



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Kinsale Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Rathbeg, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	14 April 2021
Centre ID:	OSV-0000584
Fieldwork ID:	MON-0032546

About the designated centre

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

Kinsale Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Kinsale town. It was originally built in the 19th century and it has been refurbished and upgraded throughout the years to provide residential, respite, convalescence and palliative care to the population of Kinsale and the surrounding areas. The centre provides accommodation over two floors and parts of the centre has been completely renovated upstairs and downstairs. Overall the centre is registered to provide care to 40 residents and consists of eight single bedrooms, two twin bedrooms, four three bedded rooms and four four bedded rooms. Communal accommodation consists of a dining and a sitting room on the first floor. On the ground floor there is a dayroom/conservatory which is a multi functional room used for dining, as a day room and for activities. A quiet room for families has been recently added in the newly renovated convent area of the centre. There are two new seating areas available one upstairs and one downstairs recently created following an extension to the fire stair extension to the centre. There are well maintained external gardens for resident and relative use which can be accessed via the conservatory. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. The centre provides 24-hour nursing care with a minimum of five nurses on duty during the day and two nurses at night time. The nurses are supported by the person in charge, nurse managers, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents. The centre has the services of a physiotherapist and there is a physiotherapy room in the centre. Occupational therapy, chiropody, dietetics, and speech and language therapy is also available in the centre as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

27

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 14 April 2021	10:00hrs to 17:00hrs	Noel Sheehan	Lead
Wednesday 14 April 2021	10:00hrs to 17:00hrs	Abin Joseph	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. It was evident from observations on the day and from what residents told the inspectors, that despite the restrictions imposed to keep residents safe during the COVID-19 pandemic, the residents had a good quality of life. They were provided with services as set out in the statement of purpose. The centre strongly promoted independence and mobility of residents and inspectors noted that the majority were up and about the centre throughout the day and were supported to carry out activities of daily living as independently as possible.

On arrival to the centre inspectors were appropriately risk assessed for COVID-19 which included temperature monitoring, hand hygiene, signing in and application of personal protective equipment. The reception area of the centre was bright and nicely decorated. Inspectors were received by the clinical nurse manager 2 (CNM 2), who was working as acting director of nursing (DON) in the absence of PIC at the time of the inspection. Following an opening meeting, the acting DON accompanied the inspectors on a tour of the premises where the inspectors met and spoke with residents in their bedrooms and in the communal areas.

The centre had been reconfigured from 38 to 27 bed capacity in response to COVID-19 pandemic and allow for sufficient social distancing. There were no four bedded rooms in the centre on the day of inspection. Inspectors observed the ongoing building works adjacent to the centre. Builders were working in a self-contained area. The acting DON reported and inspectors observed that the dust and the noise level were kept to the minimum and did not adversely affect the residents or running of the centre.

The overall feedback from residents was that this was a nice place to live and staff were found to be kind and caring. The inspectors met with a large number of residents present on the day of the inspection and spoke in more detail with 13 residents. In addition inspectors met with some families on visits who said they were very happy with the lifting of visiting restrictions.

A number of residents showed great interest in talking to the inspectors and sharing their lived experience in the centre. Residents confirmed to inspectors that they felt safe in the centre and that they were satisfied with their living arrangements. Inspectors observed some residents who were sitting outside in the garden and enjoying morning sunshine. Residents inspectors spoke with praised the staff and commented that they were kind and caring. A number of residents spent their day in the conservatory and all were free to move about in the centre. At the same, time some residents were sitting out in comfortable chairs or resting in beds in their own bedrooms. Inspector spoke with a resident who was walking independently through the corridor, mentioned that her walking frame is her best companion and helps her to move around freely. A number of the residents had their meals in the conservatory area on the ground floor and in the dining are on the first floor and

any residents that wished to eat in their bedroom could do so. Inspectors observed some residents, who were enjoying their lunch their bedrooms and saw that they were adequately attended to.

The inspector observed communication between staff and residents, and found that their interactions were kind and respectful. Inspectors saw that staff knew the residents well and the atmosphere in the centre was calm and relaxed. Residents looked comfortable, neatly dressed and well-groomed. Staff were seen to respect residents' rights, including their right to privacy and choice. Staff were observed assisting the residents in a kind manner and ensuring their dignity was maintained at all times.

