



**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

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| Name of designated centre: | Youghal Community Hospital |
| Name of provider: | Health Service Executive |
| Address of centre: | Cork Hill, Youghal, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 30 July 2021 |
| Centre ID: | OSV-0000577 |
| Fieldwork ID: | MON-0033054 |

About the designated centre

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

Youghal Community Hospital was built in 1935 by Murray Brothers of Youghal who still operate a Construction business in the town. It initially was known as the Cottage Hospital and it was run by a religious order of nuns called Poor Servants of the Mother of God under the Cork Health Authority. The religious community left the management of the District Hospital in August 1985. The hospital services and the campus are now managed by Health Service Executive (HSE) Social Care, Cork Kerry Community Health Care. Accommodation is provided for male and female residents usually over the age of sixty five, however there may be circumstances when this can change. Care can be provided to an individual under sixty five following a full needs assessment prior to admission. The maximum number of residents who will be accommodated in the hospital is thirty one. The bed designation is as follows: 27continuing care beds: two community support/convalescent beds and two palliative care beds. There is 24 hour nursing care available from a team of experienced and highly qualified staff. The nursing team is supported by a consultant and general practitioners (GP), as well as a range of allied health professionals. The centre is also staffed by a dedicated team of health care assistants (HCAs) & multi-task attendants who work under the advice and guidance of the staff nurses. All of these staff have completed a relevant Fetac Level 5 care course. Youghal Community Hospital also provides placement for student nurses from University College Cork. All admissions to the hospital are pre-planned. On admission to the hospital and at intervals, the nursing staff under take a full assessment of the residents' physical, emotional, cognitive, social and spiritual needs as part of the care planning process. A full medical review of each resident's medications is undertaken every eleven weeks and more frequently if required. The residents' care plans are individualised in collaboration with residents and representatives, who are informed of any changes. We strive to ensure that care practices reflect a person-centred approach to care and promote the resident as an equal partner in his/her own care. All efforts are made to ensure the independence of each resident, to ensure that choice is provided to each resident on their activities and to provide an opportunity to participate in meaningful activity each day. A choice of meals is available daily and menus are displayed in the dining room. To meet the religious needs of our residents priests and ministers from all denominations visit residents. Mass is celebrated in the Day Room on Friday's and communion is available to residents weekly.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 29 |
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How we inspect

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 |
|---------------------|----------------------|---------------|------|
| Friday 30 July 2021 | 09:30hrs to 17:45hrs | Mary O'Mahony | Lead |

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live, with a variety of communal and private spaces as well as access to an external secure patio area. The inspector spoke with a large number of the residents during the inspection and met two visitors who were in visiting their relatives. Residents felt that their rights and diverse personalities were catered for. They told the inspector that they had choice as to how they spent their day and they felt that their opinions mattered in the running of the centre. Survey results were seen which confirmed this. Residents identified staff as being kind and caring and said they enjoyed the activities provided.

The inspector arrived unannounced to the centre and was met by a staff member on arrival. This staff member ensured that infection prevention and control procedures were followed. The inspector was guided on a tour of the centre by the senior nurse on duty. The inspector was informed and also saw that there had been ongoing improvements to the premises and the external grounds since the previous inspection. The downstairs of the centre was clean and generally seen to be in a good state of repair and decoration. Since the previous inspection painting had been carried out in this section. However, the inspector identified areas around the halls where the flooring was worn and damaged and exposed wood was seen on the skirting and on a built-in wooden box under the sink in the staff toilet. The nurse told the inspector that continuing redecoration of the centre including further painting was planned both upstairs and down. The inspector expressed concern that these unfinished damaged areas would be difficult to clean effectively in light of current infection control guidance. These issues are discussed further in the report.

