Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kanturk Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Kanturk, Cork
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0000572
Fieldwork ID:	MON-0036480

About the designated centre

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

Kanturk Community Hospital is a designated centre located on the outskirts of Kanturk town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 24 residents. It is a single-storey building set on a large mature site which also accommodates the Ambulance base and the Duhallow community services. The layout of the centre comprises a long corridor with multi-occupancy wards on either side of the corridor. Currently, residents' bedroom accommodation is provided in three single rooms, one twin bedded room and four four-bedded wards. All bedrooms have wash-hand basins and there are shower, bath and toilet facilities available. Communal spaces comprise a large conservatory and dining room; both have comfortable seating and dining tables. There is a visitors room with coffee dock, and a chapel. There are two secure garden areas as well as walkways, seating area with shrubbery that can be viewed from the conservatory. Kanturk Community Hospital provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 May 2022	09:30hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that 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 many residents on the day of the inspection and spoke with five residents and one visitor in more detail. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided. The relative spoken with spoke very highly of the care and attention their relative received, along with the welcome and kindness shown to them as a family.

Kanturk Community Hospital was a single-storey building situated on a large site which also accommodated the community mental health day centre; building works of the new extension to Kanturk Community Hospital were seen to be well under way upon entering the grounds of the centre.

On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures by the person in charge, which included a signing in process, temperature check, hand hygiene and face covering. There was COVID-19 advisory signage and hand sanitiser in the front porch as part of their infection control protocols.

An opening meeting was held with the person in charge and clinical nurse manager (CNM), which was followed by a walk-about the centre with them both. There were 20 residents residing in Kanturk Community Hospital at the time of inspection.

The main fire alarm system, registration certification and suggestion box were by the main entrance. Orientation signage was displayed throughout the building to guide residents to the dining room, chapel and bedrooms for example, to allay confusion and disorientation; other signage included information relating to the incline/decline in the camber of the corridor by the chapel.

Overall, the premises was bright and communal areas were pleasantly decorated. The atmosphere was calm and relaxed. Lovely rapport was observed throughout the day between staff and residents. There was an outing planned for the day of the inspection to Fermoy which was postponed to the day following the inspection. The activities co-ordinator organised another outing to Tubrid Well at residents' request. Four residents went on that outing and all were seen to be well wrapped up as it was a blustery day. Residents said to the inspector that the time to visit this Well was during the month of May and they were delighted to be going there. The inspector met them when they returned and they were so happy to have visited Tubrid Well. Staff welcomed them back, asked how they got on and offered them refreshments.

Duhallow, Ballydesmond and Kiskeam GAA fund-raise to support Kanturk Community Hospital and they provided the funds which enabled procurement of the 8-seated bus. The person in charge explained that the bus was invaluable and

enabled lots of outings as well as facilitate residents visit their family in rural areas.

The main entrance to the hospital was wheelchair accessible. Residents' accommodation was set out on one main corridor extending from the main entrance. Nursing and administration offices were to the right and left of the main entrance. The single palliative care room with hand-wash basin was located to the right; previously this room had a separate entrance via the garden but this entrance was closed off due to the building extension works in progress. The enclosed garden to the right was also closed off and subsumed into the building works.

Edel Quinn suite was a two-bedded room room with wash-hand basin; the patio door exit was closed off due to the building works. Alongside this, there was a shower room with toilet and wash-hand basin; a dani-centre with personal protective equipment (PPE) storage was discreetly located here.

The main kitchen was located on the left opposite Edel Quinn suite. The chapel was on the left beyond the kitchen, and residents were observed here throughout the day enjoying. quietness and solace. Mass was celebrated in the church on the day of inspection, and the priest visited residents in their bedrooms offering holy communion. The chapel was also used as a visiting hub in the afternoon. The inspector spoke with one family member while they were visiting their father and they gave lovely feedback about the care they and their relative received.

Other residents' accommodation comprised four four-bedded rooms namely, St Mary's, St Theresa's, St Patricks and St Oliver's ward (which was accessed through St Patrick's ward), and two single bedroom which were accessed through St Theresa's ward. The inspector saw profiling beds, specialist mattresses and cushions for residents' comfort; overhead hoists were available for residents to maximise their comfort and ease of transfer in and out of bed. Residents had accessible bedside lockers and bedside chairs; in multi-occupancy rooms residents had a double wardrobe for their clothing; some residents had two double wardrobes in accordance with their wishes; some residents had additional chest of drawers.

