



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

Issued by the Chief Inspector

Name of designated centre:	Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital)
Name of provider:	Health Service Executive
Address of centre:	Mail Road, Dingle, Kerry
Type of inspection:	Unannounced
Date of inspection:	01 August 2023
Centre ID:	OSV-0000569
Fieldwork ID:	MON-0039144

About the designated centre

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

Ospidéal Pobail Chorca Dhuibhne (West Kerry Community Hospital) is a designated centre which is located on the outskirts of the coastal town of Dingle, Co. Kerry. It is a single storey facility that also accommodates the primary care public health service and community care day centre. It is registered to accommodate a maximum of 46 residents. The entrance to the centre is called the Croí (heart) and this is an expansive space with seating areas for residents and visitors to gather. The main dining room, oratory, quiet room and activities room are located here. The designated centre is set out in three wings: Ionad Bhreannainn with 22 beds and Ionad Eibhlis with 24 beds. Bedroom accommodation comprises single, twin and multi-occupancy four-bedded rooms, all with hand-wash basins; some bedrooms have en-suite facilities of shower, toilet and hand-wash basin while others share shower and toilet facilities. Each unit has a dining area, two day rooms and occasional seating areas by the nurses' station and along corridors. Residents have access a sensory room, and to paved enclosed courtyards with seating and garden furniture. Ospidéal Pobail Chorca Dhuibhne provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 August 2023	09:30hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspector met with many residents during the inspection, and spoke with two visitors. The inspector spoke with seven residents in more detail to gain insight into their experience of living there. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided. When asked, residents reported that they really enjoyed the music sessions that occasionally occurred, but aside from that, there was very little activity happening in the centre.

On arrival for this unannounced inspection, the inspector was guided through the centre's risk management procedures, which included a signing in process and hand hygiene.

An opening meeting was held with the clinical nurse manager (CNM) which was followed by a walk-about the centre with the CNM. There were 41 residents residing in Ospidéal Pobail Chorca Dhuibhne at the time of inspection.

The centre was a large single-storey building which also accommodated the mental health day service and community public health. The main entrance to the hospital was wheelchair accessible. Administration offices, the office of the person in charge and small quiet meeting room were located to the left, and staff changing facilities, primary care offices and Ionad Sibéal were on the right of the main entrance. Ionad Sibéal an eight bedded unit not currently registered. Orientation signage was displayed to guide residents to the two units of Ionad Bhreannan and Ionad Eibhlis to allay confusion and disorientation.

The central space beyond main reception had comfortable seating areas to relax. An Croí (The Heart) was a large room on the left and was used for larger groups activities. Access to the mental health day services was to the left. The main kitchen, laundry and other offices were located beyond An Croí. The activities room was on the right and one of the enclosed gardens was accessible through here. The oratory was located on the right of the corridor leading to the units. This was a beautiful room with hand-crafted wood altar and tabernacle; the priest was on site every Wednesday to say mass for residents. The main dining room was immediately in front of An Croí; this continued to be used by staff for their breaks. Both Ionad Bhreannan and Eibhlis were located to the right of the dining room. Both units were now secure (previously just Ionad Bhreannan was secure) and the code to access the units was displayed as part of the butterfly painting at the entrance to each unit. Residents reported that these doors were heavy and difficult to operate.

Both units were similarly set out and were self-contained regarding facilities which included the nurses station, clinical rooms, sluice rooms, dining areas and day rooms. Both units had access to enclosed outdoor gardens.

Residents accommodation was set out as follows: Ionad Bhréannainn 22 residents (single, twin and four bedded multi-occupancy rooms), Ionad Eibhlís 24 residents

(single, twin and four bedded multi-occupancy rooms). Some single bedrooms were personalised in accordance with residents' wishes and preferences; most twin and multi-occupancy four-bedded rooms were clinical and devoid of personalisation and did not reflect a homely residential care setting. While residents had accessible bedside lockers, most residents had very limited personal storage space comprising a single wardrobe for their clothing. Some residents had double wardrobes installed since the last inspection and said they were delighted with the additional storage space. One resident highlighted her new 'tallboy' unit with her mementos displayed on top; she said that she was delighted with the new furniture.