The centre was observed to be bright with lovely views over the sea. A large day room and a smaller dining room provided communal space where residents were observed to be social distancing. The day room was seen to be the hub of all activity throughout the day. A small oratory provided another area where residents or relatives could sit for individual reflection. There was also a meeting room on the ground floor which doubled up as a visitors' room. This room was also used for window visiting or doctor consultations. The first floor had been reconfigured to provide two small sitting areas separate from residents' bedrooms. However, staff informed the inspector that residents often spent the majority of time in their rooms or came downstairs in the lift for activities and garden access. The inspector found that many of the residents' bedrooms were personalised with soft furnishings, ornaments, personal art and photographs. Residents in the centre were complimentary about the scenery from all windows stated that they loved the sea views and the rural setting. One resident said that she had been in the same bedroom for 12 years and she considered it her "home".

The inspector saw that there was a good activities programme in place and there were two staff members allocated to the role of activity organiser on the roster. However, it was unclear from the roster how many dedicated hours were set aside

for the social programme over a six or seven day period each week. This arrangement meant that there was lack of certainty about the programme. The inspector found that consequently the documentation in relation to activities was not always recorded in residents' social care plans. Nevertheless, on the day of inspection the inspector saw a number of lively activities taking place such as bingo and a singing session with residents singing their favourite songs. The inspector observed that staff encouraged residents to partake in the singing and some good humoured laughter and conversation was heard. One lady said she had won a singing competition in her youth and loved the old and new songs. In addition, residents were seen to attend mass and confession during the inspection which they said took place every Friday. Activity staff told the inspector that residents had planted up the large flower containers outside in the newly developed patio area, during the sunny days. Residents confirmed this with the inspector that said they had been out there during the lovely warm days. However, on the day of inspection it was not seen to be used by residents which may have been impacted on by the fact that there were two staff absent that day.

Residents told the inspector that the activities were really important to them and had kept them occupied during the period of restricted visiting when relatives were not allowed in the centre due to the pandemic. Residents were happier that visitors were allowed in again and valued the time spent in their company. The inspector saw visiting taking place throughout the day and observed that COVID-19 infection control procedures were complied with by visitors. Visitors spoken with said that communication had been maintained during the pandemic and they had always felt that they were kept up to date with the needs of their relatives and any changes in the centre. A large number of letters and complimentary cards were seen from relatives which praised the staff and the care available, especially the end of life care described as "exceptional".

The inspector saw that the centre had a residents' committee and residents said that their views were listened to and their rights were respected. Records of residents' meetings showed that suggestions made by residents were considered, acted upon where possible and discussed at the next meeting. Residents felt that their complaints or concerns would be addressed and they enjoyed their meetings. They were informed about COVID-19 and the importance of hand hygiene. They understood why staff and their relatives had to wear masks. Food was plentiful, varied and nicely presented to residents. Residents were very complimentary of the portions and said that the staff took note of their meal choice daily. However the inspector observed that the dining room was under utilised as it was not used for the evening meal or breakfast. In addition, only eight out of the 29 residents present on the day of inspection attending the dining room for dinner. A staff member was seen going around to residents in the afternoon discussing the meal choices for the following day.

Residents told the inspector that they enjoyed living in the centre. They said that staff were respectful and attentive. All residents and relatives spoken with were very complimentary about the staff. Relatives and residents said they were very grateful to the staff who had worked tirelessly during the pandemic to keep them cheerful and COVID-19 free. The inspector saw kind interactions between residents and staff

during the inspection and one resident said she was delighted that she knew a number of staff when they were young people in the community. She told the inspectors that she had loved motorbikes in her youth which was why she had pictures of these displayed near the bed. One resident described the staff as "very kind and helpful" and said there was no issue with making a complaint if they were unhappy about anything. Residents had access to personal phones, video calls and newspapers and enjoyed religious services in the centre weekly. One man was seen to use his mobile phone at tea time to speak with relatives. He was heard describing his day and his meal.