There was a well maintained enclosed garden where residents could go out and enjoy the fresh air. The back garden was nicely paved and seating arrangements were there for the residents. Inspectors observed, staff encouraging and assisting residents out to the back garden in the afternoon. Some residents who did not wish to go out to the garden were facilitated to go back to their bedrooms as requested. Residents were very complimentary about the food they received in the centre. A designated health care assistants (HCA) who was supporting residents with the social activities on the day of inspection.

One the day of inspection inspectors observed that the residents were facilitated to attend in house mass. Approximately 12 residents attended this mass. Inspectors spoke with residents before and after the mass and they were delighted to attend in house mass after a long time. Mass took place in a well-lighted and nicely decorated conservatory with a nice view of back garden. The conservatory was also set up with a large television where residents could also watch mass on TV during COVID-19 restrictions.

Routine COVID-19 swabbing for staff were ongoing on the day of inspection. CNM2 reported that 2 visits per residents per week was facilitated in the centre. Inspectors observed residents receiving a visitors in their bedroom. In addition, there was two designated rooms organised for residents to receive their visitors in a safe manner. In addition, residents who were receiving end of life care or palliative care facilitated with more flexible and enhanced visiting options.

A temporary corridor was created in front of the rooms that were currently closed off for renovation. This corridor gave access to a shower, disabled WC, store room sluice room and a sitting room. The toilet and shower in this area was used by residents in St. Antony's ward. The sitting room in this area was currently used for receiving visitors on the ground floor. The external entrance to this area was set up with personal protective equipment (PPE), waste disposal bins, thermometers and visitors log book. St. Paul's ward at the end of this temporary corridor was used as store room and it was not closed off. This posed the risk of residents wandering into an unsafe area.

There was a hoist stored on the ground floor, in front of the lift. Similar finding of items stored in the corridor was noticed in several areas of the centre. A number of items such as trolleys, care plan cabinet, medicine return box, blood pressure

apparatus, wheel chairs were left unattended on the corridor throughout the day which that paused a slip, trip and fall hazard to the residents.

Inspector observed 'policy of the week- hand hygiene' was displayed on a table in the corridor for staff's reference. On the day of inspection approximately 10 nurses were attending new care plan training. This training was provided to the staff as a part of their plans to introduce a new care pan format for the centre.

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

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the regulations. Overall, the inspector found that residents received a good standard of care that met their assessed needs. The systems in place ensured that residents' well-being was promoted and residents lived as independently as possible. There were effective governance and management arrangements in place to support the provision of a safe service. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs.

Kinsale community hospital was a residential care setting operated by the Health Services Executive (HSE). The person in charge had transferred to another centre three weeks prior to this inspection and a new person in charge (PIC) was expected to commence duties on 26 April 2021. The CNM 2 was supported in her role by another CNM, staff nurses, health care assistants (HCA), multi-task attendants, catering staff and administrative staff.

The management team were proactive in response to issues as they arose and most of the required improvements from the previous inspection had been implemented in the areas of regulation 05, individual assessment and care planning; regulation 16, staff training; regulation 17, premises and regulation 09, residents rights. Overall, the findings on this inspection demonstrated that while there was a commitment to quality improvement, ongoing changes in the management team paused challenges to maintain an effective oversight of quality of service provided in the centre. Some improvements were required in the areas of notification of incidents, fire precautions, staff training, risk management and infection control. Moreover, due to the recent and current absence and ongoing change of PIC in the centre, there was lack of continuity to the quality improvement plan in the centre.

The centre was undergoing a major building extension, renovation and reconfiguration program at the time of inspection. The bed capacity in the centre was significantly reduced from 39 to 27 to facilitate social distancing in multi-occupancy rooms and as a part of ongoing building works. Further improvements were required in relation staff training and notification of incidents. The statement

and purpose of function and floor plans did not reflect the current configuration of the designated centre. Inspectors requested that the registered provider to submit revised and purpose of function and floor plans and apply to vary conditions of registration to reflect the reduction in capacity to 27 beds.

