

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Knockeen Nursing Home
Centre ID:	OSV-0000243
Centre address:	Knockeen, Barntown, Wexford.
Telephone number:	053 913 4600
Email address:	info@knockeennursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Knockeen Nursing Home Limited
Provider Nominee:	Nicola Doran Kinsella Kiely
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 June 2017 09:35	20 June 2017 17:00
21 June 2017 09:30	21 June 2017 13:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection further to the receipt of an application to renew the registration of the centre. Prior to the inspection the provider was requested to submit relevant documentation in relation to the application to register.

The findings of the last inspection, a dementia thematic inspection in May 2016, and progress on the actions arising from that inspection, also formed part of this inspection. There were three actions in the action plan from the last inspection and these had been satisfactorily completed.

The fitness of the provider entity, person in charge and key senior manager was assessed through an on going fit person process. They demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National

Standards for Residential Care Settings for Older People in Ireland, throughout the inspection process.

The collective feedback from residents on the days of inspection and from resident and relative feedback in pre-inspection questionnaires was satisfactory in relation to care and the service provided. Residents had the opportunity to participate in recreational opportunities to suit the capabilities and interests as observed by the inspector. Residents expressed satisfaction with the staffing levels and skill mix and said they felt very safe and well looked after in the centre.

Overall a good standard of nursing care was being delivered to residents as observed by the inspector. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety. Residents' healthcare needs were met to a good standard with timely referral to medical and allied health professionals.

The inspector found there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The action plan at the end of this report highlights one area that need to be addressed in relation to medicines management which did not conform to the matters set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016).

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose was reviewed and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to all of the matters listed in Schedule 1 of the regulations.

The inspector observed that the statement of purpose was in an accessible format to residents and that it was implemented in practice.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were sufficient arrangements and resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined

management structure with explicit lines of authority and accountability.

Staff confirmed that good communications exist within the staff and management team and residents highlighted the positive interactions and support provided by the entire team. Minutes of staff and management meetings were recorded and available. Staff and residents were familiar with current management arrangements.

The person in charge and provider displayed a positive attitude towards the regulatory process. A comprehensive auditing and management system was in place to capture statistical information in relation to resident outcomes, operational matters and staffing arrangements.

Clinical audits were carried out that analysed falls, complaints, and medicine management issues/errors, skin integrity, care plans, the use of restraint, nutritional risk and infection control. This information was available for inspection. Areas that were reviewed at other times included equipment/ call bells and staff files.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017. This was available to residents and relatives as observed by the inspector.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre.

The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions. She was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days. The person in charge worked full-time and was supported in her role by a clinical nurse manager. The clinical nurse manager has extensive experience in older person services and has worked in the centre for 20 years. She has always deputised for the person in charge in her absence.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to identify and manage incidents of harm or elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the identification and protection of residents from abuse. The clinical nurse manager

was a train the training in safeguarding vulnerable persons at risk of abuse. Staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse. Residents told the inspector that they felt very safe and secure in the centre. They attributed this to the kindness of staff and prompt responses to call bells.

Residents who spoke with the inspector confirmed they were very happy living in the centre. All were full of praise for staff working in the centre and felt safe and well cared for. The inspector observed interactions between residents and staff were mutually respectful friendly and warm. There was a policy on the management of restraint which was based on national policy.

A restraint free environment was promoted in the centre. A restraint register was in place. Four residents were using bedrails at night. The inspector was informed of various types of alternative equipment available and tried prior to the use of bedrails such as low low beds, grab rails, movement sensory alarms and bedside floor mats. This formed part of the assessment and decisions recorded.

There was a policy in place for responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training on understanding and managing responsive behaviours as part of dementia care training. Staff who spoke with the inspector were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents.

The inspector saw that incidents were being reported and evidence based tools, such as ABC (Antecedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour. Residents had been regularly reviewed by their GP and there was access to psychiatric services for further specialist input as observed by the inspector.

The system in place to safeguard resident's finances was robust with invoices being issued for any additional services. There was a property box and property book securely maintained. This was audited twice per year. There was no money kept on behalf of residents and the provider was not acting as a pension agent for any resident.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure. A fire safety register and associated records were maintained and precautions against the risk of fire were in place.

Records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible in prominent places. Means of escape and fire exits were unobstructed as observed by the inspector. All staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire.

