



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

Issued by the Chief Inspector

Name of designated centre:	Macroom Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	22 November 2022
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0037979

About the designated centre

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

Macroon Community Hospital dates from the 1930's. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroon town with nearby amenities of shops, banks, churches and walkways. It is a single storey building. Bedroom accommodation comprises 26 beds with 24 single and one twin bedroom all with shower, toilet and wash-hand basin en suite facilities. Additional toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a quiet library room, a dining room with kitchenette facilities. Additional seating areas along corridors have views of the outdoor gardens. Residents have access to three secure outdoor courtyard garden spaces. Macroon Community Hospital provides 24-hour 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 November 2022	08:30hrs to 17:30hrs	Breeda Desmond	Lead
Tuesday 22 November 2022	08:30hrs to 17:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Residents gave positive feedback about the centre and were complimentary about the staff and the care provided. Inspectors met many residents on the day of the inspection and spoke with six residents in more detail.

There were 16 residents residing in Macroom Community Hospital at the time of inspection. On arrival for this unannounced inspection, inspectors self-completed infection control precautions of hand hygiene and donning face mask covering.

An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge. Later in the morning, the senior engineer overseeing the building extension joined in the walk-about of the new building.

Macroom Community Hospital was a single-storey building situated on a large site which also accommodated community day services. There were two entrances to the centre, one to the left by the oratory and the second in the middle of the building. The new 26-bedded extension was completed and a new corridor was constructed joining the new and original building; this corridor was directly opposite the entrance at the middle of the original building.

The original building: The old building was laid out in one long corridor, from the oratory to the left extending to the single room, Alainn, on the right, with residents' accommodation, facilities and offices on both sides of the corridor. Resident bedroom accommodation was mainly provided in four four-bedded multi-occupancy bedrooms, namely, Dilis, Suaimhneas, Barra and Abbey; the single bedroom, Alainn, was at the end of the corridor with a kitchenette adjacent, and toilet facilities. At the 'oratory' entrance there was a lovely seating area called the library with bookshelve wall paper, vintage style clock, mirror and fireplace providing a lovely space. COVID-19 precautions advisory signage was displayed at this entrance as well as throughout the centre. The oratory was used as a store room for specialist chairs. Personal protective equipment (PPE) was stored behind the stone façade in the oratory and away from view. Staff facilities were available in an adjacent building; these comprised staff changing rooms and a large room with kitchen and dining facilities.

The main fire alarm system, registration certification, complaints procedure and suggestion box were by the main entrance. The communal room functioned as a dining room and day room. There was a large smart flat screen television so residents were able to access netflix and other on-line programmes. The activities calendar was displayed at the entrance to the day room. While it had a variety of morning activities, the afternoon activities solely comprised going for a walk if the weather permitted. Nonetheless, the inspector saw staff asking residents what they would like to do and what activity they were interested in doing for the afternoon. Staff were seen to assist residents with a variety of activities in accordance with

their preferences.

The inspector saw that residents were well dressed and relaxed in the day room and chatted with each other and staff throughout the day. Residents were offered beverages and snacks mid morning and mid afternoon and residents had small tables alongside them to rest their cup and belongings such as their glasses and news paper. Menus with choice were displayed at the entrance to the dining room as well as on dining tables. The bain-marie was brought to the dining room where residents were asked their choice and their meal was plated up and served. Staff interacted with residents in a social manner and chatted about the local news; those residents requiring assistance were helped in a kind and respectful manner and staff actively engaged with residents. Meals looked appetising and were well presented and deserts were served separately after residents were finished their dinner.

The person in charge reported that mass was celebrated on-site every Thursday in the day room and residents were delighted to have this. Volunteers facilitated arts and crafts; on Saturday morning there were live music sessions. On Tuesdays, a few residents were taken in a taxi for a drive around Macroom. Visiting was facilitated in line with current public health guidelines (November 2022) with controls in place to minimise the risk of inadvertent transmission of COVID-19 by visitors.