The dining room was a large room which led into the conservatory day room and they were located at the end of the corridor on the left. Both rooms were decorated with items of domestic-style furniture such as dressers with chinaware and comfortable seating which provided a homely environment for residents to enjoy. There was a large flat screen television so residents were able to access on-line programmes. Residents, with the assistance of staff, created an alter for their May celebrations in the day room. There was a water dispenser available in the day room so people could easily access drinking water.

One of the enclosed courtyards was located outside the conservatory. There was a ramp to enable wheelchair accessibility to and from the conservatory; the gazebo was enclosed with an overhead heater so visits could be enjoyed in comfort. A second outdoor space was erected to the rear of the building following the closure of the garden area by the Edel Quinn suite. This space had bench seating and was partially covered for people's comfort while sitting outdoors. There was a large polytunnel seen on the green area between the Duhallow day centre and the

community hospital and this was a shared initiative between the two services. It was set on the lovely green area with shrubs and garden decorations and could be viewed from the conservatory.

Staff facilitated activities during the afternoon and good fun was seen and staff encouraged residents to participate in the activities. The family of one resident had organised a 'talking tile' for their relative. The family recorded different messages relating to the activity on the farm at home; when the resident (with significant cognitive impairment) wanted to know where their family was, staff would activate the tile and the resident was immediately assured that their family was working keeping the farm going. The inspector observed this – once the resident heard about the work, she continued to tell of the work the members of her family were up to, how long it would take them and how proud she was of them all. The family inserted a photograph into the devise so that the resident could see them and help the resident relate to the message heard.

Haven café was at the end of the corridor and it was beautifully decorated, had comfortable seating, a kitchenette for residents and visitors to make tea or coffee when visiting; and a separate hand-wash basin. Visitors to the centre were warmly welcomed and staff knew visitors and greeted them by name. Visiting was facilitated in line with current public health guidelines (April 2022) with controls in place to minimise the risk of inadvertent transmission of COVID-19. When visiting was opened up, visiting arrangements were discussed with residents and they requested that visiting would continue to be scheduled and confined to visiting hubs as their bedrooms were multi-occupancy and preferred that random people would not be in their bedrooms, and this was facilitated. Visiting was seen to be accommodated in the chapel and other options available were two outdoor areas, the conservatory and the Haven café.

The new building extension was discussed with one resident who explained that the person in charge was keeping them abreast of the progress and goings-on of the building works. Feedback from the resident was that the colour palette shown to her for bedrooms in the new building was very disappointing as the colours were bland and felt that she couldn't do anything with them to brighten them up, and advised that she would chose her own colours. The resident said she was 'not a bit impressed' with the 'awful green' colour of the back-splash to the hand-wash sinks proposed for their bedrooms. She explained that the proposed size of wardrobes was inadequate as she had two double wardrobes currently, one of which was specially made to accommodate her needs.

The clinical room was secure and had advisory signage on the door indicating that oxygen was stored there. The housekeeping room was key-pad access. The sluice room beyond St Theresa's ward had a bedpan washer, sluicing hopper but no hand-wash sink. The bathroom beyond this had a specialist assisted bath, toilet, however, the hand-wash sink here had a metal stopper and water outlet was at the base of the sink. There was a second sluice room near St Patrick's ward. This sluice room had bedpan washer, sluicing hopper and hand-wash sink however this sink was not a clinical sink. The chemical store here was swipe card access with a secure

chemical press.

Staff facilities were available in the building to the rear of the main building and these comprised staff changing rooms and kitchen and dining facilities.

Staff were observed to completed hand hygiene appropriately. Hand hygiene gel dispensers were available throughout the centre with advisory signage demonstrating hand hygiene.

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

Capacity and capability

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to daily fire safety checks and behavioural support documentation. Further attention was necessary regarding regulations relating to aspects of care documentation, local risk management policy, consent forms, and temporary absence from the centre.