The centre had a comprehensive safety statement, and policies and procedures relating to health and safety that included a risk management policy to include items set out in Regulation 26 (1). There were emergency policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

An infection control policy with supporting protocols was also available and implemented in practice. Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place.

Staff had access to hand washing facilities and hand sanitisers along corridors. Staff were observed using sanitisers between resident contacts. A hand hygiene audit had recently been completed. As a result of the audit the person in charge had dedicated seven hours to refresh hand hygiene training.

Reasonable measures were in place to promote resident safety, and prevent accidents to persons in the centre and on the grounds. The management and staff team had completed a review of incidents and accidents involving residents to identify the key cause or likely factors in order to inform control measures put in place.

A risk register was established which was regularly reviewed and updated. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. The inspector observed that accidents/incidents were discussed at management and staff meetings. Residents, who had fallen, had falls risk assessments completed and care plans were updated accordingly. There was a physiotherapist working in the centre three hours per week.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified and outlined in an assessment.

Judgment:

Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents were protected by safe medication management policies and practices in place. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Nursing staff were knowledgeable regarding residents' use of medicines and demonstrated safe practices in medicine administration and management. The inspector observed nurses consulting with residents before, during and after the administration of medicines and performing good hand hygiene.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register in keeping with legislative requirements.

A system was in place for reviewing and monitoring safe medication management practices. An arrangement for the review of prescribed medicines by the GP, pharmacist and nursing staff on a regular basis was in place, and records were available to demonstrate this arrangement was implemented in practice. The inspector saw that the pharmacist also gave education sessions to staff.

The inspector reviewed a sample of residents' individual medicine prescription charts and there was evidence that residents' prescriptions were reviewed at least three monthly by a medical practitioner. The medicine administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded time of administration. There was evidence that residents' had a choice of pharmacist on admission. Medicine audits were completed on a regular basis. There was a medicines management champion nurse who had remit for reviewing and monitoring safe medication practices.

Medicines to be stored at room temperature were stored securely in a locked cupboard or dedicated trolley. The temperature of refrigerator containing prescribed medicines

was noted to be within an acceptable range. However, the temperature was not monitored and recorded on a daily basis which is not in accordance with best practice. The inspector observed that the date of opening was not recorded for a medicine that had a reduced expiry date when opened. Therefore, staff could not identify when the medicine would expire.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that a good standard of personal care, appropriate medical and allied health care access was in place. All residents had a care plan and these were maintained on a computer programme. Staff were in the process of familiarising themselves with the electronic system as they had just transferred over from a paper based system.

There were systems in place to optimise communications between residents/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital or their home in the community prior to admission. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

The arrangements to meet residents' assessed needs were set out in individual care plans. The care plans provided good guidance for staff and interventions outlined were being adhered to so that residents' welfare was protected. The inspector found that in areas such as dementia, end of life and nutrition management a good standard of evidence based care was in place.

There was routine access to medical and allied health professionals and assessments were undertaken when acute situations arose so that appropriate interventions were outlined to guide the staff team. Records that were reviewed confirmed that residents

were assisted to achieve and maintain the best possible health through medicine reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. 13 GP's attended the centre to review residents. Medicines were reviewed to ensure optimum therapeutic values as observed by the inspector. Access to allied health professionals such as speech and language therapy, dietitians, occupational therapists and staff from mental health services for older people was timely when referrals were made. Residents and staff informed the inspector that they were satisfied with the current healthcare arrangements and service provision.

The centre had two specific beds allocated for residents requiring palliative care who were referred by the consultant in palliative care. A pre-admission assessment was undertaken by the palliative care team prior to referral. Following admission, residents had access to the specialist palliative care home care team who provided 24 hour support. A number of nurses had specific third level qualifications in palliative care and all nursing staff had updated training on either end of life care or palliative care. Accommodation which was of a high standard was available for end-of-life care and relatives were accommodated to stay with the resident during this time.

Staff conveyed to the inspector that they had good knowledge and understanding of each resident's background and lifestyle prior to admission. There was evidence in the records viewed that communication with families had a high priority. Residents' preferences and dislikes were outlined and these were established with family members if residents had memory or communication problems. There was information about leisure interests and these were taken into consideration when the activity schedule was planned.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by staff from all departments. The inspector saw that there was protected time allocated each day for a staff member to do an activity with residents. There was a record of the residents' health condition and treatment given completed daily and more frequently when changes in health were evident.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The building design and layout were of a high standard. The location of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely manner. The premises was clean and warm, and it benefited from a good design with ample natural lighting. The centre was suitably furnished and fitted out. Sitting rooms, the main activity room, seated areas, kitchenettes and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings.