Overall, the residents expressed feeling a sense of safety and contentment living in Youghal Community Hospital. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

On this inspection the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were not well defined or clearly set out. The previous person in charge and the clinical nurse manager (CNM) had resigned and staff were found to be unsure as to when the new person in charge would commence in the centre. In addition the new clinical nurse manager was on annual leave and the name of the registered provider representative (RPR), as submitted to the Chief Inspector, was not correct. Even though the previous management team had been proactive in responding to findings on all previous inspections, on this inspection improved management oversight was required to ensure sustainability of the good practice previously identified. In particular, improvements were required to ensure the system complied with the regulations relating to governance and management of a designated centre, fire safety, premises upkeep, staffing, records and infection control. Nevertheless, the inspector saw that the audit and management systems already set up in the centre by the previous management team ensured that good quality care was delivered to residents.

The centre was operated by the Health Service Executive (HSE) who was the registered provider. The staff nurse on duty said that the RPR was available on the phone on a weekly basis or when required. The proposed new person in charge was experienced in the role of person in charge in other similar centres. The care and support team in the centre was comprised of a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. There was evidence of regular meetings between the provider and the nurse managers from the community hospitals in the area. These meetings were a forum for discussion, sharing of ideas and promotion of best practices. Staff said that that internal staff meetings were held regularly and they

were confident that this would continue. Complaints management and key performance indicators were reviewed and discussed at these meetings as evidenced in minutes of the meetings. Staff handover meetings ensured that information on residents' changing needs was communicated effectively according to staff spoken with. The detailed information in the daily communications sheets in residents' care plans provided evidence that pertinent information was exchanged between staff.

While the service was generally appropriately resourced, there had been recent staff shortages as seen on the day of inspection. Staff reported that it was a supportive workplace and staff retention was high. The inspector saw that systems had been put in place for monitoring the quality and safety of care provided to residents. Key clinical data was collected including on the management of pressure ulcers, falls, bed rail use, complaints and health and safety issues. A quality management system which included reviews and audits had been set up by the previous person in charge to ensure that the service provided was safe and effective. The inspector was informed that the regulatory annual review of the quality and safety of care had been undertaken by the previous management team. This review was made available to the inspector when it was located by staff. The inspector saw that a number of actions from this review were being addressed such as painting of the centre.

The training matrix indicated that staff received training appropriate to their various roles and staff reported that the training kept their knowledge and skills up to date to provide evidence-based care to residents. Staff supervision was implemented through performance improvement plans, staff probation meetings and appraisals. The presence of senior nursing staff on each rota ensured appropriate supervision at all times. The centre had developed and implemented the required policies on recruitment, training and vetting that described the induction process for new employees. In the sample of staff files reviewed the inspector found that the required regulatory documents were in place. Job descriptions, Garda (Irish police) vetting (GV) clearance arrangements and probation reviews were carried out for new staff in conjunction with policy requirements. Completed induction forms and staff appraisals were seen by the inspector.

Copies of the appropriate standards and regulations were readily available and accessible to staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were generally well maintained, however, they were not all completed and were not all easily retrievable on the day of inspection due to the absence of the management personnel. Residents' records such as care plans, assessments, medical notes and nursing records were accessible to the inspector. Other records such as a complaints log and incident reports were seen to be comprehensively maintained.

Regulation 14: Persons in charge

On the day of inspection a new person in charge had been appointed. She had previously worked as person in charge of another designated centre and had the required knowledge and experience. The commencement date of the new person in charge was clarified during the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection the centre was not staffed to its full capacity. A multi-task attendant and a nurse were out on sick leave and had not been replaced. This impacted on the staff available for example, to carry out effective cleaning particularly at this time of increased risk and for accompanying residents out to the newly developed patio area. This is actioned under Regulation 27.

In addition, one resident had been identified as requiring one-to-one care in the evening because of the very high risk of absconsion set out in the risk assessment. The nurse on duty said that this was not carried out.

Judgment: Substantially compliant

Regulation 16: Training and staff development

According to the training matrix made available to the inspector staff had been afforded mandatory training and appropriate training as well as training in infection control processes.

