



**Health
Information
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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:	Clonakilty Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	24 May 2023
Centre ID:	OSV-0000559
Fieldwork ID:	MON-0040188

About the designated centre

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

Clonakilty Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Clonakilty town. Resident accommodation is spread across three units and the centre is registered to provide long term, respite, transitional, palliative and dementia care residents. The units include: Saoirse, a dementia specific unit, Dochas and Cricinna. The centre has a café, chapel and well maintained enclosed gardens with extensive car parking facilities. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	74
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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 24 May 2023	09:30hrs to 18:15hrs	Ella Ferriter	Lead
Thursday 25 May 2023	07:45hrs to 14:30hrs	Ella Ferriter	Lead
Wednesday 24 May 2023	09:30hrs to 18:15hrs	Niall Whelton	Support

What residents told us and what inspectors observed

During this inspection the inspectors observed that residents living in Clonakility Community Hospital were supported to enjoy a good quality of life, by staff who were attentive, kind and caring. Overall, the feedback from residents was that they were happy and felt, safe living in the centre. This inspection took place over two bright sunny days in May. Residents told the inspectors they enjoyed sitting outside and making the most of the gardens available to them. Visitors were observed attending the centre over the two days of this inspection both inside the centre and in the garden. They complimented the quality of care provided to their relative by staff, who they described as approachable and respectful.

This was an unannounced inspection by two inspectors. This inspection also included a focused review of fire precautions in the centre. On arrival to the centre the inspectors met the person in charge and assistant director of nursing. Following an introductory meeting, the inspectors were guided on a tour of the premises by the person in charge.

Clonakility Community Hospital is two storey designated centre for older people located in the town of Clonakility, West Cork. In addition to the designated centre there is also a day centre for older people, a transitional care unit and some community support services on the grounds. The centre is registered to accommodate 80 residents and there were 73 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre is predominantly multi-occupancy bedrooms with over 90% of residents living in three and four bedded rooms. Due to the number of residents accommodated in multi-occupancy bedrooms, two single bedrooms in the Docas and the Crionna Unit were allocated palliative care rooms, to accommodate residents that wish to have a single room as they approach end of life.

The inspectors saw that the centre is divided into three distinct units which are called Docas (34 bed), Crionna (32 bed) and Saoirse (a dementia specific unit with 14 beds). The inspectors saw that these three units operated independently, with separate staff and their was sufficient communal space in each, to give residents choice. Residents were observed over the two days of this inspection using the communal rooms in all units. The inspectors saw that only a small amount of residents remained in their rooms for the day, which was a noted change from previous inspections of this centre.

On the first day of this inspection inspectors observed a great music session in the internal garden, in which 35 residents attended. Residents told the inspectors that they loved the days that there was music and that they had requested more of this from management. Residents were also facilitated to attend mass in the centres church once a week and this also took place on day one of this inspection. On day two of this inspection residents who practiced Church of Ireland religion were visited by their minister in one of the communal rooms, which was a regular occurrence.

Inspectors saw that in each unit there was a person called a "homemaker". They had responsibility for supervising residents, doing social activities and attending to residents personal requests for drinks and snacks. The inspectors observed very positive person centred interactions between the homemakers and residents throughout the two days.

There was sufficient outdoor space for residents which was decorated and finished to a high standard. The inspectors saw that the some of the multi-occupancy bedrooms in the centre had doors that could be opened onto a patio and garden area, at the back of the premises. The inspectors observed that these doors remained open, and residents could freely move around the centre. There was a large internal garden which was available to all residents in the centre. This area had a herb garden, raised planters, old farming equipment, a coffee dock and ample seating. The inspectors noted that some door thresholds were high, which may impede residents from accessing outdoor areas independently, which is actioned under regulation 17.

The centre was observed to be cleaned to a very high standard and there were ample staff employed in the centre allocated to cleaning. Overall, the general environment, residents' bedrooms, communal areas and bathrooms inspected appeared well maintained and clean. However, the decor in the communal sitting/dining facility in the Saoirse unit appeared clinical and lacked a homely feeling as there was minimal furniture, which is further detailed under regulation 17.