Kanturk Community Hospital 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 clinical nurse manager (CNM), senior nurses, care staff and administration. 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 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. There were weekly reminders identifying the subject matter for auditing. 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.

The annual review for 2021 was completed and set out the plans and quality initiatives for 2022 for Kanturk Community Hospital.

Clarification was provided on inspection in relation to the six-monthly NF40, nil return notifications. Incidents and accident logs were examined and these were reviewed and followed up by the person in charge. Notifications to the office of the Chief Inspector correlated with these.

Staffing levels were adequate to the size and layout of the centre. The duty roster reviewed showed that staff were delegated to activities responsibilities on a daily basis ensuring that residents had access to an activities programme.

The information available in the statement of purpose was up to date and included easy to follow guide explaining how to make a complaint which also included the option of the HSE facility 'Your Service Your Say'. Complaints were recorded in line with regulatory requirements.

The directory of residents register required updating to ensure that the temporary transfer of residents to and from the centre could be maintained as part of the register.

Schedule 5 policies were updated on inspection to ensure regulatory compliance. While there was a policy relating to risk management, the addendum to reflect centre-specific local policy was out of date.

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

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. She demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to the size and lay out of the centre and the assessed needs of residents as assessed in accordance with Regulation 5. Duty rosters showed that staff were allocated to activities on a daily basis to facilitate meaningful activities for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Safety pauses were facilitated as part of on-going staff supervision, and these included reviews of KPIs, audit findings, infection control, and policies for reading and signing for example. Team talks were facilitated in the afternoons and areas such as changing policies and procedures relating to infection control for example, were highlighted, and other areas such as care planning documentation were discussed. Reminders of the appropriate records to be maintained were displayed on the notice board in the office.

Three staff were trained as hand hygiene instructors and completed regular audits as well as on-site training of staff.

Judgment: Compliant

Regulation 19: Directory of residents

While information was available regarding Schedule 3, the directory of residents' register did not facilitate the recording of residents who were temporarily transferred out of the service to acute care for example. A new template was developed at the time of inspection to ensure this information was recorded in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The audit programme reflected a thorough review of the service with areas for improvement identified that correlated with the inspection findings such as the inclusion of narrative notes in residents' care plans. A notice of this was seen on the nurses' information board reminding staff of the difference between care plans and daily narrative updates.

The annual review for 2021 was available and set out in the format of the national standards with improvement plans and initiatives highlighted for 2022.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was displayed in the centre and detailed the requirements as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were discussed and clarification provided regarding notifying of COVID-19 related deaths to be submitted as a NF01 rather than in the quarterly returns of NF39. All other incidents requiring notifications were appropriately submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded in line with regulatory requirements and included the outcome and whether the complainant was satisfied with the actions taken and outcome. The complaints procedure detailed in the statement of purpose was user-friendly, easy to follow and guided the reader to information on the HSE 'Your Service Your Say'.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were readily available to staff and were up to date. Information relating to temporary absence of residents was included in the admissions policy, so the temporary absence and discharge policy was updated on inspection to include the relevant information in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Kanturk Community Hospital. Residents gave lovely feedback about staff and the care they received and a relative spoken with was immensely grateful for the wonderful care their relative received.

The person in charge explained that the 'Duhallow community' were a huge support and over the years had contributed significantly to the centre. The donated funds enabled procurement of the hospital bus which facilitated residents to be taken out and about. One resident was able to visit their sister in a rural location and were so grateful to staff and how they supported him to go home on a weekly basis.

The activities programme was varied and included outings to local amenities as well as towns like Fermoy and Ballybunnion. Dog therapy had re-commenced on Monday mornings; the local priest said mass in the centre on Wednesdays and live music took place on Sundays. The inspector observed staff spending time chatting with resident on a one-to-one basis in their bedrooms in line with the residents' preference and choice as well as facilitate group activities.

Residents' assessments were undertaken using a variety of validated tools and in general, care plans were developed following these assessments, however, this was not always evidenced. Additional care plans were set out relating to 'COVID-19 and the resident with dementia' with individualised supports necessary for their emotional well-being to minimise the impact of COVID-19 precautions; COVID-19 infection control care plans were in place for all residents. Staff spoken with had good insight into residents' specific care needs relating to behaviours and measures put in place to support residents. Individualised information was recorded in care plans including the recreation and social care plan and end of life care plan. However, of the sample examined, narrative progress notes were included in care plans rather than in the daily progress records and as such, did not inform or direct care planning or personalised care.