Judgment: Compliant

Regulation 21: Records

The roster was not correct on the day of inspection as follows:

- There was no current person in charge entered in the roster.
- Staff were included in the roster who were no longer in the centre.
- The colour coding system on the roster was unclear as centre colours did not match the 'key' available.
- A specific activity was incorrectly marked on the roster as available on Monday and Friday when it was actually available only on Tuesdays.

- There was a lack of clarity on the roster for dedicated activity provision at the weekends or when the assigned member was sick or on holidays and it was not clear as to how many hours were dedicated to social activities weekly.
- Not all records were easily retrievable for example the annual review and the training matrix, which were located after a period of time.

Judgment: Not compliant

Regulation 23: Governance and management

On the day of inspection the inspector found that there had been poor communication and lack of clarity in relation to the overall management of the centre.

- Staff had not been informed as to the start date in the centre of the person in charge who had a specific remit and responsibility under the Health Act 2007 for regulatory compliance.
- In addition, the inspector was informed that the RPR for the centre was now changed and a different person was now in the role.
- The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire.

Management systems were not sufficiently robust to ensure the centre was in compliance with regulations in relation to:

*the risk of fire

*infection control processes

*premises

*records.

These are outlined under the relevant regulations.

However, senior managers from the HSE attended the feedback meeting at the end of the inspection day.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications had been submitted for incidents specified in the regulations in a timely

manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded and investigated, where necessary.

Records of complaints, responses and outcomes were clearly documented.

This approach indicated a transparency and openness in complaints management.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required under Schedule 5 of the regulations for the sector were available and updated within the three-yearly time frame set out for review.

Policy guidelines were seen to reflect practices in the centre, for example, the nutrition policy and the policy on safeguarding older adults in designated centres.

Due to the fact that key personnel had been changed in recent weeks a number of policies such as the complaints policy will require updating in relation to the name of the complaints officer and other details.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through prompt access to health care services and opportunities for social engagement. However, the inspector found that improvements were required in the management of fire safety, infection control and in premises maintenance, under this dimension of the report.

The inspector found that residents appeared to be very well cared for and residents gave positive feedback regarding their lived experience and the care available in the centre. Staff supported residents to maintain their independence where possible and

residents' health care needs were well met. Residents had access to regular general practitioner (GP) services and to a range of other health care professionals which had continued throughout the pandemic. The GP reviewed residents' medicines on a three-monthly basis. This meant that medicines such as psychotropic (sedative) medicines were reduced when the maximum therapeutic effects were reached. Some dietitian reviews took place on the phone when the risk of infection was high. Residents in the centre also had access to psychiatry of older age and palliative services and were facilitated to attend outpatient services. The residents' assessment process was seen to involve the use of a variety of validated tools and care plans were found to be person centred and sufficiently detailed to direct care. A policy to inform the management of restraint was available and it was seen to follow the guidelines set out in the national restraint policy. This meant that alternatives to restraints such as low-low beds were attempted prior to the use of bed rails.

Staff in the centre monitored the symptoms of residents and staff for COVID-19 infection and had protocols in place for testing and isolating of a suspected case. Residents and their families were informed of tests and care plans were developed to support the changing needs associated with any suspected cases. Vaccinations against the virus had taken place for staff and residents. The contingency plan and preparedness for the management of an outbreak of COVID-19 had been recently reviewed and was seen to be a comprehensive document. A number of infection control practices were of a reasonable standard in that all staff wore masks as required and hand sanitisers were readily available. The centre was cleaned to a good standard in the downstairs area on the day of inspection. However, as previously outlined improvements were required in a number of infection control practices including appropriate staffing to ensure effective cleaning practices and the provision of clinical hand washing sinks, issues which were detailed under the relevant regulations in this report.

Fire safety in the centre required review as staff said that the weekly fire alarm test was not carried out which meant that the fire safe doors were not checked and reviewed. Staff also said that fire evacuation drills had not taken place in 2021. A number of staff spoken with were familiar with the system which was regularly serviced. However, recently employed staff required evacuation practice and familiarising with the system of evacuation from one compartment to the other.

