



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:	13 June 2022
Centre ID:	OSV-0000569
Fieldwork ID:	MON-0035901

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 54 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; there is an additional eight bedded wing off Ionad Bhreannain named Ionad Sibéal, which remains unopened. 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. Additional shower, bath and toilet facilities are available throughout the centre. 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:	39
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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
Monday 13 June 2022	11:45hrs to 18:30hrs	Breeda Desmond	Lead
Tuesday 14 June 2022	08:00hrs to 16:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that, in general, the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection, and spoke with two visitors. The inspector spoke with six 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.

On arrival for this unannounced inspection, the inspector saw there were facilities relating to COVID-19 infection control assessment and procedures including a signing in process, temperature check, hand hygiene and face covering. Hand sanitising foam and disposable face masks were available at reception. The inspector was not asked to complete these precautions, or checked to ensure the precaution were completed.

An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge. There were 40 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. The entrance to the building was secure to facilitate COVID-19 precautionary measures on entering the building to ensure the safety of residents and staff. Administration offices, the office of the person in charge and small quiet meeting room were located to the left, and new staff changing facilities, primary care offices and Ionad Sibéal were on the right of the main entrance. Ionad Sibéal an eight bedded unit had not opened since the registration of the community hospital. 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 two comfortable seating areas to relax. An Croí (The Heart) was a large room on the left and the person in charge explained that this room was used for larger groups for 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 main dining room was immediately in front of An Croí; this was used by staff for their breaks. Both Ionad Bhreannan and Eibhlis were located to the right of the dining room. Ionaid Bhreannan was secure and the code to access the unit was displayed as part of the butterfly painting at the entrance to the unit. Both units were similarly set out and both 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.

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 and the person in charge explained that the priest was on site every Wednesday to say mass for residents.

Residents accommodation was set out as follows: Ionad Sibéal (eight single occupancy bedrooms), 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 had very limited personal storage space of a single wardrobe for their clothing. Several residents were seen to use the low shelf casing around their bed-space to place items such as their perfume, hand bags and other personal items; one resident had purchased a clothes rail to hang her blouses as she had inadequate space in her single wardrobe. When asked whether she would like a larger wardrobe, she explained that she would like better storage but thought the room was too small to accommodate a double wardrobe. She said she would love a chest of drawers to display all her 'bits and pieces'. The clothes rail was located under the television and it took from the appearance of the bedroom. Another resident had a double wardrobe in her single bedroom and said she was delighted with the wardrobe.

Overall, the premises was bright and easily accessible and the atmosphere was calm and relaxed. Staff were seen to actively engage with residents, have the craic and banter and had 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.

The morning hand-over report was observed on the second day of inspection. This was facilitated by the CNM and was an interactive session where staff gave feedback of the care and status of the resident from the previous day. It was also a forum to remind staff of issues such as residents at risk of falls, skin integrity, responsive behaviours, those on treatments other than routine medications such as eye drops, antibiotics or steroids, and visitation of allied health professionals for example. One resident was attending the outpatients' department (OPD) in the local hospital and they had successfully arranged OPD appointments for two specialists on the same morning for the resident's comfort. The resident's daughter was collecting her and they arranged to have lunch out afterwards. One resident was for discharge and the CNM explained to staff that this was a planned discharge liaising with public health, GP, home help services and pharmacy preparing the resident's prescription to ensure the resident had a smooth and easy transition upon discharge home.

There were large white boards with the daily activities displayed. On the first day of inspection, the information was limited and this had improved on the second day

with the inclusion of mid morning and mid afternoon refreshments and one-to-one and group activities. There was no group activity observed on the first day of inspection; residents and staff were observed to enjoy group games and fun on the second day.

Serving of breakfast was observed and this was seen to be very social and engaging; staff asked residents how was their night, gave the local news and chatted in general and had lovely banter with residents. Medications were administered after breakfast to those residents who had their breakfast after the morning report. Some residents preferred their breakfast later and this was facilitated, and medications were given afterwards. There was structured morning and afternoon refreshments offered to residents.