Even though there was evidence of regular meetings at different managerial levels to ensure proper management of the centre, there was no record of meeting any involving PIC and registered provider representative (RPR) in the recent past. The last documented teleconference between PIC and General Manager was on 13 November 2020. PIC met with CNMs on regular basis on as evidenced by the minutes of the meeting on 10 December 2020, 12 February 2021 and 24 February 2021, as reviewed by inspectors. The day to day management topics of the centre including infection control, residents' move and new building were discussed in these meetings. The centre remained COVID-19 free during the pandemic. The centre had a good contingency plan in place which was recently reviewed on 1 February 2021. Fortnightly staff COVID-19 swabbing was completed on the day of inspection in line with health surveillance and protection centre (HPSC) guidance.

It was noted that staff had completed precautionary COVID-19 training in areas such as hand hygiene, personal protective equipment (PPE) training and breaking the chain of infection. The training matrix reviewed by the inspector indicated that the centre is committed to provide mandatory trainings and various additional trainings to enhance staff skill and knowledge. However, there were gaps seen in the provision of mandatory training for a small number of staff. The acting person in charge fully aware about this and was prioritising them for the next available trainings. For example a fire extinguisher and evacuation training was scheduled for 16 April 2021.

Inspectors saw evidence of a good audit and quality management system. Inspectors found schedule of audits for the year 2020 and 2021. There was a system of data collection, data analysis and action plan developed to improve quality. However, some of the issues identified through centre's audit system were not followed up. Inspectors saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken for the year 2020 by the management team in accordance with the standards. A copy of this review was made available to the inspectors. Annual review included a number of achievements in 2020 and improvement plan for 2021.

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. However, an allegation of staff misconduct was not notified to the office of the chief inspector in line with regulation 31. All accidents and incidents that took place in the centre were recorded in national incident management system (NIMS) forms. Sample NIMS forms reviewed by inspector indicated that appropriate actions were taken following the incidents.

A sample of staff files examined showed that documentation relating to Schedule 2 of the regulations pertaining to staff were in place including vetting in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012. Improvements were noticed in the system of staff appraisals, performance coaching

as per the three sample staff files reviewed during the inspection. The management team ensured that staffing levels were reviewed on an ongoing basis so that the numbers and skill-mix were sufficient to meet the assessed needs of residents. The inspector saw good communication and engagement between staff and residents. Staff were seen to be caring and responsive to residents' needs.

Staffing levels were adequate to the size and layout of the centre. Staff understood their role in a social model of care and took time to engage with residents in a social way. This was evident in practice and many residents were observed to be engaging with staff and fellow residents throughout the day of inspection.

Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff is appropriate having regard to the needs of the residents assessed needs and the size and layout of the designated centre. The staffing in this designated centre included at least three registered nurses on day shift and 3 registered nurses on night shift. There was adequate number of health care assistants (HCA), multi-task attendants (MTA) and catering staff available in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to offer staff a full suite of relevant and mandatory trainings. A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. Staff were adequately supervised in their duties, and their roles and responsibilities were clear. New staff were given a period of induction. There was evidence of staff appraisal and performance improvement plan for the staff. However there were gaps seen in the provision of mandatory training for a small number of staff and the person in charge was prioritising them for the next available training.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors noted that residents were referred to as 'patients' in a number of records reviewed which is disrespectful.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors requested the provider to submit an updated statement of purpose and function and floor plans to reflect the actual configuration on the ground on the day of inspection. The provider agreed to this and will submit an application to vary conditions of registration to reflect these changes. Some of the issues identified through centre's audit system were not followed up appropriately by the management team.

- There was number items stored or left unattended in the corridors posed risk of slip, trip and fall hazard to resident
- Access to one of the bedrooms currently used for storage was not restricted and this posed a risk of residents wandering into an unsafe area.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An allegation of staff misconduct was not notified to the chief inspector in line with regulation 31.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. The complaints procedure was prominently displayed in the main entrance area. The complaints procedure identified the nominated complaints person and summarised the appeals process in place. The complaints log was reviewed by the inspector. Complaints were comprehensively documented, there was evidence that they had been dealt with appropriately and had sufficient detail of the investigation conducted. The responses and satisfaction of the complainants were documented. Lessons learnt were a feature of the complaint log and how this learning was shared.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents gave very positive feedback regarding all aspects of life and care in the centre.