In bedrooms, the inspector saw profiling beds, specialist mattresses and cushions; overhead hoists were available for ease of transfer in and out of bed. Residents' personal storage space comprised a bedside locker, and a narrow wardrobe which could hold possibly three items of clothing.

House-keeping trolleys had lockable storage and storage compartments for clothes and mop-heads. Laundry was segregated at source; residents' personal laundry was done on site, and bed linen and towels were laundered externally. Alginate bags were available for soiled or infected clothing as part of their infection control precautions.

Inspectors noted there were several issues relating to fire safety and these were further detailed under Regulation 28: Fire precautions.

The new extension: The new extension was completed and will accommodate 26 residents. The building was set out in two adjoining rectangles that enclosed three secure courtyards with a further secure outdoor garden to the side of the building. Bedrooms comprised one twin bedroom and 24 single bedrooms, all with en suite shower, toilet and wash-hand basin, adjustable assistive equipment and a storage cabinet for toiletries. Bedrooms had wall-mounted flat screen televisions, remote control adjustable black-out blinds, voile curtains and comfortable arm chairs. There was a lockable drawer as part of the bedside locker. Wardrobes were double size in width but the space for hanging clothes was not full-length and would not facilitate residents to hang coats or dresses without them creasing. Residents were not involved in the design of their bedrooms or wardrobes.

Communal facilities comprised a dining room, two day rooms and a library quiet room. The dining room had dining chairs and tables and a kitchenette area for tea and coffee making. There was views of the enclosed garden which was accessible

from here, and while it was not yet completed, it will make a lovely back-drop for the dining experience. The day room had a retractable partition enabling the room to be expanded to include the smaller day room. The library sitting room had shelving for books and a wall-mounted fire place and there was access to one of the enclosed courtyards from this room.

Occasional seating areas along corridor had comfortable seating and overlooked the enclosed courtyards. Corridors and seating areas were bright as windows were expansive with additional double patio doors to the enclosed outdoor areas. Two of the three courtyards were not accessible currently as further building works were in progress to upgrade the old building. These outdoor spaces would become available to residents upon completion of these works.

The room designated for the hair-dressers was a room without natural light; the room adjacent to it was designated a store room, and this had a full length window and two other windows with views of the entrance of the building and lots of natural light. Work on these rooms had not commenced.

As described earlier, windows were expansive and allowed sunlight in and made the centre bright. As part of building regulations, manifestations or highlighting signage was required on glass doors and some windows to alert people to the risk of glass. The manifestations in place were wide green stripes traversing the glass panes which did not provide a soft homely or domestic appearance.

During the walkabout inspectors checked equipment and found several deficits in the premises; these will be further expanded under Regulation 17, Premises.

Mobile privacy screens were to be used in the twin bedroom, however, the screens available had not been trialled to ensure they met the privacy needs of both residents; these mobile screens were seen to be cumbersome and difficult to use and would not promote or facilitate residents' independence regarding ensuring their own privacy, and mitigate the necessity to call for assistance to close and open their curtains.

The secure outdoor garden had beautiful walkways and paving and seating for residents. There was a keypad to exit the building, and staff fob access to re-enter the building, so residents would be unable to independently access the garden. Doors to other rooms such as clinical rooms for example would be fob accessible to enable appropriate security of risk areas.

Residents spoken with said that they loved the new building, and said that it was 'grand' and loved how bright it was; they said it would take a bit of time to get used to it and they were looking forward to moving over. When asked if they had chosen their bedroom, they all said that they had not, and said 'sure there's no rush' choosing the bedroom. One resident said it would take three or four more visits over to see it to get a better feel for the place and then they would be able to decide.

New staff facilities were included in the new extension with shower, changing and locker storage facilities.

During the walkabout, the inspectors reviewed fire precautions in the new extension and several fire safety issues were noted here which were further discussed under Regulation 28, Fire precautions.

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, improvement was necessary to ensure the service delivered was resident-focused and promoted a rights-based approach to resident care.