During the morning, afternoon and evening walkabouts, many residents were seen to remain in their bedrooms. Mid-afternoon on the first day of inspection there were no residents in the day room. 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 eight residents in the units having their main meal in the dining room, the remainder had it in their bedrooms. At evening time, there was no one in the dining areas. Three ladies that were in the day room all day, had their meal in the day room, the remainder of residents had their meal in their bedrooms.

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. Staff engaged with residents regarding local history and geography, reminiscence and resident's interests such as sheep dog trials. Residents had access to a computer and this was on a mobile unit which was observed to be used by residents; sheep dog trials were streamed for one resident who enjoyed watching the trials and discussed them with staff. Medications were administered to the resident after lunch and when the resident asked what the tablets were for, the nurse took time and explained each tablet to him and reassure him regarding their purpose.

Visitors were seen in the centre on both days and some residents were taken out by their families on a daily basis for a walk on the pier. The visitor signed that he was taking his relative out and signed in upon their 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. The artist was on site on the second day of the inspection and explained that the series of bridges drawn were from around the locality; she was painting herons, geese and ducks with chicks, and colourful flowers which was creating a gorgeous backdrop to the garden space. One of the healthcare assistant's had a special interest in developing the gardens and he outlined his vision for the garden. He, along with other staff and residents, had painted the garden benches with bright colours. He had received donations of peat and stones to develop the garden but was unable to progress it as they were awaiting external contractors to

come and overhaul the garden surface as it was uneven in parts and full of weeds, and unsafe for residents to ramble out there on their own.

The second garden was also in the process of being improved and a local artist was making a stained-glass feature in the garden as part of the local community involvement. It would depict their journey through COVID-19 outbreak and remember the people who died during the outbreak. The surface here was uneven and had some weeds and not suitable for residents to access it independently.

There were three household cleaners' rooms; chemicals within these rooms were securely maintained. There was a high-low sink; the low sink was used for emptying buckets and the high sink was used both for hand washing and for filling containers for cleaning. Some hand-wash sinks had metal outlets and overflows. The laundry was seen and the hand wash sink here had a metal outlet. The grouting between the tiles behind the sink were quite stained. On the afternoon of the first day of inspection, there were several bags of laundry for cleaning; these were located between the hand wash sink and utility sink; the ironing board with clean laundry for ironing was located between the two sinks. The layout had improved on the second day with the relocation of the ironing board to the 'clean' side of the laundry. Throughout both days of inspection, clinical rooms remained open allowing free access to clinical equipment, nonetheless, medication trolleys were secured to walls and were locked.

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 newly appointed person in charge and some staff understood a rights-based approach to care, and this vision needed to be adopted and implemented into practice.

Issues identified for action from the previous inspection were followed up, and fire safety precaution issues were addressed. Areas which remained outstanding from the last inspection included staff files, the annual review, complaints records, and care plan documentation. Areas for improvement identified on this inspection included governance and management relating to submission of notifications, management of the service as specified in the regulations, the dining experience for residents, restrictive practice bed rail usage, meaningful activities for residents, aspects of infection control and risk management.

Ospidéal Pobail Chorca Dhuibhne was a residential care setting operated by the Health Services Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The

governance structure comprised the general manager for the CH04 area of the HSE. The person in charge reported to the general manager. The person in charge was supported on-site by the two clinical nurse managers (CNMs). Off site, the service was supported by the clinical development co-ordinator, quality and safety adviser, infection control link nurse specialist and human resources.

The registered provider had applied to re-register Ospideal Pobail Chorca Dhuibhne. The application was timely made, appropriate fees were paid, and the statement of purpose and floor plans were submitted as part of the application.

The person in charge was newly appointed and had the necessary experience of nursing older adults, however, at the time of appointment to the post, she did not have the specified management experience. The registered provider had not submitted the necessary notifications as specified in the regulations regarding 1) absence of the person in charge, 2) procedures and arrangements for periods when the person in charge was absent from the centre, and 3) changes to information supplied for registration purposes relating to the appointment of a new person in charge.

The statement of purpose was updated on inspection to ensure compliance with the requirements specified in Schedule 1 of the regulations. While most Schedule 5 policies and procedures were available, the fire safety policy was out of date. This was updated and submitted at the time of inspection; the policy relating to the temporary absence and discharge of a resident was updated to reflect current practice relating to the temporary transfer of a resident to another care setting.