The centre was undergoing an upgrade particularly painting of walls and ceilings, however some improvements were required in relation to aspects of the premises that posed a risk to the maintenance of the required infection control protocols in light of the COVID-19 pandemic. Accommodation was laid out over two floors with capacity for 15 on one floor and 16 residents on the other. Two single rooms were vacant and were kept for isolation purposes. Access between floors was serviced by both stairs and lift. Since the previous inspection the number of residents accommodated in the centre had decreased by seven. There were now 31 residents in the centre and all three bedded rooms had been reduced to double bedrooms. This meant that residents now had larger wardrobes and increased privacy and personal space within the bedrooms. In summary, the ground floor comprised one single and five twin rooms as well as one vacant single room. All of these rooms were equipped with a wash-hand basin, wardrobe, chair and lockable storage. There

was also one large well laid out four-bedded room on the ground floor that had an en-suite facility. On the first floor there were seven single rooms, three of which had an en-suite facility as well as four double rooms and one vacant single room. All bedrooms had a minimum of a wash-hand basin, lockable storage, a wardrobe and chairs for seating. Bathroom and toilet facilities were appropriately located throughout the centre. There was an assisted bath available on each floor, however these were used for storage of excess items preventing ease of access. Assistive equipment such as overhead hoist equipment was available to residents. The kitchen on the ground floor was appropriately equipped to deliver a catering service to residents. There was one large day-room on the ground floor which was furnished with seating to watch TV, listen to music or enjoy the scenery, as well as a visitors' room. Two small sitting rooms had been made available upstairs which provided alternative seating areas outside of the bedroom spaces. However, dining space was still limited and only available in the downstairs section. The inspector saw that a maximum of seven or eight residents attended the new dining room for dinner and the room was not used for the evening meal. For this reason the inspector found that the social gathering of mealtimes was not fully optimised for residents' enjoyment.

The inspector found that residents were consulted about how the centre was run and were enabled to make choices about their day-to-day life in the centre. There was evidence that the centre and residents who lived there were central to the local community, with local school children visiting and entertainment groups and pet therapy facilitated when this could be safely arranged or held outdoors. Advocacy services were accessible to residents as required. Staff spoken with were found to be very knowledgeable about resident's likes, past hobbies and interests which were generally documented in activity assessments so that they could provide social stimulation that met resident's needs and interests. There were systems in place to safeguard residents from abuse and training in this aspect of care was delivered annually.

Regulation 11: Visits

Indoor visiting had recommenced in line with the Health Protection and Surveillance Centre (HPSC) guidelines. The centre had always facilitated visiting on compassionate grounds and visits at the window during the COVID-19 lockdown period. Residents also kept in touch with their families using mobile phones, WhatsApp and video technology.

Judgment: Compliant

Regulation 12: Personal possessions

New double wardrobes had been supplied to all residents since the previous inspection. Residents consequently had more space for personal possessions which were stored in their personal lockers and wardrobes.

A number of residents preferred to store some belongings in bags and this difference and preference was supported by staff and by the provision of shelving where necessary.

Judgment: Compliant

Regulation 13: End of life

Residents' end of life wishes were recorded and there was evidence seen by the inspector that this care was professional, kind and supportive to relatives and residents.

Judgment: Compliant

Regulation 17: Premises

The inspector found that there were a number of issues to be addressed to bring the premises into compliance with the regulations as follows:

- The washing machine and tumble drier required relocation out of the clinical nurse manager's office.
- The flooring required replacement in a number of areas as it was very worn and consequently look stained.
- The ceilings, woodwork and walls required repainting where paint had been scraped off and not yet repainted in large sections. This lent an unkempt appearance to the ceilings, walls and some pipe works. This scraped-off paint had been left on the floor presenting a difficult cleaning job for staff. Spatters of the paint had dried into the flooring upstairs despite the best efforts of the already understaffed housekeeping cohort.
- The bathroom where the bath was located was used for excess storage of hoovers, buffers, hairdressing equipment, wheelchairs and a hoist. This meant that the bath could not be used due to inaccessibility.
- In general there was a lack of storage space in the centre for essential equipment.
- No resident attended the dining room for their evening meal and two sittings had yet to be arranged for dinner time where a maximum of 12 residents could be safely seated in the dining room with social distance maintained.