Overall, the premises was bright and easily accessible and the atmosphere was calm and relaxed. In general, staff were seen to actively engage with residents, have craic and a friendly word with residents when they were passing by on the corridor or during personal care delivery. Depending on the vernacular of residents, staff spoke with residents in Gaeilge or English depending on the resident and what they chose to speak. Some residents mobilised independently around the centre. One resident mobilised around but required ongoing reassurance and direction; staff guided the resident to the day room or chair placed on the corridor for her to sit and rest and offered her a cup of tea; some staff stayed a while and chatted with her.

Throughout the day the inspector observed that staff chatted with residents about the local news and local events, with the main topic of conversation being the upcoming all Ireland final. During the morning, afternoon and evening walkabouts, many residents were seen to remain in their bedrooms, with a maximum of three residents in the day room at any time. There were large white boards with the daily activities displayed; the range was very limited with newspaper reading and mass on the TV. There was no group activity scheduled or observed. While it was reported that all staff were responsible for social activation, the only activity observed was rosary at 12 mid-day facilitated by one of the nurses. Residents spoken with in their bedrooms said they sometimes went to the dining area for their meals but just came back to their bedroom as there was 'nothing happening'.

There were dining areas on both units; these comprised tables in open spaces which led to the outdoor gardens. These spaces were not suggestive of dining rooms or decorated to enhance a dining experience for residents. In all, the inspector saw six residents in each unit having their main meal in the dining room, the remainder had their meal in their bedrooms. While residents had choice regarding their meals, and complimented the quality of food served, all three courses were served together. Medications were administered after the main meal to ensure residents could enjoy their meal undisturbed.

Observation on inspection showed that staff had good insight into responding to communication needs and provided support to residents in a respectful and friendly manner. Residents had access to a computer and this was on a mobile unit which was observed to be used by residents; music streamed was age appropriate and residents who were seen to enjoy the variety of music played.

One resident was seen to be slightly disorientated as she asked to the location of her bedroom. The nurse explained that this would be unusual for the resident. The

staff guided the resident to their bedroom, completed an observation check and chatted to her in Irish and reassured her. The nurse completed other checks to rule out possible infection; all of which was done in a respectful and kind manner.

The physiotherapist was on site during the inspection providing individualised care to residents, mobilising them in accordance with their assessed needs and providing support and guidance to enable better outcomes for them.

Visitors were seen calling to the centre and some residents were taken out by their families; visitors were seen to routinely sign when taking their relative off-site and sign-in again upon return.

There were two enclosed outdoor gardens; both were accessible via day rooms and corridors. Beautiful murals were being painted on the walls of the enclosed garden of Ionad Bhreannainn; garden benches were painted different colours and brightened the garden. The second garden was accessible via Ionad Eibhlis, however, this was not as well maintained as the other garden.

The inspector observed that doors to clinical rooms such as clean utility and treatment rooms were on the latch preventing the closure mechanism from activating, enabling unauthorised access to equipment such as needles, medication and clinical waste.

There were three household cleaners' rooms; chemicals within these rooms were securely maintained. The layout and work-flows in the laundry had improved since the last inspection with clean and dirty laundry clearly demarcated. Laundry was segregated at source. The laundry staff described best practice regarding work-flows and work practices to prevent cross infection in line with the national standards for infection control.

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 provided.

Capacity and capability

Overall, residents and relatives reported that staff were kind, friendly and helpful, and observation showed that the clinical nurse manager knew all the residents and their care needs, and they conversed with her in a relaxed and familiar manner.

Ospidéal Pobail Chorca Dhuibhne was a residential care setting operated by the Health Services Executive (HSE). The management structure identified lines of accountability and responsibility for the service. The governance structure comprised the recently appointed interim general manager for the CH04 area of the HSE. However, action was required regarding the appointment of a person in charge who met regulatory requirements as specified in Regulation 14, Persons in Charge. The

person in charge had resigned their position in June 2023 and the provider had allocated the internal management responsibility for the centre to the clinical nurse manager, in the interim, while actively recruiting for a person in charge with the specified requirements as detailed in the regulations.