An extensive building project had recently been completed in Clonakilty Community Hospital, with the addition of a new unit called Silverwood. The inspectors reviewed this new building, during the inspection, as the provider had submitted an application to register this new extension. This unit comprised of 16 single en-suite bedrooms. Inspectors saw that this new unit was completed to a very high standard. Bedrooms were spacious and had ample room for residents personal belongings which included a double wardrobe, chest of drawers and lockable storage. Bedrooms were nicely decorated in either a blue or green theme and they each had a window seat, electric blinds, overhead hoists, televisions and en-suite bathroom facilities. The inspectors requested a review of the water system as it was observed on sampling of some of the new showers and sinks, that water was discoloured. Communal space in Silverwood consisted of two dining rooms and three sitting rooms, all which were decorated in a homely style with various colours, soft furnishing and pictures of the local West Cork scenery. The provider had also applied to register four new single rooms in the Saoirse unit and inspectors saw that these rooms were also completed to a high standard.

Inspectors spoke with a number of residents over the two days of the inspection. Residents informed inspectors that staff were attentive and responded to their requests for assistance, in a timely manner. One resident told the inspectors that they felt their health and mobility had vastly improved since they came to live in the centre, and they credited the staffs motivation and good care to this. Inspectors observed that staff interactions with residents were positive and kind over the two days. It was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff. The only negative feedback inspectors received

was in relation to the evening routine. A few residents told the inspectors that at times they were encouraged by staff to return to their rooms after their supper in the evening, and they would prefer to stay up when the evenings were bright. The inspector observed on day one of this inspection that at 6pm many residents were back in their bedrooms in one of the units, which is actioned under regulation 9.

Residents on Saoirse unit were living with dementia and although many were unable to detail their experience of the service these residents were observed by the inspectors to be content and relaxed in their environment and in the company of other residents and staff. The inspectors observed lovely interactions between staff and residents on this unit. Staff were seen to sit with residents and chat with them about old times and inspectors observed residents enjoying a baking session with a member of staff.

It was evident that the centre was embedded into the community of Clonakilty. They had the support of "Cairde Clonakilty Community Hospital" who assisted with the purchase of new furniture and decor for the centre. Inspectors were also informed that the local Garda Community bus had recently escorted 17 residents on a day out around the coast and residents enjoyed lunch at a local hotel. Residents were encouraged to go home for weekends and attend community services such as day centres for residents under 65.

Residents were observed to have their individual style and appearance respected. Residents told the inspector that staff spent time with them in the morning, supporting them to select their clothing and ensuring that they had everything they needed. Two residents told the inspectors that the management and staff were very open to feedback and residents felt that any concerns or complaints they may have would be promptly addressed. For example; residents had recently requested more days out of the centre and these had been organised as well as more opportunities to go to mass.

Inspectors saw that residents were provided with a range of food and refreshments throughout the day and the food was of a very high quality. Residents had a choice of when and where to have their meals. Residents were very complimentary about the food in the centre telling the inspectors that they could have any type of foods they liked and they looked forward to their meals. The dining experience at mealtimes was observed by the inspectors. Those residents who required help were provided with assistance in a sensitive and discreet manner and staff supported residents to eat independently. However, the inspectors saw that on both days medications were administered during mealtimes, which did not ensure this time was protected for residents, and is actioned under regulation 9.

There were opportunities for residents to participate in recreational activities of their choice and ability. There was an activities schedule in place seven days a week which included a variety of activities. Residents that spoke with inspector were aware of the schedule and residents told the inspectors that they were free to choose whether or not they participated.

The inspectors observed that staff were kind and were familiar with residents

individual preferences and choices, and facilitated these in a friendly manner. There was a nice atmosphere in the centre and staff engaged positively with residents throughout the day, laughing and joking with them. On day two of the inspection the inspector had the opportunity to attend the morning handover report, between the night and day staff. Clinical information pertaining to each resident was discussed and areas highlighted that required attention during the day, such as food and nutrition, medical reviews and the importance of offering frequent fluids. Each staff member was provided with a comprehensive handover sheet, which detailed the individual care requirements of residents in areas such as diet, mobility level and frequency of safety checks.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the regulations. Overall, findings of this inspection was that there were effective systems in place to ensure residents received a safe and quality service. Overall, feedback was positive from residents about the care they received in the centre. However, the inspectors found that further action was required to achieve full compliance with regard to fire precautions, care planning, staff training and residents rights. The registered provider had also applied to vary two conditions of the registration of the centre, and this inspection would inform the decision making process.