Judgment: Not compliant

Regulation 26: Risk management

Risks in the centre had been assessed and there was a comprehensive risk register in place including an assessment of the risks presented by the COVID-19 pandemic.

The health and safety statement had been updated.

Judgment: Compliant

Regulation 27: Infection control

There were issues found in the centre which impacted on safe infection control practices :

For example:

- On the day of inspection there was only one staff member on duty for cleaning and housekeeping duties. This staff was assigned to work in the downstairs of the centre only on that day and was required to help in the kitchen also from 10am until 2pm. This meant that there were only 6 hours at the most available for cleaning all the rooms, toilets, sluices, showers and floors in the downstairs of the centre.
- There was no staff member assigned to do any cleaning duties upstairs on the day of inspection.
- The skuffed paint work prevented effective cleaning.
- The lack of hand washing facilities presented an infection control risk in the sluice rooms.
- Urinals were not suitably stored within bedrooms.
- A suitable cleaners' room was required for the housekeeping staff to be equipped with suitable storage, a suitable janatorial sink and a hand washing sink.

The inspector was not assured that this system of housekeeping and cleaning process was sufficient in this era of COVID-19 where rigorous cleaning procedures were required in line with the HPSC guidelines for the prevention and control of an outbreak of the virus.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire.

- There were no fire drills undertaken in the centre since January 2021. Consequently many new staff had not taken part in a fire drill in the centre.
- The inspector was not assured that residents could be safely evacuated in the event of a fire in this two storey old building, as there was no evidence that full compartment evacuations had been completed regularly.
- The fire alarm had not been tested weekly as required and fire doors had not been checked since January 2021: Whenever the fire alarm was tested the fire safe doors closed automatically which gave staff an opportunity to ensure that they were all working and that their closure was not impeded in any way.
- The annual fire training for all staff was due for the current year.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

- Care plans were compiled with residents' involvement.
- They were detailed and indicated that a range of assessments were undertaken for residents. This included a comprehensive pre-admission assessment to inform staff of residents' needs.
- The clinical assessments informed a range of comprehensive care plans.

Judgment: Compliant

Regulation 6: Health care

- The health care needs of residents were attended to promptly.
- Residents had access to medical care on a daily basis which residents found reassuring.
- Residents had access to appropriate medicines, an attentive pharmacist and their medicines were professionally managed by nursing staff.
- Additional health care personnel including, dietitian, speech and language therapy (SALT), dental, optical, physiotherapy, occupational therapy (OT) and podiatry were also accessible to residents. Input from a number of these professionals was seen in the care plans and doctor's notes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The majority of staff were trained in the updated knowledge and skills in managing the behaviour and psychological symptoms of dementia (BPSD).

One person with dementia was found to be at very high, "serious and actual" risk of absconson from the centre. An updated risk assessment and care plan had been developed for the resident and the nurse in charge stated that all staff had been made aware of the heightened risk.

Judgment: Compliant

Regulation 8: Protection

The provider had made every effort to protect residents from abuse by regular training of staff, zero tolerance of abusive interactions and investigating any allegations raised by staff, residents and relatives.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were very confident when speaking with the inspector. There was evidence that the rights and diversity of residents were respected and promoted. Activities were undertaken which interested and engaged residents. Gardening, bingo, art, quiz, singing and mass were some of the activities discussed with the inspector.