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and that 11 residents were accommodated upstairs, and 16 downstairs. The centre in its current configuration meets residents' individual and collective needs in a comfortable and homely way. Overall the premises was very bright, clean and well maintained. There was plenty of communal space including outdoor areas for residents to enjoy. The centre had been reconfigured from 38 to 28 bed capacity in response to COVID-19 pandemic and allow for sufficient social distancing. The statement and purpose of function and floor plans did not reflect the current configuration of the designated centre. Inspectors requested that the registered provider to submit revised and purpose of function and floor plans and apply to vary conditions of registration to reflect the reduction in capacity to 27 beds.

Residents had access to a secure outdoor area and shared access to small TVs in the multi-occupancy rooms. Resident's privacy and dignity was maintained in so far as practicable in the three bedded multi-occupancy rooms with curtains around each bed. The rooms were sufficiently spacious for the needs of the present occupants who were up all day, and the beds were configured to afford additional space. Toilets and assisted shower rooms were seen to be clean and spacious with adaptive and assistive devices such as, grab-rails and shower chairs, in place.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. On admission, residents are comprehensively assessed and these assessments form the basis of care plans to guide care for each resident. A sample of care plans reviewed by the inspectors were person-centred and individualised. Residents had good access to nursing and medical care and were referred as appropriate to allied health and specialist services.

The centre had a system in place for the management of residents' medications. The controlled drugs were kept in a double locked cabinet and stocks were checked and signed off by two nurses at the end of each shift. The centre had system in place to return the unused and out of date medications to the pharmacy in safe manner. A four monthly medication reviews were conducted by the GPs, pharmacist and the CNM2. There was a system in place to check monthly supply of medications

from the pharmacy. There was a small stock of medication such as hyoscine and hypnovel were kept in the centre for the emergency use. However, record of these stock medicines were not available for one section of the centre on the day of inspection.

The centre had a good system in place to manage the residents with challenging behaviours. The sample care plan reviewed by the inspector indicated that the triggers and interventions to manage the behaviours were clearly recorded. There was evidence of family consultation in this care plan. 'PINCH ME' (pain, infection, nutrition, constipation, hydration, medication, environment) tool was used for the assessment of delirium. In addition, there was a special care plan to support the safe care in the event of COVID-19 outbreak for responsive behaviour.

Mealtimes were seen to be social occasions and most residents had their meals in the dining room. The chef and kitchen assistant served food at mealtimes to each of the residents individually, regardless of whether they had their meals in the dining room or living room. Because of this, catering staff were familiar with the individual dietary needs of each resident and of their individual likes and dislikes. Food was attractively presented. Staff were seen to assist residents appropriately and conversed with the residents throughout the meal.

The Inspector acknowledged that residents and staff living and working in centre has been through a challenging time. At the time of the inspection they had been successful in keeping the centre COVID-19 free. Staff attended for serial testing on a fortnightly basis and was happening on the day of inspection. There was a COVID-19 emergency plan and a policy in place which the Inspectors reviewed, which was comprehensive, and included all relevant information.

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures were in place to help prevent and manage an outbreak of COVID-19. Staff were mostly following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Good practices were observed with hand hygiene and social distancing, and signs were in place to remind residents and staff of their responsibilities. Residents were closely monitored for any deterioration in their health and well being or any indication of infection. Staff monitored the residents for symptoms of COVID-19 in line with Public Health guidance. A detailed COVID-19 contingency plan was informed by a comprehensive risk assessment. Individual risk assessments were in place for residents which were updated regularly. A safety pause occurred every day in the centre to alert staff of any potential risks with regard to care or the centre.

Staff were knowledgeable regarding residents needs and provided care in a dignified and respectful manner. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was an induction system in place for all newly appointed staff which covered all aspects of the service requirements. Adequate staff training was in place all staff with a particular focus on infection prevention and control, in response to the COVID-19 pandemic. Observations of the Inspector were that training was effective and that staff were

compliant with recommended infection prevention and control practice.

Staff were found by the inspector to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met individual resident's needs and interests.

There was evidence of consultation with residents and relatives through residents meetings and satisfaction surveys. Inspector reviewed the minutes of the residents meetings held July and September 2020. There was evidence of frequent email communication between the centre and the relatives regarding various subjects such as COVID-19 visiting updates and ongoing building extension and renovation. Inspector reviewed two sample email dated on 22 March 2021 and 26 February 2021 regarding visiting and building works respectively.