The registered provider of this centre is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by two assistant directors of nursing, clinical nurse managers and a staff team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reported to a General Manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication via quality and patient safety meetings, to discuss all areas of governance. However, a review of the audits system within the centre found it was not being adhered to, therefore, it was ineffective in supporting the management team to identify areas for improvement and develop improvement plans, which is actioned under regulation 23.

There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. The person in charge demonstrated good knowledge of their role and responsibilities including oversight of resident care needs and welfare, to continuously improve quality of care and quality of life. The management

team held regular formal management meetings and minutes reviewed by the inspectors indicated that key issues relevant to the running of the centre were discussed and actioned such as resources, resident profiles, incidents and complaints.

The centre was very well resourced in terms of staffing, on each unit. Staff had the required skills, competencies and experience to fulfil their roles. Clinical nurse managers provided clinical supervision and support to staff on each unit. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents. There was a staff training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire evacuation procedures and their role and responsibility in recognising and responding to allegations of abuse. However, a large proportion of staffs mandatory training, as per the centres policy was expired, which is actioned under regulation 16.

Records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files were reviewed by the inspectors, all staff had appropriate Garda vetting in place before commencing employment. However, not all files complied with Schedule two of the regulations, as further detailed under regulation 24.

Incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time frame. The policies and procedures, as required by Schedule 5 of the regulations, were reviewed by the inspectors. The policies had been reviewed by the provider at intervals not exceeding three years and were made available to staff. The directory of residents was appropriately maintained and contained the information required by the regulations.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary two of the centres registration conditions. The appropriate fees were paid and the necessary documentation had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. It was evident from interactions with the person in charge that they were involved in the day to day operation of the centre and were familiar with individual residents care needs. The person in charge had the required experience and qualifications, as specified in the

regulations.
Judgment: Compliant
Regulation 15: Staffing
Residents spoke positively in relation to staff and reported they were kind and pleasant. The staff compliment and skill mix was adequate to meet the assessed needs of the residents on the day of this inspection.
Judgment: Compliant
Regulation 16: Training and staff development
<p>Training records reviewed on the day of the inspection did not provide evidence that all staff had received mandatory training. In particular;</p> <ul style="list-style-type: none"> • 23.5% of staff were due safeguarding vulnerable adults. • 29% of staff were due responsive behavior training. • 18.5% of nurses were due cardiopulmonary resuscitation as per the centres own policy on mandatory staff training. <p>This was a repeat area of non compliance also identified on the previous inspection.</p>
Judgment: Not compliant
Regulation 19: Directory of residents
The directory of residents was updated since the previous inspection and contained all information, as specified under Schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
A review of a sample of four personnel files found that a full employment history was not available for two staff members and one staff member did not have a reference from their most recent employer. These documents are required to be

held for each member of staff as per regulatory requirements. The inspector also found that a copy of a residents record, which related to transfer to an acute hospital was not retained in the residents file, as required by the regulation.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some actions were required in the governance and management of the centre, to ensure the safe delivery of the service. For example:

- while a quality management system, which included reviews and audits, was in place, to ensure that the service provided was safe and effective, the inspectors found gaps in the system. Each unit was responsible for completion of individual audits, as per an audit schedule, however, on some units these audits were not taking place. Inspectors also found that some audits that identified deficits did not have an associated time bound action plan, to ensure that actions were addressed and improvements were implemented.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. Contracts for the provision of care were in place which clearly outlined the room the resident occupied.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed, up-to date and available to staff.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Clonakilty Community Hospital. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, some improvements were required in the areas of care planning, fire precautions, the premises and residents rights, which will be detailed under the relevant regulation.