Good overview of PRNs (as required) anti psychotic medications was evidenced with non-pharmaceutical interventions implemented to alleviate anxiety and distraction techniques. Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, and palliative care for example. Advanced care directives and 'Let Me Decide' were in place for residents and documentation showed that these discussions were with the resident and GP.

Wound care was followed up as part of monitoring notifications submitted and the information relating to a pressure sore in the centre. The resident's notes showed that the resident was admitted to the centre with the pressure sore and it subsequently heeled. Appropriate wound care documentation was seen to support effective wound management.

The antimicrobial pharmacist for the HSE CH04 area attended the centre on a monthly basis and completed a monthly audit as part of antimicrobial stewardship.

The person in charge explained that this was a relatively new initiative and further liaising with GPs was required to implement the stewardship programme to ensure best outcomes for residents regarding appropriate antibiotic prescribing. An antibiotic log formed part of the medication administration record; this provided easy access to the antibiotic history which included the rationale for the treatment and the resident's response to it. A sample of medication management charts were examined; they were comprehensively completed in line with professional guidelines. Medications requiring to be crushed were individually prescribed. Controlled drugs were maintained in line with professional guidelines.

A review of consent form signing required attention as many residents' care documentation showed that the next of kin signed the consent forms of residents rather than sign to indicate they were involved in the discussion and given relevant information such as the rationale for implementing bed rails for example.

Transfer letter with information on residents being transferred into the centre were seen to be comprehensive. While the national transfer template was used when resident were being transferred out of the centre, copies of the transfer information were not routinely maintained on-site in line with regulatory requirements.

Laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags as required.

Improvements were noted regarding fire safety precautions following the last inspection. Daily fire safety checks were comprehensively maintained. Quarterly and annual fire safety certification was available. Evacuation floor plans were displayed in the centre and these reflected the new layout of the centre as some evacuation routes were no longer available with the construction building works in progress. Fire drills and evacuations were undertaken cognisant of the new building layout and while one drill had detailed information to show the evacuation record, most records did not include this information. Monthly flushing of the fire hydrant was recorded along with flushing regime precautions against legionella.

The person in charge explained that she facilitated three different residents' meeting in line with residents cognition as many residents would not have the ability to follow details of the new build for example, while others actively engaged and feedback their comments and responses to issues such as the proposed colour scheme for their bedrooms, the proposed size of their wardrobes for example. Residents confirmed that the person in charge and CNM kept them fully informed of the life and times of the centre including the building works.

Overall, the inspector observed that the care and support given to residents was respectful and kind; staff were helpful in their interactions with residents.

Regulation 11: Visits

Visiting was facilitated in line with current (April 2022) HPSC guidance. Information

pertaining COVID-19 visiting precautions was displayed at entrances to the centre. Infection control precautions were in place on entering the building whereby a COVID-related questionnaire was completed along with taking the visitor's temperature and advise regarding wearing masks and hand hygiene. Visiting hubs were facilitated in the chapel, Haven café, conservatory and two outdoor courtyards.

Judgment: Compliant

Regulation 12: Personal possessions

Personal storage facilities available to residents comprised double wardrobes, bedside locker, some had an additional double wardrobe and others had chest of drawers. Residents had access to laundry facilities on site and residents gave positive feedback about the laundry service provided.

Judgment: Compliant

Regulation 13: End of life

Advanced care directives with 'Let me Decide' formed part of residents' care documentation. Decisions were made with the resident or discussions were facilitated by GPs when residents were unable to decide due to their cognitive impairment.

Judgment: Compliant

Regulation 17: Premises

The premises was bright and clean. Residents had access to two outdoor seating areas with overhead heating for their comfort. The new extension was well underway and would provide bedrooms with full en suites for residents as well as outdoor enclosed gardens, spacious communal rooms and seating areas. Residents said they were looking forward to choosing their bedroom and decorating and personalising it in accordance with their choice.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents had timely access to speech and language and dietician specialist services.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents. Resident gave positive feedback about the food they were served.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was updated on inspection to ensure compliance with the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

While the national transfer template was used when residents were being transferred out of the centre, copies of the transfer letters were not maintained on-site. Therefore it was not possible to be assured that comprehensive information was sent to enable residents to be cared for in line with their assessed needs.