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.

An audit of the premises was completed since the person in charge took up her post. Many of the issues highlighted on inspection formed part of the audit report seen including photographs of works required, such as chipped paint to many bedroom doors, flooring and shower room upgrades. The maintenance department was in the process of developing an action plan to remedy the deficits identified.

Incidents and accident logs were examined; these were reviewed and followed up by the person in charge; while associated notifications correlated with these, some were not submitted within the specified time-lines.

While there was an annual review of the safety of care delivered, it was not undertaken in consultation with residents and their families as specified in the regulation.

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 of the laundry and the activities programme. These were discussed further under the Regulation 27, Infection control, and Regulation 9, Residents' rights.

Regulation 14: Persons in charge

While the person in charge was a registered nurse who was full time in post and had the necessary qualifications as required in the regulations, at the time of appointment as person in charge, she did not have the necessary management experience as specified in the regulations of "not less than 3 years experience in a management capacity in the health and social care area".

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. Additional training was scheduled for June regarding new care documentation being rolled out. One nurse on each unit was identified as 'lead' to support staff with documentation when the new system was introduced. One nurse had completed a wound management course and staff found this expertise invaluable for both wound care and prevention of specific skin conditions. Training was provided regarding antimicrobial stewardship and reference information to support appropriate antimicrobial prescribing was available at nurses' stations for easy access and reminders. There was supervision of staff to ensure oversight of care delivered.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents' template was updated at the time of inspection to facilitate the inclusion of transfer information when a resident was transferred in and out of the service.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined; regulatory requirements specify comprehensive employment histories, however, one file examined had significant gaps in the employment history.

Judgment: Substantially compliant

Regulation 23: Governance and management

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

- appropriate notifications were not submitted to the regulator in a timely manner for a) the absence of the person in charge b) the arrangement regarding the management of the service when the person in charge was absent from the centre c) changes to information supplied for registration purposes d) some notification of incidents were not submitted,
- the newly appointed person in charge did not the necessary management experience as specified in the regulation,
- the annual review of the quality of care, was not undertaken in consultation with residents, and in a format that could be easily read by residents and their families,
- a post COVID-19 outbreak review was not completed and the COVID-19 contingency plan was not updated following the review,
- risk was not assessed and mitigating actions put in place regarding unsecured clinical rooms.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect:

- whole-time equivalent staffing numbers
- the room descriptors to include the facilities within rooms such as hand-wash sinks
- current purpose and function of rooms such as the temporary use of some rooms by staff
- centre-specific deputising arrangements for times when the person in charge was absent from the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A notification of a serious incident was not notified in line with the specified regulatory time-lines.

Judgment: Not compliant

Regulation 32: Notification of absence

The registered provider had not notified the regulator regarding the absence of the person in charge in line with the requirements of the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was one complaint documented since January 2022. The outcome of the complaint was not detailed; it was not signed by the person recording the complaint in line with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While most Schedule 5 policies and procedures were available, the fire safety policy was out of date. This was updated and submitted at the time of inspection; the policy relating to the temporary absence and discharge of a resident was updated to reflect current practice relating to the temporary transfer of a resident to another care setting including the requirement to ensure comprehensive information was provided to the receiving centre.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider had not given notice of procedures and arrangements for periods when the person in charge was absent from the designated centre as required by the regulations.

Judgment: Not 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.

Following the COVID-19 outbreak in the centre, debriefing sessions for staff were facilitated. This was a HSE initiative to enable staff share their experience of the COVID-19 outbreak and the how it impacted them. Staff reported that this was a worthwhile exercise which acknowledged their work as well as the loss and grief experienced during the pandemic. However, a post COVID-19 outbreak review had not been formally completed to enable learning and update the COVID-19 contingency planning to ensure future outbreak management.

Oversight of residents' health care needs was good. Residents' health care needs were promoted by ongoing 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, counselling and access to the Irish Wheelchair Association. The diabetic nurse specialist was on site the day prior to the inspection, the occupational therapist and staff from the Irish Wheelchair Associate were on site during the inspection providing specialist support to enable best outcomes for residents.