Inspectors reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to the premises and the directory of residents. Further attention was necessary regarding regulations relating to the personal possessions and personal storage space, fire safety, infection control and residents' rights. Immediate actions were issued on inspection regarding 1) fire safety evacuation precaution for residents in Dilis and 2) the unsecured room opening on to the main corridor where building works were in progress. Regarding Dilis, the person in charge contacted the fire officer and evacuation mats were brought on site; day and night duty staff were trained in their use. This training continued for the days following the inspection to ensure all staff were familiar with the evacuation techniques. Regarding the unsecured room as part of the building works, this room was made secure, the smoke detector was uncovered, it was completed and sealed preventing the possibility of dust escaping and so reducing the associated risk. Other fire safety matters were identified and these were further discussed under Regulation 28, Fire safety.

Macroom 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, that is, the person nominated by the registered provider as their representative. The person in charge reported to the general manager. The person in charge was full time in post and was supported on-site by the newly appointed 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 registered provider had applied to vary the conditions of registration of Macroom Community Hospital to increase the registered beds from 17 to 26. As part of the application, appropriate fees were paid and specified documentation submitted. However, prior to the regulator coming on site, and upon the hand-over of the building to the provider, a final inspection of the new extension was not completed to ensure the building was ready for occupancy and regulatory

inspection.

The statement of purpose was updated at the time of inspection to ensure compliance with regulatory requirements. The floor plans were updated to reflect the current lay out of the premises with the rooms relevant for this application. Policies and procedures were not updated to reflect the impact the new extension would have on the operational management of the centre. Relevant risk assessments were not undertaken to detail the potential non-clinical risks associated with the new extension.

Staffing levels were adequate to the size and layout of the centre.

In general, the atmosphere was relaxed and staff actively engaged with residents in a social and friendly manner, however, promotion of a rights-based approach to resident care was necessary to ensure the service delivered was resident-focused.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider applied to vary the conditions of registration for Macroom Community Hospital and increase the bed occupancy from 17 to 26 residents. The appropriate fees were paid and the necessary documentation submitted.

Judgment: Compliant

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.

Judgment: Compliant

Regulation 15: Staffing

Macroom Community Hospital was originally registered to accommodate 38 residents. Following the reduction of residents accommodated to 17, the provider representative did not reduce the number of staff accordingly but maintained the staff complement. This was to ensure that when the building extension would be completed, staff would be in place to enable continuity of the service. Even though the number of residents that will be accommodated with the new extension will increase by nine (26 in total), the staff complement will remain at its original level

(38 residents).

One the day of inspection the staff roster showed the following staff on duty for the current 16 residents:

In addition to the person in charge and the clinical nurse manager the following staff were on duty -

Nurses:

8am – 8pm x 2

8am – 2pm x 1

8am – 6:30pm x 1

HCAs:

8am - 8pm x 3

Chef x 1 and kitchen assistant x 1, both 8am – 6:15pm

Household staff: 8am – 6:30pm x 2

Maintenance: 8am – 5pm x 1

Administration staff, and

Night duty - Nurses x 2 and HCAs x 2

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated and could now facilitate the input of information relating to the transfer of residents to another healthcare facility, and enable ease of access and retrieval of information.

Judgment: Compliant

Regulation 23: Governance and management

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

follows:

- a rights-based approach to enable residents make informed choices regarding their new home was not evidenced
- some of the facilities in place did not facilitate or promote residents' independence
- prior to the regulator coming on site, a final inspection of the new extension was not completed to ensure the building was ready for occupancy and regulatory inspection
- the non-clinical risk register was not updated regarding the new extension and how the ongoing building works impacted both the existing and new building
- risk was not assessed or controls put in place regarding issues such as unsecured room as part of the building site which opened on to the main corridor; appropriate precautions were not in place in this room regarding the risk of aspergillus, risk of fire and the requirement to issue an immediate action plan
- risk associated with fire safety and the requirement to issue an immediate action plan regarding residents in Dilis.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care were updated on inspection to include the bedroom number and whether the room was single, twin or multi-occupancy occupancy.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated at the time of inspection to reflect the number of residents that will be accommodated with the registration of the new extension, the rooms that will be part of this application to vary registration, and the relevant regulations underpinning the registration of a designated centre.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were re-introduced following the lifting of COVID-19 precautions. They facilitated activities such as arts and crafts, music sessions on Saturday morning. However, the files in place for volunteers did not have photographic identification, the support and supervision provided, and roles and responsibilities were not set out in writing, as specified in the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that notifications were submitted as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Relevant policies and procedures were not updated with local addenda to reflect the new building and how it impacted service provision.