Judgment: Substantially compliant

Regulation 26: Risk management

While the HSE national risk management policy was in place, the local centre-specific addendum to the policy was out of date.

Judgment: Substantially compliant

Regulation 27: Infection control

Issues identified relating to infection control:

- many hand-wash sinks were not compliant with current guidelines for clinical hand-wash facilities
- one sluice room did not have a hand wash sink.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Compartment evacuations were completed as part of their fire safety precautions; while these were undertaken on a weekly basis to ensure staff were familiar with the new building layout and evacuation routes, comprehensive records were not routinely maintained to be assured that this could be completed in a timely manner, or to include details of possible actions to be taken and learning such as the identification of potential risks such as bed size and pressure relieving mattresses.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Controlled drugs were maintained in line with professional guidelines. Dual signatures were recorded for all transactions including return of controlled drugs to pharmacy along with the amount returned to ensure no ambiguity. Antibiotic logs were maintained per individual as part of their medication administration records providing easy access to their antibiotic history, the rationale for prescribing it and the duration and dose. Residents' documentation showed that records were maintained of psychotropic PRNs as required medication and these were supported by behavioural charts, reviews and responses to interventions including pharmalogical and non-pharmalogical interventions to enable best outcomes for residents.

A sample of medication administration charts were reviewed and there were comprehensive. Medications were labelled and stored appropriately. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were undertaken using a variety of validated tools and in general, care plans were developed following these assessments, however, this was not always evidenced. Some care plans were updated to reflect an acute illness for example but these were not based on the assessment of the resident as the assessment was not updated to reflect the current status of the resident. For example, a resident had an acute respiratory episode but there was no detail available regarding the type of cough, whether there associated symptoms such as shortness of breadth at rest or on exertion, or whether they were able to maintain their oxygen saturation on room air for example.

One resident's care plan identified that they were at risk of choking, however, the choking risk assessment was not completed to reflect the associated degree of risk.

Of the sample care plans examined, narrative progress notes were included in some care plans rather than in the daily progress records and as such, did not inform or direct care planning or personalised care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were observed to actively engage with residents to provide assurance and distraction when necessary and appropriate actions were taken such as re-directing residents or for one resident, putting on the 'talking tile' with family messages recorded which offered comfort and assurance to the resident.

Judgment: Compliant

Regulation 9: Residents' rights

A review of consent form signing required attention as documentation reviewed

showed that next of kin signed the consent forms of residents rather than sign to indicate they were involved in the discussion with relevant information shared on the decisions being taken such as implementing bed rails for example.
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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kanturk Community Hospital OSV-0000572

Inspection ID: MON-0036480

Date of inspection: 18/05/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: A new annual register has been developed for all admissions, discharges and transfers, each resident will have an individual sheet which will provide a chronology of every ,admission, transfer or discharge for the resident. A photocopy of the transfer letter will also be kept in the residents notes AND this will provide a copy of the information provided to the receiving hospital.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk management: the local risk management policy has been reviewed and updated to reflect current practice	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

With the capital project for the new building progressing , the sinks in question will be either be removed or replaced as the project continues , sluices are provided for in the new building with current sluices becoming obsolete. Both sluices in current use have small sinks where staff can wash their hands.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The HSE template for fire evacuation drills is now being used in Kanturk CH and will address deficits noted by the inspector at the time of inspection	
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: A review has taken place of all care plans and where deficits were noted ,staff were advised and support offered to assist staff in completing care plans. A schedule of planned audit of all care plans is in place and all care plans will be reviewed on a quarterly basis to ensure compliance with standards.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff have been made aware that next of kin should not sign consent form and they have been advised to get family to sign to state they were involved in the discussions in relation to their relatives needs	

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 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	12/06/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout	Substantially Compliant	Yellow	12/06/2022

	the designated centre.			
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 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	12/06/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and	Substantially Compliant	Yellow	30/06/2022

	where appropriate that resident's family.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	12/06/2022