Residents were comprehensively assessed on admission and at regular intervals thereafter, using evidence-based assessment tools. Care plans were developed based on these assessments. However, the inspectors found that care plans were variable in terms of the degree of personalisation and care plans were not always evaluated four monthly as per regulatory requirements and the centres policy. Assessment and care planning is discussed in more detail under regulation 5 of this report.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. Staff had access to specialise palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

Inspectors found that residents had access to appropriate medical care such as general practitioners that visited the centre a few days a week. Arrangements were in place for residents to access the expertise of allied health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy, through a system of referral. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of safeguarding and detailed their responsibility in recognising and responding to allegations of abuse.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff. There were written

operational policies and procedures in place on the management of medications in the centre. Good medication administration practices were in place and were supported by access to pharmacy services.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and an emergency plan was in place, with an appropriate response for all emergency situations.

Overall, there was a good fire safety programme in place in the centre, with many quality improvement initiatives in place. The person in charge had commissioned new floor plans identifying pertinent fire safety information, including the location of fire compartment boundaries. In each unit the evacuation procedures were on display, in a easy to follow format. The fire alarm panel had been recently altered to ensure that the fire compartment number would be included in the displayed information, however, there was some confusion regarding the extent of other information displayed.

The inspectors noted significant deficits to fire doors in some parts of the centre. Work had commenced to address the gaps, however, inspectors were informed that this work had been interrupted because the team of contractors were deployed to another centre. There was a tag system affixed to fire doors, as a means to track maintenance issues, however, this system had not yet been implemented.

The Mercy Centre comprised of staff offices and ancillary facilities. Some fire risk rooms were not enclosed in fire rated construction and this required further assessment to determine the fire containment measures required. The cross corridor, which was an escape route had a key lock, creating the risk that the door may not be possible to open, in the event of a fire.

Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. There were opportunities for residents to participate in meaningful social engagement and activities through one to one and small group activities in each of the three units. Residents had access to the Internet, which had recently been upgraded, as well as daily newspapers, televisions and radios.

Regulation 10: Communication difficulties

Residents with communication difficulties were facilitated to communicate freely and care plans detailed communication requirements of residents. Staff were familiar with residents communication needs, and were observed providing appropriate care and support.

Judgment: Compliant

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends. There was ample space for residents to receive visitors in private which included family rooms, a play area for children and outdoor spaces. Recent consultation with residents evidenced the majority of residents preferred to continue with a booking system for their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 13: End of life

There was evidence that a good standard of care was provided to residents at end of life, to address the physical, emotional, social and spiritual needs of the resident. Private rooms were available to care for residents during this time.

Judgment: Compliant

Regulation 17: Premises

Areas requiring attention in relation to the premises, to ensure it conformed with Schedule 6 included:

- the inspectors noted that some door thresholds were high, which may impede residents from accessing outdoor areas independently. In particular, the threshold of the door to the outside from the Primrose communal room was a trip hazard.
- the dining room in Saoirse Unit, which was home to residents with dementia, had kitchen facilities, including a functioning oven and hob. Inspectors saw

that the stove was not fitted with any safety devices to ensure residents did not turn on the hob accidentally, which may result in burns/injury.

- there were holes in the wall of a sluice room where fixings had been removed and not repaired, which meant the walls could not be effectively cleaned.
- the bedrooms in Crionna had doors providing access to the communal garden area. The type of door handles in place meant that residents could not get back in to their room from the garden. The person in charge confirmed there were plans in place to replace these.
- circulation between the two garden areas required moving up and down two steep ramps. There were no handrails or any specific control measures in place to manage the steep ramp, to avoid injury and to encourage residents to use these areas independently.
- decor in the sitting room in the Saoirse Unit was minimal, this room had been previously operating as a bedroom and it appeared clinical and lacked a homely feeling.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard including special or modified consistency diets. The daily menu was displayed and choice was available at every meal. Residents had good access to speech and language and dietetics services. Comprehensive care plans were in place to support people with their nutrition needs and weights were completed, in line with best practice. Intake and output records were maintained when necessary, to support nutritional and fluid intake.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a guide in respect of the centre. This contained all information as specified in the regulations.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out by the management team.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had implemented procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. There were hand basins on each corridor that complied with recommended guidance for hand hygiene facilities. Staff were observed practicing good hand hygiene during this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire.