There was a newly appointed clinical nurse manager (CNM) to support the management structure. Off site, the service was supported by the clinical development co-ordinator, quality and safety adviser, infection control link nurse specialist and human resources.

Issues identified for action from the previous inspection were followed up and submission of notifications was addressed. Areas which remained outstanding from the last inspection were residents' access to appropriate personal storage space, residents' end of life care plans, assessment and care planning, the dining experience and dining areas available to residents, residents' lack of access to meaningful activation on a daily basis, aspects of infection control relating to the maintenance of the premises and maintenance of one of the outdoor gardens. Areas for improvement identified on this inspection included governance and management as aforementioned, medication management relating to subcutaneous fluid administration and fire safety precautions.

The annual programme of audit comprised a variety of clinical and observational audits with a monthly audit programme that supported the Quality and Patient Safety (QPS) strategy of Cork/Kerry Community Hospitals. Results of audits fed into the internal QPS meetings, which in turn fed into the regional QPS meetings facilitated by the general manager. Items such as incidents, accidents and complaints were discussed and the QPS meetings enabled information sharing between community hospitals to improve outcomes for residents. QPS meetings had set agenda items relating to key performance indicators, notifiable incidents and infection prevention and control as part of monitoring and oversight of the service. Incidents and accident logs were examined; these were reviewed and followed up by the clinical nurse manager.

Staffing levels were adequate to the size and layout of the centre. However, a review of staff allocation on the duty roster was required as issues were identified during the inspection relating to oversight and responsibility for the daily activities programme. While it was reported to the inspector that a designated activities person was being recruited at the time of inspection, residents continued to have little access to activities in accordance with their interests and ability. This was discussed further under Regulation 9, Residents' rights.

Regulation 14: Persons in charge

The registered provider had not appointed a person in charge who met the requirements of the regulations. The business of the designated centre cannot be carried on without a person in charge. Under the regulations, the person in charge has the responsibility for key areas of governance, operational management and

administration of a designated centre, including responsibility for the supervision of staff who provide care and support to residents.

Judgment: Not compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff mandatory training was up to date. There was good oversight of the training needs of staff and training was scheduled accordingly.

Judgment: Compliant

Regulation 21: Records

The following records were not maintained in line with requirements set out in Schedule 3, Records to be maintained in the centre in respect of each resident:

- the nurse had not signed, dated or timed treatment given in relation to commencement of subcutaneous infusions in line with professional guidelines
- antibiotic logs were not comprehensively maintained regarding type of antibiotic treatment or infection type.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some of the management systems in place were not sufficiently robust to ensure that the service provided was appropriate, consistent, and effectively monitored as follows:

- the registered provider had appointed a person to take charge of the centre who did not have the necessary post graduate management qualification as specified in the regulation; this was a repeat finding regarding the appointment of a person in charge who did not meet regulatory requirements
- lack of oversight of meaningful activation for residents on a daily basis
- risk was not assessed and mitigating actions put in place regarding unsecured clinical rooms, this was a repeat finding.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were submitted in accordance with regulatory requirements. Relevant staff were aware of their responsibilities regarding submission of regulatory notifications.

Judgment: Compliant

Quality and safety

In general, the atmosphere was relaxed and staff actively engaged with residents in a friendly and respectful manner and visitors to the centre were made feel welcome.

Oversight of residents' health care needs was good. Residents' health care needs were promoted by on-site access to their GP, health and social care professionals such as to speech and language and dietitian services when required, and other specialist care such as psychiatry of old age and palliative care.

Observation on inspection showed that staff had good insight into responding to residents' medical care needs. Care and support given to residents was respectful and relaxed. A sample of care planning documentation was examined and these showed mixed findings. The daily narrative reviewed showed really good monitoring of care needs as well as monitoring residents' responses to interventions. Some care plans contained valuable individualised information to inform personalised care, however, others were either incomplete or not completed. These were further discussed under Regulation 5, Individual assessment and care plan.