Residents said that they had a choice of when to get up go to bed, what to wear and what and where to enjoy their meal. Visitors were welcome and residents were supported to make private phone calls. Mobile phones were seen to be plugged in to charge and staff were heard to engage with residents in a respectful and dignified manner. Residents were well dressed in their individual styles and their hobbies and past lives were known to staff and supported by the pictures, care plans, books and conversations in the centre. Community involvement was evident and staff said the local community were very supportive during the pandemic.

One resident pointed out the window in the direction of their previous home, and

said "I have a new home now".

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Youghal Community Hospital OSV-0000577

Inspection ID: MON-0033054

Date of inspection: 30/07/2021

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 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: The roster is designed to ensure that there is appropriate skill mix on duty to meet the needs of the Residents. As sick leave is an unplanned and unpredictable occurrence staff who are off duty are alerted to any deficits and duties are prioritized to ensure Residents’ needs are met. Following the reduction of beds a review of Staffing and roles has commenced in order to explore the division of the cleaning and catering assistant roster. The PIC ensures that residents who require 1:1 supervision is fulfilled with the aid of adequate staffing to meet their needs using a varied activity programme and technology such as wander guard to allow such residents freedom within the unit.</p> | |
| Regulation 21: Records | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: The required paperwork for the new PIC as well as notification regarding the change representative of the registered provider had been submitted to the regulator as per regulation 21. The new PIC is identified on the roster as of 26/08/2021. The PIC on the week of the inspection was identified on the roster in handwriting identifying the 2 senior Nurses who were in charge that week. The colour coding system has been adjusted to match the key document. The roster is populated to ensure all Resident’s needs are met including activity provision. The dedicated Activity Staff provide on average 25 hours per week of activity for residents. In addition an activity group attend on 1 day which will increase to 2 from September. A musician has also been sourced and will commence on Saturday afternoons once Garda vetting has been processed. As well as the 2 dedicated activity Staff members all staff have a responsibility to ensure Residents are entertained and occupied at all times and according to their wishes. All activities are recorded in a dedicated section of the Resident care plan. The Activity schedule will be reviewed 6</p> | |

monthly in consultation with Residents and displayed prominently. Annual review and training records will be kept in both hard and soft copy going forward in the Reception office.

Regulation 23: Governance and management

Not Compliant

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

The Regulator had been informed that a new PIC had been appointed as per regulation 23.

Risk of Fire: All fire equipment (alarm, emergency lighting smoke and heat detectors is serviced and inspected quarterly by the service provider. There is now a schedule in place where the fire alarm is tested weekly on Monday's and fire doors / closing mechanisms / emergency lights are checked and a record maintained. Fire doors, escape routes and position of firefighting equipment is checked daily. Fire training has been booked for dates in September and October to include both fire equipment and evacuation training. A Staff led evacuation has taken place in August where staff demonstrated good knowledge of procedures. This will continue on a monthly basis alternating different areas of the unit. At the request of the PIC the Technical Services Officer assigned to the unit has been onsite and will liaise with the allocated Fire officer who will do a site visit in early September and audit the unit from a fire safety perspective.

Infection Control Processes: While there was 1 cleaner on duty on the day of inspection the Multi task attendants who were also on duty have cleaning duties to perform. Furthermore a cleaning schedule for frequently touched surfaces has been assigned since the beginning of the pandemic. The CNS for infection control has been onsite since the inspection and her findings have been communicated to the office of the General Manager and Estates department. In consultation with the Technical services officer plans will arrange for plans to be drawn up to address the dirty utility rooms as well as provision of additional storage for medical, cleaning equipment and supplies. Furthermore a new storage facility currently being constructed on the grounds will address some of the space issues inside the building.

Premises: As per Standard 2.7 "The design and layout of the Residential Service is suitable for its stated purpose". There has been a recent reduction in bed numbers in Youghal Community Hospital and this has had a positive impact on the space available to meet the required needs of our Residents. A schedule for repainting the interior of the building is underway. A new storage facility is currently under construction which will alleviate some of the storage issues within the unit. The maintenance department has done a review of the flooring and will revert with a programme of works to address same. A new laundry facility is to be relocated to another area in consultation with Estates and will be part of the wider works which will take place. Residents are

encouraged to use the dining room and while being mindful of residents choice Staff endeavor to enhance the dining experience.
 A feasibility study has taken place regarding the provision of a new purpose built CNU and this project is at an advanced stage.