- periodic inspection reports of the electrical installation identified risk items, however, there was no documentary evidence to verify that these were actioned and addressed.
- a fire door to a bedroom was observed to be held open with a chair. The device connected to the fire alarm to hold open the door was observed to be obstructed by a wardrobe.
- there were some gaps in the records for the in-house fire safety checks.
- there was some combustible storage in the communications room, increasing the risk of fire. This room also contained an electrical panel.

The means of escape, including emergency lighting were not adequate, and required review by the provider's competent person, for example;

- there was only one direction of escape from the chapel, and this route exceeded the travel distance limits for escape in one direction. If this exit was obstructed by fire, the residents and staff would not have an alternative escape route.
- the corridor serving the director of nursing and support offices, had one direction of escape and it was not a fire protected escape route.
- the cross corridor door in the Mercy Centre had a key lock and the key was in

the lock. This was an escape route and had potential to get locked, without a means to open the door.

The measures in place to give warning of fire required review:

- there was some confusion with regards the information displayed on the fire alarm panel, in particular, locating the room number within each identified compartment.

The measures in place to ensure the maintenance of fire safety systems were not adequate:

- there were observed maintenance issues to fire doors, and this was impacting on fire containment in the building. For example, large gaps to some bedroom doors, some doors did not close, and heat and smoke seals were missing.
- there was evidence that the fire alarm system and emergency lighting system were being serviced at the appropriate intervals, however, the service reports were not available for inspection.

Further assurance was required regarding the containment of fire, for example:

- the deficits to the fire doors was impacting the fire containment measures in place.
- there were floor plans displayed showing the locations of fire compartment boundaries, however, there was no documentary assurance to verify that those identified were effective fire compartment boundaries.
- there were some fire risk rooms in the Mercy centre which were not fitted with fire rated doors, for example the staff tea room.

Bed evacuation was the adopted evacuation strategy in place. The door to one bedroom was narrow and inspectors were told that it was a tight fit to manoeuvre the bed from the room. Frequent fire evacuation drills were taking place, however, there was not record of a recent simulated drill of the largest compartment of 13, to test the evacuation strategy for this compartment.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While some care planning documentation reviewed demonstrated comprehensive knowledge of residents' individualised needs and person-centred care, this was not consistent. Findings on review of care plans were that: ?

- not all care plans were updated four monthly as per regulatory requirements and the centres own policy on the evaluation of care plans. ?
- some information in care plans was generic and not detailed enough to direct care.
- end of life care plans did not always reflect residents care individual requirements for care.
- some information in care plans was outdated and not applicable to care delivery or the residents most recent assessment.

The management team acknowledged this finding and informed the inspector that this was an area they have identified for improvement.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs) from local practice, specialist medical and nursing services, including psychiatry of older age and community palliative care. Allied health professionals provided timely assessment and support for residents as appropriate. There was a low incidence of pressure ulcer development within the centre and wound care practices reviewed were in line with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Residents reported they felt safe in the centre. Safeguarding training was expired for some staff, which is actioned under regulation 16.

Judgment: Compliant

Regulation 9: Residents' rights

Some actions were required to ensure residents rights were upheld in the centre, for example:

- the practice of administration of medications at mealtimes, did not ensure that the dining experience was a protected time for residents to enjoy their meals.
- the practice of residents being encouraged to return to their rooms after their supper, was institutionalised and did not respect residents choice.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0040188

Date of inspection: 25/05/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Staff who are out of date with relevant mandatory training have been contacted in writing of any training that is currently out of date , they have been given the information required on how to access training eg HSELAND, and are also informed on all onsite training dates given eg, Fire Training, Moving and Handling and CPR. If training is not updated a formal meeting will be held with individual staff to discuss noncompliance of training. • Staff have been notified in relation to requirement to update Safeguarding training two yearly, advised how to access training on HSE LAND, and also some On Site training will be provided. Reminder to update training is also on Safety Pause for all units- if staff remain noncompliant with training a formal meeting will be held to discuss noncompliance and provide assistance if required. • Additional onsite training has been booked for Responsive Behavior training. • Three new CPR instructors have just qualified and will commence regular CPR courses on site with the existing trainer. Additional CPR courses have commenced 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • A new form has been drafted in relation to the review of CVs- any gap of more than 3 months in a CV needs a documented explanation. • Management to ensure that a reference is obtained from the staff member’s most recent employer. • Staff have been informed that a copy of the Residents transfer record is taken and kept 	

in the resident's medical notes once a resident is transferred to another facility.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Further online training on the Viclarity Auditing system to be conducted for the senior managers and enhanced nurses.
- Protected time to be allocated each week for Auditing.
- Support to be given to new managers in relation to time bound plans and the follow up actions required on audits.
- Audit champions have been recruited and additional support to be given to this role.

