoke about how they looked forward to the return of communal dining and group activities.

The centre was bright, airy, welcoming, and pleasantly decorated throughout. Resident artwork and other paintings were displayed on the walls of the centre's corridors. The centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. These communal areas included a number of lounge areas, called the "Rest Room" and the "Pike Room", two large dining rooms, an oratory and a sunroom. The communal areas were comfortable and inviting with domestic features, such as a piano, bookshelves, ornaments and delph dressers, providing a homely environment for residents.

All bedrooms were single occupancy with ensuite toilet and shower facilities. All bedrooms seen by the inspector were personalised with family photographs and items from home, such as paintings, bedding and ornaments. All the bedrooms had a television, locked storage and call bell facilities. Residents whom the inspector spoke with were pleased with their personal space. The centre also had two dedicated bedrooms for residents requiring palliative care services. These two bedrooms were spacious and bright, with direct patio access. Within these rooms, sleeping facilities enabled families to stay overnight with their loved ones.

The centre had two internal gardens, which were clean, tidy, and pleasantly landscaped. They had comfortable seating, garden decorations, water features, raised flower beds, potted plants and flowers. In one of the gardens, a resident had been growing vegetables. Externally, the centre's grounds were clean, tidy, and well-maintained, with level paths around the centre and potted flowers at the front of the centre.

While an onsite laundry was used for domestic purposes, most residents' clothing and linen were laundered offsite. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. While group-based activities had been suspended, the inspector reviewed a varied activities schedule. Residents who spoke with the inspector expressed satisfaction with the entertainment and activities available, commenting favourably on the live music, card games and bingo. On inspection day, residents were seen to relax in their bedrooms, watching television, listening to the radio, and reading papers and books according to their preferences. Other residents strolled the centre and relaxed in the communal areas.

Residents had access to radios, television, and internet services. Arrangements were made for residents to access advocacy services. Residents could receive visitors in the centre's communal areas or their bedrooms. Roman Catholic Mass was celebrated in the centre twice weekly. Outside of mass, the centre's oratory provided a space for prayer and quiet reflection. The provider had arrangements to support residents of other denominations practising their faith and maintaining contact with their religious leaders.

Lunchtime was at 1.00pm, and residents ate in their bedrooms on inspection day. Meals were freshly prepared in the centre's kitchen. The menu was displayed outside the kitchen, with two main course choices and two dessert options. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes accompanied by snacks and home-baking throughout the day. Overall, residents who spoke with the inspector were satisfied with the food quality, quantity, and variety. One resident raised a complaint regarding food, and this was referred to the provider.

While the centre was pleasantly decorated, generally clean and in good repair, some areas were experiencing wear and tear and required maintenance to ensure

residents could enjoy a pleasant living environment. Staff practices in managing storage and decontamination of equipment were reviewed, and some improvements were needed.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-run centre with established and newly emerging systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their well-being.

The centre did not have a person in charge who met regulatory requirements for over four months, from mid-February 2024 to early July 2024. Notwithstanding the hard work of staff and management within the centre, the absence of a person in charge had impacted some aspects of the quality and safety of the care and management and oversight systems required strengthening to ensure regulatory compliance.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and review the registered provider's compliance plan from the previous infection control-focused inspection on 08 June 2023. Overall, the inspector found that some areas were actioned for example the cleanliness of the carpets was seen to be of a high standard. However, some areas required further attention, such as equipment storage practices. During this inspection, additional actions were also required concerning the premises, individual assessment and care planning, healthcare, written policies and procedures, and governance and management to ensure all areas of the service met the requirements of the regulations.

The registered provider is Knockeen Nursing Home Limited. Since the last inspection on 08 June 2023, there have been several changes in the governance and management of the centre, including the appointment of a third company director in May 2024 and a new person in charge in July 2024. The company has three directors, one of whom represents the provider for regulatory matters. A second company director is the director of operations, responsible for ancillary services such as housekeeping, laundry, catering, and maintenance. The third company director was the previous person in charge and is supporting the new person in charge with their induction to the role. All three company directors were onsite to support the inspection process on inspection day. There was a clearly defined management

structure with identified lines of accountability and responsibility for the centre. The newly appointed person in charge, an experienced nurse manager, was supported by two clinical nurse managers, staff nurses, healthcare assistants, catering, housekeeping and maintenance staff.