Observation on inspection showed that staff had good insight into responding to residents' needs, including communication needs and staff responded in a respectful manner. Care and support given to residents was respectful and relaxed. A sample of care planning documentation was examined and these showed mixed findings. Weekly blood sugars taken before breakfast for residents with diabetes. Monthly weights were seen to be completed enabling easy monitoring of residents' weights. The daily narrative reviewed showed really good monitoring of care needs as well as monitoring residents' responses to interventions including pain management. Risk assessments reviewed showed oversight of areas such as falls, pressure and skin integrity, personal emergency evaluation plans (PEEPs), manual handling assistance and dependency for example. Some care plans contained valuable individualised information to inform personalised care, however, other were either incomplete or not completed. End of Life care assessments, care plans and advanced care directives 'Let Me Decide' were in place for some residents, but not all.

The CNM discussed oversight of bed-rail restrictive practice and explained that this was part of on-going monitoring and staff education to try and reduce the number of bed-rails as half of the residents had bed-rails insitu.

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, responsive behaviours, those on treatments other than routine medications such as eye drops, antibiotics or steroids, and then other items staff should be aware of such as environmental concerns for example.

Controlled drug records were securely maintained. The daily controlled drug check book and administration record log were updated at the time of inspection to ensure it was fit for it's intended use; this would mitigate the risk of near miss or medication errors. An antibiotic log formed part of the medication administration record; this enable easy trending of treatments and responses to treatments. The pharmacist attended the centre on a weekly basis; medication administration records seen had inputs of the pharmacist to support staff with their practice.

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 conducive to a meaningful dining experience. While staff were seen to be kind and provide good care, institutional practices were observed regarding mealtimes. Overall, mealtime was seen to be a perfunctory duty rather than an experience for residents to enjoy and savour.

The risk register was updated with risk associated with the pandemic as well as risk identified in the recent audit of the premises. Fire safety records showed that appropriate fire certification was in place for alarm tests, emergency lighting and fire safety equipment.

Regulation 10: Communication difficulties

The inspector observed that the staff were familiar with residents and their communication needs; interactions seen demonstrated that staff provided assurances to allay fears and anxieties; distraction techniques observed showed insight into residents' needs as well as kindness and understanding by staff. Many staff were bi-lingual and spoke with residents in their preferred language and this was observed to be a source of comfort to residents.

Judgment: Compliant

Regulation 11: Visits

Visiting was facilitated in line with May 2022 HPSC guidance and visiting was facilitated in line with assessed risk and prevalence of COVID-19 in the town. Information pertaining COVID-19 visiting precautions was displayed at the entrance to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

While residents had accessible bedside lockers, most residents had very limited storage of a single wardrobe for their clothing. Many residents had items such as perfume, toiletries and other such items stored on the low casing shelf beside their chair which was not in keeping with a homely environment.

Judgment: Substantially compliant

Regulation 13: End of life

Many residents had their advanced care directives completed, however, some did not and their end of life care plans were not completed to direct staff to care for residents in accordance with their stated wishes and preference when they became unwell.

Judgment: Substantially compliant

Regulation 17: Premises

There were dining areas on both units; these comprised tables in open corridor spaces, and some led to the outdoor gardens. These spaces were not suggestive of dining rooms or decorated to enhance a dining experience for residents. Some communal rooms were not decorated in line with a residential care homely environment.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters were evidenced on inspection to be assured that information was available when a resident require acute care or transfer to another institution so they could be appropriately cared for by the receiving facility. Following discharged back to the centre, comprehensive information was included when the resident returned.

Judgment: Compliant

Regulation 26: Risk management

The risk register was recently updated to ensure the information available was current. The register showed that risks associated with the impact of COVID -19 and additional controls put in place to mitigate the risks. In addition, it was updated following the maintenance audit of the premises.