Regulation 11: Visits

Visiting arrangements had been arranged in line with level 5 restrictions prior to the inspection and Inspectors were told how visiting was permitted for in compassionate circumstances. Window visits were facilitated and residents were encouraged to maintain contact with family via telephone and video calling during this time.

On the day of inspection level 5 restrictions had been lifted and residents were fully supported by management and staff to have 2 visits by family and/or friends per week. Inspectors observed a number of visitors arriving in the centre throughout the day. Visiting facilities consisted of separate visitors room on each floor that were directly accessible from outside. A number of residents expressed their delight at this development and said that they looked forward to less restricted visiting as the summer progresses. Relatives also described being supported by have window visits during the level 5 restrictions and now being able to meet face to face in the 2 visitor rooms. Residents and relatives described how they were also supported to phone and face time their relatives. In addition management compassionate visiting was supported at all times throughout the COVID-19 pandemic.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms. Many bedrooms were seen to be personalised with photographs and items residents brought in from home.

Judgment: Compliant

Regulation 13: End of life

Records indicated that end of life preferences were discussed with residents and their relatives and these were facilitated. There was regular Church services in the centre. Other religious preferences were also facilitated. There was good access to palliative care services when required. As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. All residents' care plans were up-to-date regarding wishes if they became unwell due to COVID-19.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The building was well constructed and maintained. Provisions were in place to address health and safety hazards including call-bell systems and grab rails where necessary. Parking adequate to the service was available on site.

The centre had been reconfigured in response to the COVID-19 pandemic and further works had commenced in the adjacent site to provide a homely environment for the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with attractively presented and nourishing food of which there was at choice at each mealtime. Drinks and snacks were available and offered to residents throughout the day. Residents nutritional status was monitored through regular weighs and the use of a malnutrition screening tool. Referrals were made to dietetics and speech and language services when required and advice and recommendations were incorporated into care plans.

Mealtimes were seen to be social occasions with all of the residents attending the dining room for all meals and staff also in attendance there. The tables were attractively set and there was a good menu choice available and residents were very complimentary about the food, the choice and the service. Residents were

supported to be as independent as possible with a number of residents using implements such as dysphagia cups, plates with edges, specially adapted spoons etc. The majority of residents ate in the 2 dining rooms and residents who chose to eat in their rooms were fully supported to do so.

Judgment: Compliant

Regulation 26: Risk management

The risk register was recently updated to ensure the information available was current. The COVID-19 preparedness plan and documents showed that risks associated with the impact of COVID -19 were identified and additional control put in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Infection control

There was an infection prevention control policy in place which had been recently updated and included the current guidance of the Health Protection and Surveillance Centre (HPSC). Overall, staff demonstrated good infection prevention and control practices. Additional cleaning procedures and were in place and being monitored by management. The centre was clean throughout. Staff were participating in the fortnightly screening for COVID-19. Staff told the Inspector that they were supported and had received training specific to COVID-19, and they expressed confidence in relation to how the centre was being managed.

A limited number of staff were noted not to wear face masks in circulation areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in the following areas:

- Emergency lighting, fire fighting equipment and a fire detection and alarm were not being serviced at the appropriate times.
- While a number of staff were able to articulate fire evacuation procedures, Inspectors were not assured that the registered provider had made adequate arrangements for evacuating, where necessary in the event of a fire, of all persons in the designated centre. Scenarios identified by inspectors, such a

evacuations at night time or weekends had not been tried. Fire drills records seen by inspectors did not record the time taken to evacuate a compartment successfully.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Record of a small amount of emergency stock medicines such as hyoscine and hypnovel were not available for one section of the centre on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were generally comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. Training for nursing staff was taking place on the day of inspection in advance of moving to new template format of care plans that was being rolled out by the HSE.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met. There was evidence of very good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, and podiatry as required. The inspectors were satisfied that staff supported residents to maintain their independence where possible. There was evidence of good access to medical staff with regular medical reviews in residents files. There was evidence that residents were supported by geriatrician and palliative care services. In relation to COVID-19, there was evidence of liaison with the public health. Residents had access to a range of allied health professionals which had continued throughout the pandemic. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met this was particularly relevant to residents who had lost weight. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Residents in the centre also had access to

psychiatry of older life and attendance at outpatient services was facilitated. Further input from physiotherapy services was in place and was part of the supports in place to further benefit residents mobility.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had relevant training on dementia and responsive behaviour. One the day of inspection none of the residents were on any restrictive practices. The centre had a good assessment and care plan system in place for residents with challenging behaviour. Triggers and interventions to manage behaviours were clearly set out in the sample care plan reviewed by the inspector.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Many residents went out accompanied by their families. Residents were consulted with on a daily basis by the management team and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed.

