



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:	04 May 2022
Centre ID:	OSV-0000559
Fieldwork ID:	MON-0036805

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 four 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, An Ghraig, Dochas and Crionna. 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. Psychiatry and Psychology services are also readily available for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	69
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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 4 May 2022	09:30hrs to 18:00hrs	Ella Ferriter	Lead
Wednesday 4 May 2022	09:30hrs to 18:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors met and spoke with a number of residents throughout the day of this inspection of Clonakility Community Hospital. Inspectors also spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there. Overall, residents described being content and happy living in the centre, and they acknowledged that there had been numerous improvements in the centre over the last few years.

This was an unannounced inspection that took place over one day. On arrival to the centre, the inspectors were met by a member of the administration team, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented, prior to accessing the centre. After an opening meeting with the person in charge, the inspectors were guided on a tour of the centre.

It was clear from the walk around that the person in charge was very well known to all residents, as they stopped to talk to residents on the way around the centre. All of the residents who spoke to the inspectors were complimentary of the service provided, and described the staff as kind and caring. The inspectors met the majority of the residents throughout the inspection, and spoke in more detail with eight residents.

Clonakility Community Hospital is a two storey building located on the outskirts of Clonakility town, in West Cork. Resident accommodation is all located on the ground floor, and the first floor comprises of staff facilities and offices. The centre is registered to accommodate 80 residents, in four units which are called Dochas, An Ghraig, Crionna and a dementia specific unit called Saoirse. On the day of this inspection, there were 68 residents living in the centre. The majority of residents living in the centre were accommodated in three or four bedded rooms (74 beds) with six residents being accommodated in single bedrooms.

The inspectors saw that multi-occupancy bedrooms, which had accommodated up to six or seven residents on previous inspections of this centre, had been refurbished and occupancy remained reduced. It was evident that this had a positive impact on the quality of life for residents, as they now had more room around their bed which enhanced their privacy and dignity. Rooms also now had en-suite facilities, ceiling hoists, new televisions, individual wardrobes and lockable storage. However, inspectors noted that some wardrobes had limited space for hanging clothes, which is detailed under regulation 12. The inspectors saw that 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. One resident told the inspectors she enjoyed the views of the mountain and bay from their bed space.

An extensive building and refurbishment project was on-going in Clonakility Community Hospital at the time of this inspection, and was near completion. The

works had been risk assessed and the residents had been kept up to date with on-going building works, and informed of any disruption to their quality of life, that the works may bring. The inspectors observed the works had been managed in a way that reduced the disruption to residents. On the day of this inspection, An Ghraig unit was closed, as bedrooms were being renovated. The provider had also recently increased the size of the designated centre, with the addition of "The Lodge" which comprised of four sitting rooms and a dining room as well as additional storage and sluicing facilities. The extension had been built to a very high standard and the design and layout of the building promoted residents' independence and safety. The inspectors saw that these sitting rooms and the dining facility was beautifully decorated, one room reflecting a sea theme and another a farming theme. Residents were observed using these spaces throughout the day and told the inspectors they were "delighted to now have a bright comfortable dining room". One resident was observed using a computer during the day and Internet facilities in one of the sitting room to follow the horse racing on that day. Residents told inspectors that it was nice to "now have somewhere to go during the day". This new communal space overlooked the centres large internal garden which had a herb garden and large planters as well as a miniature lighthouse, boat and farm animals.

The inspectors saw that there were some institutionalised regimes which resulted in poor practices. For example: although some residents used the outdoor space with their visitors, inspectors noted that many residents remained indoors all day, even though the weather was bright warm and sunny. One resident told the inspectors that they loved the outdoors and would avail of any opportunity to go out, if staff had the time to bring them. Inspectors also noted that residents were called patients and rooms were called wards which did not reflect a social model of care delivery. This is actioned under regulation 9.