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| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Premises: As per Standard 2.7 "The design and layout of the Residential Service is suitable for its stated purpose". There has been a recent reduction in bed numbers in Youghal Community Hospital and this has had a positive impact on the space available to meet the required needs of our Residents. A schedule for repainting the interior of the building is underway. A new storage facility is currently under construction which will alleviate some of the storage issues within the unit. The maintenance department has done a review of the flooring and will revert with a programme of works to address same. A new laundry facility is to be relocated to another area in consultation with Estates and will be part of the wider works which will take place. Residents are encouraged to use the dining room and while being mindful of residents' choice Staff endeavor to enhance the dining experience.
 A feasibility study has taken place regarding the provision of a new purpose built CNU and this project is at an advanced stage.

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| Regulation 27: Infection control | Not Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The PIC ensures that procedures are in place consistent with the standards to prevent and control health care associated infections. These controls include 1.training in the areas of handwashing, breaking the chain of infection, correct and appropriate use of PPE where 100% of staff are compliant. 2. There is access to CNS in infection prevention and control as well as a fully trained link practitioner within the staffing compliment. 3. Three members of our support staff have completed clean pass training and they in turn have provided training to all other staff in correct cleaning procedures and correct use of products. 4.The CNS in Infection prevention and control has completed a full inspection of the site and is currently liaising with local management and Estates department to progress and resolve the current issues related to the dirty utilities and storage and provision of a cleaner's room on each floor. 5. A review of how the role of the MTA / cleaner / kitchen assistant can be adjusted within the current whole time equivalent is currently underway. 6. The storage of urinals has been reviewed by Nurse

Management to ensure that they are now stored appropriately and safely.

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| Regulation 28: Fire precautions | Not Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire equipment (alarm, emergency lighting smoke and heat detectors are services and inspected quarterly by the service provider. There is now a schedule in place where the fire alarm is tested weekly on Monday's and fire doors / closing mechanisms / emergency lights are checked and a record maintained. Fire doors, escape routes and position of firefighting equipment is checked daily. Fire training has been booked for dates in September and October to include both fire equipment and evacuation training. A Staff led evacuation has taken place in August where staff demonstrated good knowledge of procedures. This will continue on a monthly basis alternating different areas in the unit. At the request of the PIC the Technical Services Officer assigned to the unit has been onsite and will liaise with the allocated Fire officer who will do a site visit in early September and audit the unit from a fire safety perspective to provide assistance and guidance on fire management in the centre. There is now a weekly schedule for testing the fire alarm and the fire doors. Signage is in place throughout the unit to denote the location of fire points and equipment and means of escape.

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 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow | 30/11/2021 |
| Regulation 17(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Not Compliant | Orange | 31/12/2021 |
| Regulation 17(2) | The registered provider shall, having regard to | Not Compliant | Orange | 30/11/2021 |

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| | the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | | | |
| 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. | Not Compliant | Orange | 26/08/2021 |
| Regulation 23(b) | The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. | Not Compliant | Orange | 26/08/2021 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Not Compliant | Orange | 26/08/2021 |
| Regulation 27 | The registered provider shall ensure that procedures, | Not Compliant | Orange | 30/09/2021 |

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| | consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. | Not Compliant | Orange | 31/10/2021 |
| Regulation 28(1)(c)(iii) | The registered provider shall make adequate arrangements for testing fire equipment. | Not Compliant | Orange | 26/08/2021 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, | Not Compliant | Orange | 31/10/2021 |

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| | containing and extinguishing fires. | | | |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 30/09/2021 |
| 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 practicable, residents, are aware of the procedure to be followed in the case of fire. | Not Compliant | Orange | 30/09/2021 |