There was documentary evidence of communication between the company directors and the person in charge. Monthly clinical governance meetings examined key areas such as resident feedback, health and safety, infection, prevention and control, incidents, audits, regulatory compliance, fire safety, and staff training and management. Similarly, within the centre, there was evidence of communication between the person in charge and other staff. Staff meetings and a memo system were used to update staff on key matters affecting the quality and safety of care delivered to residents, including nutrition, maintenance, activities, personal care and environmental hygiene.

The provider had a risk register for monitoring and managing risks in the centre. The provider had oversight of incidents, and the inspector saw recent trending and analysis of falls as well as plans to establish a falls committee. While the provider had a comprehensive range of quality assurance and audit processes in place, several audits and quality checks were overdue on the day of the inspection, and the impact of this is discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review.

Registration Regulation 6: Changes to information supplied for registration purposes

There were changes to the directorship of the registered provider in that one new director was appointed in May 2024. The appropriate notice period of eight weeks was not given to the Office of the Chief Inspector of Social Services as set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Judgment: Not compliant

Regulation 14: Persons in charge

The provider had proposed a new person in charge. A review of information supplied to the Office of the Chief Inspector of Social Services indicated that the proposed person in charge is an experienced nurse and manager with the required knowledge, experience and qualifications for the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff was appropriate, considering the care needs of residents and the design and layout of the centre. One registered nurse worked in the centre at night.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had insurance that covered injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided and notwithstanding the efforts of management and senior nursing staff working in the centre, action was required in the following areas:

- Audits had not been completed in line with the provider's audit schedule for 2024. As a result, gaps in key areas such as individual assessment and care planning, healthcare and infection control identified by the inspector had not been addressed in a timely manner to ensure the quality and safety of care received by the residents.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge ensured that individuals involved in the nursing home on a voluntary basis had their roles and responsibilities set out in writing. They received

supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider had notified the regulator regarding the absence of the person in charge in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre displayed its complaints procedure prominently in the entrance hall. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were knowledgeable about the centre's complaints procedure. The complaint's officer maintained a record of complaints received, how they were managed, the outcome of complaints investigations and actions taken on foot of receiving a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The Office of the Chief Inspector of Social Services had been appropriately notified of the management arrangements in place for this centre during a period of absence for the previously appointed person in charge.

Judgment: Compliant

Quality and safety

While the inspector observed kind and compassionate staff treating the residents with dignity and respect, some actions were required concerning premises, infection control, individual assessment and care planning and healthcare.

The person in charge had arrangements in place for assessing residents before admission into the centre. Upon admission, person-centred care plans were developed based on validated risk assessment tools within the required timeframes. Care plans were generally individualised. There was evidence that residents, and where appropriate, their families, had been involved in care plan reviews. Notwithstanding these areas of good practice in care planning, the inspector found that a number of care plans had not been updated at required intervals or following a change in the resident's condition to reflect their current care needs. This is further discussed under Regulation 5: Individual assessment and care plan.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, speech and language therapy and palliative care services. Notwithstanding this good practice, the inspector found that action was required to ensure that residents had access to appropriate specialist medical services based on their assessed needs, and a high standard of evidence-based nursing care. This will be discussed under Regulation 6: Healthcare.

Overall, the premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had two well-maintained internal gardens and external grounds. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. Notwithstanding this good practice, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre had an infection control link nurse providing specialist expertise. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation was being undertaken and recorded. Staff were observed to have good hygiene practices. The centre's interior was generally clean on the inspection day. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services (2018)*, as discussed under Regulation 27.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, bathrooms, and corridors, showed signs of wear and tear. The paint was missing from walls and was chipped on doors, door frames, and skirting boards.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had systems and processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services (2018)*, for example:

The decontamination of resident care equipment required review, for example:

- A sample of crash mats and bed wedges were observed to be damaged and visibly dirty with footprints and other debris. Furthermore, tears on the crash mats would prevent effective cleaning.

Storage practices posing a risk of cross-contamination required review, for example:

- Clean items, such as resident chairs, were stored in the sluice room beside the bedpan washer.
Store rooms throughout the centre had objects and boxes stored directly on the floor, impacting the ability to effectively clean the area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While there was evidence of personalised care planning based on validated risk assessment tools, action was required concerning the review of individual assessments and care plans to ensure that each resident's needs were comprehensively assessed and an up-to-date care plan was prepared to meet these needs, for example:

- Two residents who had fallen did not have their falls risk assessment or falls care plan updated after these falls. The practice of not updating care plans after falls is a missed opportunity to identify the possible factors causing or contributing to the incident, develop a plan to mitigate these risks, and enhance the resident's comfort and safety.
- A number of resident' care plans had not been updated at four monthly intervals as required by the regulation, with one resident's care plan noted to have been due a review on 28/01/2024.