The provision of varied daily activities for residents continued to be a positive focus in residents' lives, and gave structure to their day. Inspectors saw that two residents were being brought by taxi on a trip to Inchydoney beach, on the day of this inspection. Enthusiastic staff were seen to lead morning and afternoon activities. Residents were familiar with the various activities on the day of inspection, and were seen to engage in singing, bingo games with dogs and flowers, and had the opportunity to attend mass in the centres beautiful church twice per week. In the Saoirse Unit, inspectors observed that staff and residents took part in one-to-one activities and it was evident that staff knew residents' personal preferences very well.

The inspectors saw that a variety of drinks and snacks were offered throughout the day. The daily menu was displayed on the dining tables, which offered a choice. Residents told the inspector that that they were consulted regarding their preferred choice of meal and mentioned how they could get whatever they liked to eat. Minutes of resident meetings evidenced that where residents made suggestions, these were acted on without delay. The inspectors saw that staff provided assistance when required, to ensure meals were consumed while hot and appetising.

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

Overall, this inspection found that there were effective management systems in place, in Clonakilty Community Hospital, ensuring the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits of practice to improve services. However, some improvements were required in relation to care planning, training and residents rights.

The registered provider of this centre is the Health Service Executive (HSE). There was a clearly defined management structure in place and both staff and residents were familiar with staff roles and their responsibilities. 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.

Inspectors found that the centre was well resourced, in terms of staffing levels, to meet the needs of residents. The staffing rosters reflected the staff on duty in the centre on the day. The provider had also carried out substantial improvements to the premises and a building and refurbishment programme of work was on-going in the centre. Previous inspections of this centre over 10 years have identified that residents did not have adequate personal space, which resulted in them remaining by their bedside during the day. In response to this, the provider had built a new extension to the premises which afforded residents an appropriate amount of communal space. There was also plans to register 20 additional single bedrooms, on completion of a new building, adjacent to Saoirse Unit.

The inspectors acknowledged that residents and staff living and working in centre had been through a challenging time, due to restrictions imposed by COVID-19. The service had recently come out of an outbreak of COVID-19. Staff were observed to be following best practice with infection control procedures and hand hygiene. The centre had an up-to-date COVID-19 contingency plan, which was reviewed on a regular basis.

There was a good system of oversight of the quality and safety of care delivered to residents through a programme of audits and there was clear evidence of learning and improvements being made in response to these reports and other feedback. Mandatory training in fire precautions had taken place for all staff working in the

centre; however, there were significant gaps in other mandatory training, which is discussed further under regulation 16.

The incident and accident log was examined, and records showed notifications were submitted as per regulatory requirements. Incidents were well documented and included residents' clinical observations, reviews of occurrences and actions to mitigate recurrences. Complaints were managed in line with the centres' complaints policy and all concerns and complaints, brought to the attention of staff, were addressed in a timely manner.

Regulation 15: Staffing

On the day of this inspection, inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre. Management staff rotated on duty at weekends, to ensure governance and oversight of the service, over seven days.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed on the day of the inspection did not provide evidence that all staff had received mandatory training. Gaps were identified as follows:

- 10 % of staff of staff were due training in safeguarding vulnerable adults.
- 9 % percent of staff were due training in manual handling.

In relation to other training: 90% of staff were due training in responsive behaviors. This was very relevant in the centre as a number of residents in the centre had responsive behaviours.

Judgment: Not compliant

Regulation 23: Governance and management

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. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include.

- the room to be occupied and number of other occupants in that room.
- the fee for the service
- details of any additional fees to be charged that are not included in the fee.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified, and found these were managed in accordance with the centres policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There were policy and procedures in place for the management of complaints. The procedure for making complaints was on display in each of the units. Inspectors found that there was generally comprehensive recording of complaints and complaint logs were maintained electronically for each of the units. Information about the investigation, actions taken and the satisfaction or otherwise of the complainant was recorded. Complaints were discussed at management meetings and areas for improvement were actioned.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were supported and encouraged to have

a good quality of life in Clonakilty Community Hospital, which was generally respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through prompt access to medical care and opportunities for social engagement. It was evident that the quality of residents lives had improved, as a result of the additional communal space they were afforded, which they spoke extremely positively about. However, the inspectors found that some improvements were required in training, care planning and the use of appropriate language, to ensure residents safety was promoted at all times. Space for residents personal possessions, in some areas of the building also required review.