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 and hand rails on corridors were worn so effective cleaning could not be assured
- not all clinical hand wash sinks were compliant with national standards as some had metal outlets and overflows

- there was dual purpose of some sinks in household cleaners' rooms; there was hand wash soap over the sink even though there was no signage indicating this was a hand wash sink, and practice relating to filling household cleaning containers from these sinks
- there was a lack of oversight and responsibility for the laundry and the layout and work flows of the laundry were not in keeping the IP&C guidelines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Regular fire safety drills were completed with details of staff participation and times for evacuations; several simulated evacuations were completed of the bariatric bed to be assured that an evacuation was done in a timely manner. There were floor plans displaying fire alarm zones, and separate floor plans with evacuation pathways and a point of reference highlighted so that all persons had access to the building layout and escape routes available. Daily fire safety check were comprehensively completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications and associated documentation were maintained in line with legislation and professional guidelines. Medications requiring crushing were individually prescribed. The maximum dosage for PRNs as required medicines were detailed. Controlled drugs were appropriately maintained and records kept in line with professional guidelines.

Medication errors and near miss medication episodes were well documented and followed up, and staff completed further medication training to mitigate recurrences.

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.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some assessments contained valuable individualised information to inform personalised care, however, other were either incomplete or not completed. Some care plans had the specific care needs, goals and objectives identified, however, many did not have these stated to complement the plan of care to direct staff to the specific care associated with the related activity of daily living.

Judgment: Substantially compliant

Regulation 6: Health care

As part of COVID-19 precautionary measures, residents were due to have their temperature checked twice a day, however, of the sample of observation charts seen, there were lots of gaps in the temperature records, so it could not be assured that early detection of a deviation from their normal status could be detected, and actions taken to mitigate potential spread of infection.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The CNM had commenced a quality improvement initiative regarding oversight and staff education on restrictive practice bed-rail usage as half of the residents in the centre had bed-rails insitu.

Judgment: Compliant

Regulation 9: Residents' rights

While staff actively engaged with residents throughout the day and provided one-to-one social engagement, there was limited activity available to residents in accordance with their interests and ability. Some communal spaces were not decorated in line with a residential care setting or inviting places to go to meet up, chat and socialise.

The sample seen of activities logged showed that in general, residents chatted with staff or chatting with a relative on the phone, or watched television. On both days of inspection, 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 meaningful happening to entice them up to the day room.

Residents in most twin and multi-occupancy bedrooms did not have the choice to

decorate and personalise their bed-space due to the multi-occupancy nature and layout of their bedrooms.

Limited choice was available to residents regarding where they dined. All residents had their breakfast in their bedrooms and most had their main meal and tea in their bedrooms. Mealtime was seen to be a perfunctory duty rather than an experience for residents to enjoy and savour.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially

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

Inspection ID: MON-0035901

Date of inspection: 14/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Post the resignation of the previous Director of Nursing the HSE endeavored to recruit internally in West Kerry Community Hospital in order to appoint a Person in Charge to no avail. The HSE ran both temporary and permanent external recruitment campaigns. The most suitably qualified applicant applied for and accepted the post. While the Person in Charge at time of appointment did not have the necessary management experience as specified in the regulations of 'not less than 3 years' experience in a management capacity in the health and social care area' the deficit was that of 2 months. Subsequently the Person in Charge now has the 3 years management experience required.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The employee file has now been updated with full employee records with no gaps. A full employment history is recorded. Going forward Nursing Management will ensure all employees records meets the Schedule 2 requirements as per legislation</p>	

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Going forward appropriate notifications will be submitted to the regulator in a timely manner. Communications from the provider representative’s office will be enhanced once the provider representative gains access to the HIQA Portal for submitting notifications. Ref NOT – 0658983 application made 20 05 2022 and Ref NOT 0670905 application made 20 06 2022 – update awaited

The Person in Charge at time of appointment did not have the necessary management experience as specified in the regulations of ‘ not less than 3 years’ experience in a management capacity in the health and social care area’ the deficit was that of 2 months. Subsequently the Person in Charge now has the 3 years management experience required.

Going forward the annual reviews will be undertaken with input from residents. Nursing Management will ensure the 2021 annual review is enhanced in consultation with residents and their families and will be readily available within WKCH allowing access to same. Nursing Management will ensure that all further Annual Reviews will be undertaken in consultation with residents and their families. (Completion Date 31 08 2022)

An after action review had been carried out on site at WKCH on 2nd June by the Quality and Safety Advisor for Cork Kerry Community Healthcare – a draft report was issued on June 8th 2022 to WKCH and was available on day of inspection . A post Covid – 19 outbreak review has since been completed and Contingency Plan has been updated to reflect this.