Judgment: Substantially compliant

Regulation 6: Health care

Notwithstanding the access residents had to a range of healthcare professionals, action was required to ensure that all residents had access to appropriate healthcare as outlined within their care plan prepared under Regulation 5. For example:

- A resident with complex responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) did not have timely access to specialist mental health services.
- The inspector found one example where there were no neurological observation assessments and monitoring records after a resident had an unwitnessed fall. Such assessments allow for early identification of clinical deterioration and timely intervention.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that residents predisposed to episodes of responsive behaviours had a responsive behaviour care plan and other documentation to guide staff. Records reviewed found that behaviour observation charts, such as the Antecedent, Behaviour, and Consequence charts, were also being used to gain an understanding of the behaviour. The documentation reviewed was person-centred and described the behaviours, potential triggers for such behaviours, and de-escalation techniques to guide staff in safe care delivery.

The centre's restraint usage, such as bed rails, was in accordance with national policy published by the Department of Health.

The provider had a training programme in place to ensure all staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. All staff and volunteers had An Garda Síochána (police) vetting disclosures on file. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents or hold money belonging to residents in safekeeping. The records reviewed showed incidents and allegations of abuse had been thoroughly investigated.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected.

The centre had twice weekly religious services available. Residents could

communicate freely, having access to telephones, and internet services throughout the centre. Residents had access to independent advocacy services.

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 6: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	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 Knockeen Nursing Home OSV-0000243

Inspection ID: MON-0040224

Date of inspection: 07/08/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <p>A new director was appointed in May 2024 and sufficient notice was not provided to the Office of the Chief Inspector of Social Services. This is the first time in 10 years that a new director has been appointed. We have engaged support from corporate governance professionals to address how the requirements of both the Company Registration Office and regulations of the Health Act 2007 can be satisfied and adhered too.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new robust auditing schedule has been implemented to ensure the quality, safety and well-being of our residents is maintained. Our clinical software tool will be integrated with the new medication management system. This will assist with auditing the care planning system. Medication rounds are to be modified to protect residents’ mealtimes. Auditing for infection control will incorporate that all resistance recorded are based on microbiology results and maintained in the formulary. These guidelines are updated automatically as the guidelines are updated.</p> <p>We have looked to develop new roles, in key areas, to support the Director of Nursing. We created the role of Chef Manager at the home. Recently we have filled this position, and the new Chef Manager will be part of the senior team and report to the Director of</p>	

Nursing. They will ensure compliance in this key area. To further support solid governance the new role of Regional Director has been added. We have appointed an experienced Nurse Manager to this position. The role will provide support and oversight to the senior team, and the Director of Nursing, within Knockeen Nursing Home. In turn the Regional Director will report to the Directors of the provider.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

An improvement plan is being developed for the premises and facilities. This will extend from works which were completed in June, when windows were upgraded and replaced.

The full plan will identify which areas can be addressed in the immediate term, and which must be scheduled in line with the preferences and rights of the residents.

This plan will look to improve critical areas such as; storage, infection prevention and control, and our catering services. Communicating with our residents when planning improvements to their living space is seen as a vital step in this planning.

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

Damaged crash mats and bed wedges have been replaced. Those that were visibly dirty were cleaned immediately, on the day. Storage practices have been reviewed and restructured to ensure there is no risk of cross contamination and that the area can be effectively cleaned.

The introduction of a training portal for all staff which includes training on infection control allows staff to train at any time. Compliance can then be monitored on an ongoing basis by management of the home.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Protected hours were allocated to each nurse to ensure all care plans and risk assessments were updated. The new implementation of a falls committee will ensure a timely, in depth review of falls. This will allow risks to be mitigated and the identification of possible causes which may have contributed to the residents fall. The new robust auditing system will ensure all care plans are updated at four monthly intervals and as and when the residents needs change.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The new digital tools integration will ensure Doctors can prescribe by diagnosis and the medications management software selects the preferred treatment regimens which the prescriber can confirm or modify.

Referrals to allied health professionals will be streamlined to ensure that the gathering of documentation required for referral is prepared through digital channels to improve efficiency of the process.

The resident with complex responsive behaviours has been reviewed fully and care has been tailored to their specific needs.

The implementation of digital systems will facilitate efficient prompts for neurological assessment following specific events. This will allow for early identification of any clinical deterioration in a timely manner.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	01/07/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	01/12/2024

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	01/10/2024
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	30/08/2024
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	18/10/2024

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	18/10/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	18/10/2024