The inspectors were assured that residents' health care needs were met to a very good standard. There was good access to general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place, to services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. Residents had access to a physiotherapist and occupational therapist, who attended the centre, and were actively involved in falls prevention. There was evidence that residents were referred and reviewed as required, by allied health and social care professionals.

A sample of residents assessments and care plans were reviewed by inspectors. Care delivered was based on a comprehensive nursing assessment, utilising a variety of validated tools which were completed within 48 hours of admission to the centre, in line with regulatory requirements. However, some assessments and care plans required improvement, to ensure they provided accurate information for staff to follow when giving care, which is further detailed under regulation 4.

There were measures in place to protect residents from being harmed or suffering abuse. The majority of staff had completed training in adult safeguarding and a number of those spoken with were aware of the actions to be taken if there were suspicions or allegations of abuse. Policies and procedures for health and safety, risk management, fire safety, and infection control were up to date.

There had been a substantial reduction in the use of bed-rails since previous inspections, and there was evidence that other alternatives to restraint had been tried or considered to ensure that bed-rails were the least restrictive form of restraint. Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken, and documentation on care plans included relevant consent forms.

The inspectors found that comprehensive systems had been developed for the maintenance of the fire detection and alarm system and emergency lighting. A number of fire drills were conducted indicating that staff were assessed for response time, team work, efficiency and knowledge.

Regulation 11: Visits

Visiting was facilitated in the centre and visitors spoken with spoke positively about the care their family member received. On the day of the inspection, there were two staff members allocated to the role of facilitating visits. Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspectors saw and met numerous visitors coming and going to the centre during the inspection. A number of rooms had been allocated for the purpose of visiting, including a room set out for family visiting that included toys and games for grandchildren to visit and have fun with their grandparents.

Judgment: Compliant

Regulation 12: Personal possessions

Although inspectors acknowledged that there had been substantial improvements in the provision of personal space for residents, with the reduction in occupancy of multi-occupancy bedrooms inspectors found that access for residents to their personal possessions in some multi-occupancy rooms required action. This was due to the fact that the wardrobes were a distance from the residents bed space. Hanging space in some wardrobes was also found to be very limited, and did not allow residents to have access a full range of their clothing to choose from.

Judgment: Substantially compliant

Regulation 13: End of life

The inspectors saw that end of life care plans were comprehensively completed and that a second end-of-life pathway was commenced when residents were approaching end of life. Single rooms were made available in the centre, with facilities for families to be with their loved ones. Residents were regularly reviewed by the GP, and end of life medications were appropriately prescribed and administered. Spiritual needs of residents were promoted and facilitated. The inspector saw that in one residents end-of-life plan their wish to repose in the hospital chapel and have their funeral mass there was clearly outlined.

Judgment: Compliant

Regulation 17: Premises

Significant improvements to the premises had taken place since the previous inspection, and works were ongoing on the day of this inspection. The premises was

appropriate considering the needs of residents, and it conforms with Schedule 6 of the regulations.

Judgment: Compliant

Regulation 26: Risk management

There were risk reduction records, including the risk management policy and a risk register which was reviewed regularly. Risk assessments were seen to be completed and appropriate actions were taken to any risks identified.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that there was good practices in relation to infection control at the centre and they observed the centre was very clean throughout. There were effective infection control procedures in place, which included arrangements to keep up to date on developing guidance, clear guidance on cleaning procedures and training for staff. There was good oversight by management of the infection prevention and control arrangements in the centre, to ensure they were being adhered to.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors saw that there had been significant improvements in the management of fire safety, since the previous inspection and works to fire doors were taking place on the day of this inspection. Comprehensive systems had been implemented for the maintenance of the fire detection, alarm system and emergency lighting. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis. Residents had Personal Emergency Evacuation Plans (PEEPs) on file, and these were updated regularly. Fire evacuation drills were carried out of the largest compartments in the centre, with minimum staffing levels regularly in the centre. Emergency exits were free of obstruction and clear directional signage was available at various locations throughout the building.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were mixed findings in relation to care planning found on this inspection, as it was found:

- two care plans reviewed were not updated every four months as required by the regulations.
- one care plan reviewed was not updated as the needs of the resident changed, for example; when there was a change to dietary requirements.
- language used in a responsive behaviour care plan was found to be derogatory and not in keeping with person-centred language or care.