The risk associated with locking clinical room’s doors has been discussed and highlighted with staff. All clinical room doors are now locked at all times.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Person in Charge will ensure all notifications of serious incidents are notified to HIQA within the regulatory timelines

Regulation 32: Notification of absence	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of absence:</p> <p>The Registered Provider can confirm all relevant documents and notifications have been submitted in line with the regulations.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaint referred to was addressed and processed in line with 'Your Service Your Say' at the time of occurrence in January 2022. The complaints book has now been updated to reflect outcome and had been signed by the person recording the complaint. The complainant is satisfied with the outcome of the complaint addressed.</p>	
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:</p> <p>The Clinical Nurse Manager 2 acted as Person in Charge while post was vacant and recruitment campaign was underway. All notices of procedures and arrangements will be submitted going forward</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Nursing Management have reviewed bedside storage to enhance same ensuring</p>	

residents personal needs are met while in keeping with a homely environment	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: Nursing Management in West Kerry Community Hospital have reviewed all person's spirituality and end of life care plans (end of life care plan). Outstanding documentation has been identified. All care plans will reflect their individual personal wishes and preferences and direct the nursing team should the person become unwell. (Completion Date 31 08 2022)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The dining area has been re organized to enhance the dining experience for residents. Pictures from local artists have been sourced and decorate the dining room walls. Dining room furniture has been re arranged to accommodate residents and enhance mealtimes. All tables now have decorative place settings and piped music is played in the dining room	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: - The protective surfaces of furniture and hand rails on corridors have been addressed with maintenance. Completion Date 15 10 2022. - IPC and maintenance have been notified re the replacement of clinical handwashing sinks. Completion Date by 30 10 2022. - All handwashing sinks now have laminated signage displayed at sink advertising purpose of sink. There is no dual purpose sinks and the practice of filling household cleaning containers has ceased. Household cleaning containers are now being filled in Module 1at a designated sink in line with IP&C guidelines Nursing Management has revised the management of laundry to ensure the oversight	

and responsibility is more robust. All workflows have been reviewed and updated to ensure compliance with IP&C guidelines

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

Nursing Management will undertake a review of all care plans to ensure all assessments are completed in full and the care plans direct staff to the specific care needs associated with the related activity of daily living. (Completion Date 31 08 2022)

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All residents are now being observed in line with most up to date HPSC Guidelines

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
An activity schedule has been created and implemented following a survey with each individual resident in line with their interests and ability.

This schedule allows for both individual and group activities.

Nursing management will supervise on a continuous basis going forward to monitor and evaluate the program in consultation with residents .This will promote the residents to meaningfully engage with the activities some of which will occur in the communal spaces of the unit.

The decoration in the communal spaces has been enhanced with local art to make the area more inviting and appealing for residents to socialize, chat and meet up.

The activities schedule has been compiled in collaboration and consultation with residents, attendance and resident's feedback will be monitored by nursing management to ensure the activities provided are meaningful for all residents.

All residents' personal spaces are currently being reviewed to enhance space for personalisation in line with each individual preference.

A review of the dining experience has commenced by nursing management .The décor has been enhanced to facilitate a more social dining experience. In addition nursing management are undertaking WCCAT observation to ensure the dining experience is a social occasion rather than a perfunctory practice.

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.	Substantially Compliant	Yellow	31/08/2022
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	31/08/2022

	concerned are provided.			
Regulation 14(6)(a)	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 not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	27/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	27/07/2022
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	27/07/2022
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	Not Compliant	Orange	27/07/2022

	effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/08/2022
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	31/10/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Not Compliant	Orange	27/07/2022

	(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.			
Regulation 32(1)	Where the person in charge of the designated centre proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence.	Not Compliant	Orange	27/07/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	27/07/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive	Substantially Compliant	Yellow	31/08/2022

	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.			
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	27/07/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(2)(a)	The registered	Substantially	Yellow	29/07/2022

	provider shall provide for residents facilities for occupation and recreation.	Compliant		
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	29/07/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	29/07/2022
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, such notice shall include details of the procedures and arrangements that will be in place for the management of the designated centre during that absence.	Not Compliant	Orange	27/07/2022