A programme of appropriate activities were available. The inspector saw a number of different activities taking place including religious services. The person in charge and management team had placed a great emphasis on person-centred care and the importance of social care. Training was provided to the staff and care plans reflected resident's likes, dislikes and wishes. Residents were encouraged by staff to go outside and an awning was folded out in the afternoon for those to chose to sit out. Inspectors noted a number of residents mobilising independently in the garden area throughout the day

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kinsale Community Hospital OSV-0000584

Inspection ID: MON-0032546

Date of inspection: 14/04/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>There is ongoing programme of training to support staff in providing evidence based person centred care. Staff identified with Mandatory training outstanding had been booked for the next available training.</p> <p>Fire equipment and fire evacuation training booked prior to inspection have taken place on 16th April and 29th April. All staff have completed mandatory fire training on 29th April.</p> <p>Care plan training by the Clinical Development Co-ordinator took place on the 14th April and 24th May.</p> <p>A second Clinical Nurse Manager commenced on the 19th April to support ongoing training and development of staff to enhance resident care.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>New care plans are being introduced with comprehensive assessment around the residents individual assessed needs. The Clinical Development Co-Ordinator provided training on the new care plans which addresses the language used in the care plans which is holistic, person centred and captures a picture of the resident to enable better outcomes for care. New care plans will be switched over on the 1st July 2021</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a clearly defined Management structure in place to ensure the service provided is safe, appropriate and effectively managed.</p> <p>An updated statement of purpose and floor plans has been submitted to reflect the configuration of the building during the new building works.</p> <p>Items stored in the corridor and lift area have been moved and suitably stored.</p> <p>Restriction of access to areas in the building under construction have been identified and swipe access has been installed on the 31st May.</p> <p>Vi clarity audit tool is in place and deficits identified have an action plan built into the system with individual accountability, this includes a timeframe to action the shortcoming. The second Clinical nurse manager commenced on 19th April and will support the management team.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Kinsale Community Hospital has effective arrangements in place to manage risk and protect residents from the risk of harm.</p> <p>The learning post the HIQA inspection has been all incidents of misconduct are discussed with the Director of Nursing and reported in line with the regulations to the General Manager and HIQA as per regulation 31. A reporting system is in place to report incidents, to ensure Incidents are investigated and reviewed at Quality and Safety monthly meetings. Actions required are discussed and interventions to be undertaken have timeframe agreed for completion. There is an open culture for the reporting of incidents and the learning is shared.</p> <p>The risk register documents risks and the actions required to manage each risk. It is a live document and is reviewed on an ongoing basis</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Infection prevention & control practices in place to achieve the best outcome for the resident as per health Protection Surveillance Centre guidelines.
 Ongoing training of staff of infection control precautions and the wearing of protective personal equipment in all areas of Kinsale Community Hospital including staff recreational and changing areas. A staff member has completed the link infection control training and is responsible to oversee adherence to infection control guidelines in conjunction with the management team and infection control team. Ongoing Covid serial swabbing continues on a fortnightly basis.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Emergency fire equipment, fire fighting equipment and fire detection alarms quarterly serviced as per regulation guidelines and copies of this stored in fire register.
 Monthly fire evacuation drills completed with night time staffing levels and this includes recoding of the time taken to evacuate from a zone.
 Fire equipment and fire evacuation training have taken place on 16th April and 29th April
 All staff are up to date with mandatory fire training on the 29th April.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 There is an inventory of emergency stock medicines for all areas of Kinsale Community Hospital. The record for the upstairs section now available since 20/04/2021.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/04/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	20/04/2021
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.	Substantially Compliant	Yellow	05/05/2021
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	05/05/2021

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	29/04/2021
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	29/04/2021
Regulation	The registered	Not Compliant	Orange	29/04/2021

28(1)(e)	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.			
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication related interventions in respect of a resident, such record shall be kept in a safe and accessible place in the designated centre concerned.	Substantially Compliant	Yellow	20/04/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	05/05/2021