Judgment: Substantially compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical review. Residents were reported to have good access to general practitioners (GPs). This was confirmed by residents who said that the medical care was good and regular reviews in residents medical notes. 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. Psychiatry of old age was available as required.

Residents had access to speech and language therapy and dietetic services. The inspectors met the speech and language therapist who was in visiting and assessing a number of resident's during the inspection. There was evidence that residents were reviewed by tissue viability specialist where required. Physiotherapist and occupational therapy services were also provided in house .

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were relevant policies which provided guidance to staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Members of staff spoken with demonstrated the knowledge and skills necessary, to understand and respond appropriately to such behaviours.

However, training in this area had expired for the majority of staff, which is actioned under regulation 16.

There had been a substantial reduction in the use of bed-rails since previous inspections and there was evidence that other alternatives to restraint had been tried or considered to ensure that bed-rails were the least restrictive form of restraint. Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken, and documentation on care plans included relevant consent forms.

Judgment: Compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and inspectors were satisfied that improvements had taken place in relation to all aspects of safeguarding. Safeguarding training was provided to all staff and allegations of abuse were reported, investigated and changes implemented as required. Inspectors were satisfied that there were robust systems in place to manage residents' finances and pension agent agreements were in place for residents via the HSE finance department.

Judgment: Compliant

Regulation 9: Residents' rights

There had been improvements in choice for residents with the introduction of the new day rooms and dining rooms throughout the centre. There was evidence that residents were consulted with and participated in the organisation of the centre, this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. However, inspectors found that there still remained some institutionalised practices within the centre which did not promote a rights based approach and assurance around residents' choice. For example, referring to residents as patients and there were limited opportunities to go outdoors on the day of this inspection, due to facilitation of staff mealtimes.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0036805

Date of inspection: 04/05/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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"> • New ADoN due to commence in role in June 2022 who will be assigned to the governance of the training. • Review of training matrix will be completed to have a separate section for all grades of staff for the mandatory training- due for completion by July 31st 2022. • Training needs analysis has been completed in 2022 which will guide our training programme. • Summary of individual training requirements to be sent to all staff by July 31th 2022. • 3 dementia champions on site who will address the responsive behavior training by Sept 2022. • 8 new trainers on site for the Resist hand hygiene training. • Staff will be released to complete the Responsive behavior training on site. • Designated computer to be set up by July 30th for staff training via HSE land on site. • Training room has been cleared and reset up for onsite training. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Review of all bed spaces to determine if any of the wardrobe locations can be adjusted – to be completed by July 31th 2022. • Discuss with the CNMs the reorganizing of the residents double wardrobes • Respect resident wishes in relation to person possessions. • Liaise with family re additional personal possessions to create a homely environment. 	

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"> • Address the issue of care plans in the June CNM meeting. • Maintain compliance with the 4 monthly care plan reviews in all units. • Ensure the Nurses are assigned their specific care plans in each Unit. • Ensure the Care plan audits are completed on a monthly basis with Viclarity- and relevant action plans formulated. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Reminders at staff meetings to use the terminology of Residents – not patients. • Encourage all staff to refer to the residents rooms and not wards. • Staff meal times adjusted as much as possible to facilitate resident choice. • Review the role of the homemaker in each unit to maximize resident activities and in particular the use of beautiful new outdoor spaces. • Engagement with Elderwell in relation to conducting outdoor activities where possible and weather dependent. • Meeting planned with the Physiotherapist to facilitate resident exercise classes. • Outdoor trips encouraged as much as possible for residents in conjunction with Covid risk assessments. • We are in contact with Cairde Clonakilty Community Hospital to re commence the outdoor music events for residents over the summer months. • New parasols purchased for the outdoor garden areas. • Additional garden benches on order for the outdoor areas 	

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/08/2022
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	31/08/2022

	and other personal possessions.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/10/2022
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	31/08/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2022