The national transfer letter was available as part of residents' care documentation when a resident required transfer to acute care or another institution to ensure they could be appropriately cared for in accordance with their assessed needs by the receiving facility.

A daily safety pause was facilitated to remind staff of issues such as residents at risk

of falls, skin integrity, absconsion, those on treatments other than routine medications such as eye drops, antibiotics or steroids.

The pharmacist attended the centre on a weekly basis. Notes in residents' medication management documentation showed comprehensive information from the pharmacist alerting staff to effects of some medications such as low calcium and potassium. The associated blood tests were scheduled accordingly to provide oversight to enable best outcomes for residents. Controlled drugs were appropriately maintained and records kept in accordance with professional guidelines. An antibiotic log formed part of the medication administration record; the purpose of this was to enable easy trending of treatments and responses to treatments, however, this was not routinely comprehensively completed to enable this. Medications requiring crushing were individually prescribed. The maximum dosage for PRNs as required medicines were detailed. Nonetheless, records maintained relating to subcutaneous solutions were not in keeping with professional guidelines.

As previously described, there was very little social activation for residents, and residents reported there was 'very little happening' in the centre. While some staff actively engaged with residents, in general, a nurse-led medical model of care was maintained where staff focused on residents' medical care needs. The CNM explained that social activation was the responsibility of all staff, however, this was not widely implemented into practice.

While residents gave positive feedback about the quality of food served, there were several issues identified relating to the dining experience for residents and these were further expanded upon under Regulation 18, Food and Nutrition and Regulation 17, Premises.

Following review of the recent National Standards for fire safety publication, additional fire safety doors were being installed at the time of inspection. The fire officer explained to the inspector that emergency floor plans would be updated when these remedial works were completed. Fire safety records showed that appropriate fire certification was in place for alarm tests, emergency lighting and fire safety equipment. Fire safety training was up to date for all residents with further training scheduled for September. Personal emergency evacuation plans were available for all residents and these showed residents' evacuation aids for day and night duty. Nonetheless, fire safety issues were identified on inspection and these were discussed under Regulation 28, Fire safety.

Regulation 10: Communication difficulties

Observation showed that residents with communication needs were supported to communicate freely and in accordance with their ability.

Judgment: Compliant

Regulation 11: Visits

Visiting was facilitated in line with July 2023 HPSC guidance. Visitors were welcomed to the centre by staff who were familiar with the routine of visitors regarding taking their relative off site. Visitors signed they were taking the resident out and chatted with staff regarding the plan for the outing. Another resident had a specialist appointment and staff assisted the relative with a wheelchair to enable a smooth transition to the car. Other visitors met with their relatives in the day room.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in twin and multi-occupancy bedrooms did not have access to appropriate personal storage space as the wardrobe space available comprised a single wardrobe. This was totally inadequate for a long-stay residential care setting. This was a repeat finding over all inspections.

Judgment: Not compliant

Regulation 13: End of life

Many residents had their advanced care directives completed detailing decisions made regarding resuscitation and transfer to acute care, however, associated end-of-life care plans were not in place for all residents with advanced care directives to direct staff to care for residents in accordance with their stated wishes and preference should they became unwell.

Judgment: Substantially compliant

Regulation 17: Premises

The following were repeat findings and action was required to ensure compliance with Schedule 6 of the regulations:

- while there was adequate dining space, the residents' main dining room continued to be used by staff and was not accessible to residents for their meals resulting in limited dining space for residents

- the dining areas on each unit were not suitably decorated in line with normal dining rooms due to the lay out and lack of ornamentation suggestive of a dining room; they did not have adequate dining tables to facilitate residents have their meals there
- most communal spaces were not decorated in line with a residential care setting or inviting places to go to meet up, chat and socialise.