Accommodation was provided in 45 single en-suite bedrooms and two double en-suite bedrooms. On this inspection building works were underway to further enhance quality of life for residents. The bed capacity of 49 will remain the same and the person in charge was aware that once the footprint of the building had changed the statement of purpose would be amended. The two double rooms were now being converted to spacious single en-suite rooms which were almost complete and the palliative care suites now had a sitting room adjacent to their bedroom. There was a new sitting area to accommodate parties added onto the dining room which was decorated to a high standard. Residents told the inspector that they liked to sit there.

The inspector saw that works had also been completed in the kitchen which included a new surface on the kitchen wall, flooring had been resealed with a non slip surface and the store room had been reshaped.

The inspector saw that the primary courtyard had been completely redesigned. This area had suitable outdoor furniture, plants, water feature, flower beds and items of interest for residents' to see, interact with and admire. This courtyard could be viewed and freely accessed from a variety of areas. Residents told the inspector that they loved to sit out there in the good weather. There was also another sensory garden with a wild flower garden that could be freely accessed.

There was a maintenance officer employed on a part-time basis and the inspector observed the on going programme of works in the centre. There was appropriate assistive equipment available and stored conveniently to meet the needs of residents, such as electric profiling beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. The inspector observed all residents moving around independently on wide corridors which had hand-rails that promoted independence. All walkways were clear and uncluttered to ensure resident safety when mobilising.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed the complaint's policy and found it to be comprehensive. It met the requirements of the regulations. It described how to make a complaint, who to make the complaint to and the procedure that would be followed on receipt of a complaint.

At the time of inspection no written complaints had been made, but there were systems in place to record them fully if there were. The inspector observed that advocacy services were identified to help residents raise any issues or concerns they may have.

The complaints procedure was on display on the main reception area. Residents who spoke with the inspector knew the procedure if they wished to make a complaint. Residents told the inspector that they felt comfortable in discussing concerns with any member of the management team as they were always on site and available.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents' property in line with the regulations and a record of residents' valuable property and furniture was maintained where

required.

Residents' clothing was identifiable and the laundry was organised in a systematic manner as observed by the inspector to ensure as far as possible that residents did not have their clothes misplaced.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre.

Residents spoken with confirmed that staffing levels were good stating they never had to wait long for their call bell to be answered or their requested needs to be met. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place. Call bells were audited on a regular basis and the inspector observed that there were good response times from staff.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition. There was evidence of regular staff meetings taking place. Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents.

There was a policy on, and procedures in place for the selection, vetting and recruitment of staff. A robust induction and supervision process was in place, with performance appraisals being conducted on an annual basis. Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety and adult

protection. Staff who spoke with the inspector confirmed that they were well supported to carry out their work by the person in charge and management team.

In preparation for the inspection, relatives and some residents had completed questionnaires regarding the centre. In these questionnaires, respondents were complimentary regarding the staff team. The inspector also spoke with a number of residents during this inspection, who were all complimentary of the staff and of the care that they provided.

There was a comprehensive training programme in place and provided mandatory training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. Training in catheterisation, medicines management, dementia care and food safety amongst others were also scheduled for the coming year. All staff had completed the mandatory training required by the regulations, as evidenced by staff and the centre's training matrix.

The inspector reviewed a sample of staff files. All information as required by Schedule 2 of the regulations was made available to the inspector. A vetting disclosure was in place in all staff files reviewed and the person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place.

The person in charge confirmed that there were volunteers operating in the centre. The inspector reviewed volunteer files and found that Garda vetting was in place and the volunteers had their roles and responsibilities set out in writing as required by the regulations.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Knockeen Nursing Home
Centre ID:	OSV-0000243
Date of inspection:	20 and 21 of June 2017
Date of response:	28 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector observed that the date of opening was not recorded for a medicine that had a reduced expiry date when opened. Therefore, staff could not identify when the medicine would expire.

1. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:

The insulin in question was disposed of on the day. The policy of dating medicines with a reduced expiry date when opened was reiterated to all nursing staff.

Proposed Timescale: 21/06/2017