Regulation 17: Premises

Substantially Compliant

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

- Door Thresholds are under review by maintenance.
- In relation to the door threshold on the outside entrance to Primrose room in Saoirse, maintenance have assessed the threshold and advised that this door no longer be used by visitors to enter Saoirse.
The threshold is higher in this area due to the gradient outside the door and the risk of flooding.
Visitors using this room must enter Saoirse via the side door. Saoirse residents do not use this doorway.
- The Stove in Saoirse kitchen is under review by maintenance. A cover is on order for the oven on/off switch.
- Maintenance to repair the holes in the white rock material in the dirty utility rooms in particular in Cionna.
- Door handles have been replaced in the bedroom doors in Cionna allowing residents the ability to enter and exit the bedrooms easily on the garden side.
- Steel handrails are on order for the circulation area between the two gardens .The column in this area has also been highlighted with paint to increase visibility.
- Maintenance are currently costing electrical and structural work to improve this Saoirse Dining room which was previously a ward. Soft furnishings have been ordered to improve on the homely feel of this dining room.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Periodic Inspection Reports are available .Maintenance have confirmed that level 1 issues were addressed immediately as agreed within the contract agreement.Level 2 to 4 issues are currently being addressed on site by the electricians .A certification of completion will be made available on completion of these works. • Managers and staff have been reminded of the importance of not keeping fire doors open with any furniture etc. Ongoing vigilance is required for fire safety. • Nurse Managers to include on the safety pause the importance of signing the fire safety check sheet once the checks are completed at the start of the duty. • The combustible material that was stored in the Communication room has been removed. • The Church area has been assessed by the fire officer and there is a plan to install an additional means of escape within the church at the altar side. • The corridor serving the DoN and management offices has been assessed by the fire officer and there is a plan to fire rate the corridors in this area. • The key has been removed in the fire door in the cross corridor of the Mercy Centre. • The fire panel has been updated by Allied Fire and the compartment number and the room name now appear on the fire panel once the fire alarm is activated. • Throughout the hospital work is currently underway by the maintenance department to ensure that the door closers are properly operational and that the gaps in the fire doors have been removed. Heat and smoke seals are being replaced as indicated. The ADA door tag system is currently being installed, this system will provide a print out of the status of all doors throughout the facility. • Copies of the Fire alarm and emergency lighting certificates which were with maintenance have been sent to the HIQA registration team. • The fire compartments have been assessed and a letter will be provided to verify that the compartments identified on the maps are effective compartment boundaries. • Fire doors in the Mercy Centre to be replaced as recommended by the Fire Officer. • Maintenance have assessed the door to Bluebell single room in Dochas. Once the costing is obtained we will request funding to complete the work of widening the door of this room. • Fire drills have been conducted by management on the larger compartments. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Senior management to monitor and audit that resident care plans are updated in a 	

person centered approach 4 monthly as per regulations.

- Additional guidance to be given to all nurses in relation to required documentation for end of life information and the level of detail required.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- A management meeting was held to address the issue of medications being administered at mealtimes. Staff morning tea breaks to commence and end on time to allow the nurses to commence the medication round. Dinner times to commence after 12.30pm to ensure that medication administration is complete and that nurses are also available to assist and supervise with meal times.
- The issue of residents being encouraged to return to their rooms after supper time was addressed by providing additional evening activities with the home maker.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/10/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/10/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/10/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/10/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably	Substantially Compliant	Yellow	30/09/2023

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2023
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/09/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/10/2023
Regulation 9(3)(a)	A registered	Substantially	Yellow	30/09/2023

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Compliant		
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