Judgment: Not compliant

Regulation 18: Food and nutrition

Action was required to ensure residents had access to meals that were appropriately served:

- Mealtime was seen to be a perfunctory duty rather than an experience for residents to enjoy and savour. While residents had choice regarding their meals, all three courses were served together which was not in keeping with normal serving of one's meal. In all, the inspector saw only six residents in each unit having their main meal in the dining room, the remainder had it in their bedrooms.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Copies of transfer letter were maintained on site as part of residents' care documentation when a resident required transfer to acute care or another institution to ensure they could be appropriately cared for in accordance with their assessed needs by the receiving facility. Upon return to the centre, medical and nursing transfer letters were available to enable staff provide care in accordance with changes to the resident's care needs.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified regarding infection prevention and control and required action:

- many of the protective surfaces of furniture, doors, and hand rails on

- corridors were worn so effective cleaning could not be assured
- paintwork though out the building was chipped
- some handwash sinks were unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure appropriate fire safety precautions as follows:

- while fire drills and simulated evacuations were completed as part of fire safety training, regular evacuations were not undertaken to be assured that all staff could respond appropriately and in a timely manner, should the need arise
- full compartment evacuations had not been completed; cognisant that a new management structure was in place along with some staff turn-over, assurance were not provided regarding compartment evacuation
- while the fire safety policy stated that four fire evacuation drills were to be completed by HSE training provider and three fire evacuation drills undertaken by centre management, the latter had not been completed
- fire doors to the entrance of each unit were securely maintained and did not have the facility for free-swing mechanism and were closed securely; residents highlighted that these doors were heavy and difficult to operate.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Action was required to ensure subcutaneous fluids were administered in accordance with prescription:

- it could not be assured that the fluids were administered in accordance with the prescription as the time of commencement or ending of subcutaneous fluid administration was not recorded
- discrepancy was noted in subcutaneous fluid administered records as one of the infusions did not align with the date of the prescription so a medication error was potential.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The following required action regarding residents' assessment and care planning to ensure compliance with regulatory requirements:

- following admission, some residents' assessment were not completed within the required time-frame of 48 hours after admission
- one resident's pain management assessment and care plan were not updated following a fracture, surgery and change to medication prescription regarding the addition of analgesia
- the care needs of one resident receiving palliate care had changed, however, their plan of care did not reflect the increase in frailty, dependency and deterioration in their condition even though the resident's deterioration was discussed as part of the daily discussion and narrative in the daily nursing records.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to health care including specialist health care services. Residents notes demonstrated that they were regularly reviewed by their GP; medications formed part of the review, and residents and staff were consulted with regarding responses to changes in medication to enable best outcomes for residents.

Residents had timely referrals and consults with allied health professionals such as speech and language therapist and occupational therapist, and plans of care were in place along with recommendations to support residents to have a better quality of life. The dietician was involved in supporting residents with specialist dietary requirements relating to nephrostomy, stoma and enteral feeding care.

Judgment: Compliant

Regulation 9: Residents' rights

Action was necessary to enable residents' rights as follows:

- there continued to be very limited activity available to residents in accordance with their choice, interests and ability
- the inspector observed that residents spent a lot of their day in their bedrooms. One resident explained that they preferred to stay in their room watching television as there was nothing happening to entice them out of their bedroom,

- while some staff actively engaged with residents, in general, a nurse-led medical model of care was maintained where staff focused on residents' medical care needs. The CNM explained that social activation was the responsibility of all staff, however, this was not widely implemented into practice.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital) OSV-0000569

Inspection ID: MON-0039144

Date of inspection: 01/08/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The person in charge is currently undertaking a QQIL6 Management qualification. Assignments will be submitted by (01.10.2023) Once QQIL6 completed the Person In Charge will meet the requirement. (Date completed Dec 2023)</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Nursing management have discussed with all nurses the correct recording procedure in relation to the commencement or ending of sub-cutaneous infusions in line with professional guidelines. (Date Completed Aug 2023).</p> <p>All antimicrobial logs have been reviewed and updated to ensure all records comprehensively capture the type of antibiotic treatment and infection type. Nursing management will monitor this practice going forward to ensure the antimicrobial logs are comprehensively maintained for all persons. (Date completed Aug 2023 & continuing)</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>The person in charge is currently undertaking a QQIL6 Management qualification. The person in charge will have received the qualification by (Dec 2023)</p> <p>Nursing management have devise a robust activities schedule involving all nursing and support staff. Introducing new daily activities and involving all staff cohort in same to ensure full responsibility of activities. A new post for an Activities Co-Ordinator position has been approved and will be appointed (Dec 2023)</p> <p>Management has rectified unsecured lock to clinical room and works have been completed- A more robust system lock has been ordered, however in the interim, a lock has been repaired to the satisfaction to safety where it now self closes on exiting the room. (Date completed August 2023)</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Extra wardrobes are currently being sourced for West Kerry Community Hospital to best suit resident's needs so that each resident would have adequate storage space (Expected Date Completion Dec 2023) In the interim the care staff in collaboration with the residents have reviewed the resident's personal lockers and storage area.</p> <p>The Management are researching adaptations to wardrobes in multi occupancy rooms to allow adequate storage space and wardrobes to meet appropriate measures for the long stay resident. Options of shelving and discussion in conjunction with the residents wishes are being undertaken by management (Expected date for completion Dec 2023)</p>	
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>A review of all resident care records 'spirituality and end of life' care plans have been undertaken by the nursing team to ensure all residents with advanced healthcare directives have details to direct team members to care for the residents in accordance with their stated wishes and preferences should they become unwell. (Date completed</p>	

09.08.2023)

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To be compliant with regulation 17

The management team has ensured residents have access & choice to enjoy their meals in the main dining room. Nursing management are working with maintenance updating the main dining room area it is suitably decorated and converted into a new, appropriate dining room area for residents. The dining room will have a restaurant feel to welcome residents and their relatives, to embrace and enjoy the new dining room experience. (Expected Completion Date 30.11.2023) Staff designated dining is separate in an alternative area.

The dining area on each unit have been re organized to enhance the dining experience for residents. Nursing management are again liaising with maintenance to adapt the dining spaces and communal areas on the modules to
To be compliant with regulation 17

The management team has ensured residents have access & choice to enjoy their meals in the main dining room. Nursing management are working with maintenance updating the main dining room area it is suitably decorated and converted into a new, appropriate dining room area for residents. The dining room will have a restaurant feel to welcome residents and their relatives, to embrace and enjoy the new dining room experience. (Expected Completion Date 30.11.2023) Staff designated dining is separate in an alternative area.

The dining area on each unit have been re organized to enhance the dining experience for residents. Nursing management are again liaising with maintenance to adapt the dining spaces and communal areas on the modules to make the setting more inviting?

New décor and additional ornamentation from local artists have been sourced to decorate the dining room walls. Dining room furniture has been re arranged to accommodate residents and enhance mealtimes.

All tables have new table cloths & decorative place settings piped music is played during the dining experience as chosen by the residents (Date completed August 2023)

Regulation 18: Food and nutrition

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>To enhance the dining experience for residents and address issues identified during inspection nursing management have</p> <p>All residents to be offered the opportunity to sit at a dining table outside of their bedroom and socialize with other residents during mealtimes.</p> <p>Nursing management have reconfigured the dining area to increase capacity, affording residents the choice to enjoy their dining experience in one of three dining areas under staff supervision</p> <p>All staff have had the importance of serving all residents sitting at tables together in the dining room their meals at the same time highlighted to them and will ensure each course is served separately to facilitate a social dining experience. Three courses are no longer served together.</p> <p>Nursing management are monitoring and auditing the dining experience to ensure compliance and that this practice is embedded within the daily dining experience (Date completed August 2023 and ongoing)</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure effective infection prevention and control in the centre nursing management have :</p> <p>Liaised with maintenance to ensure the protective surfaces of furniture and hand rails on corridors have been addressed.(Expected completion Nov 2023)</p> <p>Maintenance have been notified regarding completion of paintwork (Expected completion date Nov 2023)</p> <p>The identified sinks have been cleaned in accordance with IPC guidelines Nurse management & IPC link Nurse have alerted all team members regarding same. (Date Completed Immediate August 2023)</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Management have completed fire evacuations as per the fire safety policy (Date</p>	

completed August 2023 & ongoing). Nursing management have implemented fire evacuations/ drills on a weekly basis on each full compartment and completed by staff ensuring all staff members are familiar with the procedure. (Date completed August 2023 & ongoing)

Swing free mechanism fire doors have been serviced and fixed and now in a position to close securely. (Date completed August 2023)

Magnetic doors system will be implemented by the management and maintenance to ensure the doors are fixed safely and open, for residents to safely and freely able to pass through. (Expected date of completion Oct 2023)

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:

Nursing management have discussed with all nurses the correct recording procedure in relation to the commencement or ending of sub-cutaneous infusions in line with professional guidelines to ensure that records clearly indicate that prescribed fluids were administer in accordance with the prescription. In addition, nursing management have outlined and discussed with the nursing team the potential for medication error when commencement dates of sub-cutaneous infusions do not align with the date on the prescription. Nursing management will monitor practice in the administration and recording of sub-cutaneous infusions to ensure practice is in line with professional guidelines. (Date completed August2023 & Ongoing)

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Nursing management have alerted all nurses of the legislative requirement to complete a nursing assessment on all persons admitted within the required timeframe of 48 hours of admission.

Nursing management have commenced an alert procedure to prompt the nursing team to meet the legislative timeframe. Nursing management will monitor this practice going forward to ensure all assessments are undertaken and completed within the required timeframe of 48 hours.

The identified 'pain management care plan' has been updated to reflect the changes to the 'identified needs', 'goal and objectives' and 'plan of care' including medication

prescription regarding additional analgesia. Nursing management have liaised with all the nursing team to raise awareness on the importance of maintaining a contemporaneous individualised care plan for all residents to ensure their individualised care needs are achieved.

The identified 'end of life care plan' has been updated to reflect the persons increased frailty, dependency and deterioration by the nursing team. Although the persons increased frailty, dependency and deterioration was discussed and actioned by the nursing team as part of the daily discussion and recorded on by the nursing team daily in the narrative notes, awareness on the importance of aligning the persons care plan to their current care needs has been conveyed by nursing management to all the nursing team. Nursing management will monitor practice in clinical record keeping to ensure practice is in line with professional guidelines, legislative and regulatory requirements. (Date completed August 2023 & ongoing)

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure residents rights are promoted and upheld nursing management have ensured the provision of social stimulation is adequate by having a staff member that concentrates on activities daily & is communicated to residents in advance with the choice to participate.

Funding has been sanctioned for 1wte for activities (Nov 2023) in the interim all staff are aware of their role in providing activities for residents daily including a new schedule of activities to suit the residents choice interests & abilities.

Nurse management have commenced a change management initiative within the unit which promotes a person centered model of care & scheduled a series of resident forum meetings to ensure that residents are consulted in regard to the running of the Centre

To ensure a nurse led medical model of care is not the practice ethos within WKCH and to ensure care practices are in line with the person centred philosophy of WKCH Nursing Management have commenced

- The delivery of person centred care education at ward level
- Scheduled person centred care education for team members
- Prioritised activities, social engagement & interaction

Nurse management will monitor & review care delivery to ensure practice changes are embedded into practice at ward level. (Expected date of completion Oct 2023)

The residents satisfaction survey will be conducted monthly on Vi-Clarity system



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	30/12/2023
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident	Substantially Compliant	Yellow	09/08/2023

	concerned are provided.			
Regulation 13(2)	Following the death of a resident the person in charge shall ensure that appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical, are made.	Substantially Compliant	Yellow	09/08/2023
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	10/12/2023
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	01/10/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each	Substantially Compliant	Yellow	31/08/2023

	resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
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	09/08/2023
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	10/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(1)(c)(ii)	The registered provider shall	Substantially Compliant	Yellow	31/10/2023

	make adequate arrangements for reviewing fire precautions.			
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.	Substantially Compliant	Yellow	14/08/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/10/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist	Substantially Compliant	Yellow	09/08/2023

	regarding the appropriate use of the product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	09/08/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	09/08/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	09/08/2023

	that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/10/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/10/2023