Judgment: Substantially compliant

Quality and safety

Residents gave positive feedback about staff and the care they received. Residents were relaxed in the company of staff and staff were seen to actively engage and offer help with residents throughout the day.

Residents had good access to GP services and residents reported that they had good access to their GPs. Residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example.

There was no resident transferred in or out of the service since the last inspection to review transfer records. Nonetheless, the directory of residents was updated to enable transfer information to be recorded in line with regulatory requirements.

Four nurses on site were nurse prescribers. The person in charge reported that the pharmacy service was excellent; medications were delivered when required and the

pharmacist visited the centre on a monthly basis to review stock and adjust accordingly. Nonetheless, the pharmacist had not been facilitated to meet residents as described in the regulations, should they wish to discuss their prescriptions.

A review of minutes of residents' meetings showed that two meetings occurred in October 2022, and in January 2022 prior to that. The meeting of 5th October had information-sharing regarding vaccinations, infection control visiting and meals, however, there was no discussion about the new extension. The meeting following this, 13th October, showed little discussion, but did include some information about the new extension and stated that 'three to four residents' would be shown the new building 'after morning care and staff will explain everything' to residents; this approach was not in keeping with a rights-based approach of equality and fairness, and minutes of meetings did not show that residents' opinions were sought to help define the service. Residents' were not supported to be as autonomous as possible in the decision-making process about their new home, and staff routines and convenience defined service delivery.

Regarding fire safety: The construction of the extension meant that an exit door from Dilis had been decommissioned. This was risk assessed and while interim control measures were identified, these were not adequate to ensure the safety of residents, in particular, residents in Dilis ward. Escape onto the corridor from Dilis required either wheelchair or ski sheet evacuation as the beds could not turn onto the corridor. Wheelchairs were stored remotely from Dilis and ski sheets were not on residents' beds. An immediate action was issued and the person in charge immediately arranged for ski sheets to be sourced and to be on site before the end of the inspection. Further controls as part of the interim strategy included fortnightly drills, however, these were not carried out. The inspectors noted deficits to fire doors in the older part of the building. Fire doors to a number of rooms were not fitted with closing devices and were routinely left open. The closing device on the fire door to the laundry room didn't close the door; this was a room of increased fire risk. The former treatment room which was under construction presented a risk of fire; the room was not adequately contained to prevent the spread of fire and smoke, and this opened onto an escape corridor. It was confirmed to inspectors that the provider's own fire officer would conduct a review of fire safety in the existing section of the building to ensure the safety of residents living there.

Regulation 11: Visits

Visiting was facilitated in line with current (November 2022) HPSC guidance. Information pertaining to COVID-19 visiting precautions was displayed at entrances to the centre. Infection control precautions were in place on entering the building with temperature and advice regarding wearing masks and hand hygiene.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' current personal storage space comprised a bed side locker and narrow wardrobe which could possibly have facilitated three items of clothing to hang. The previous inspection in April 2022 detailed the discussion the regulator had regarding appropriate personal storage space for residents which would be similar to personal storage space in one's own home as this was a long-term care facility. While the new wardrobes were double sized, they would not properly facilitate hanging clothes such as dresses or coats, so residents' clothes could not be maintained appropriately.

Judgment: Not compliant

Regulation 17: Premises

Prior to the regulator coming on site, a final inspection of the new extension was not completed to ensure the building was ready for occupancy and regulatory inspection, as the following was identified:

- some black-out blinds were not working
- showers were leaking
- some toilets were not flushing appropriately
- taps were not adjusted appropriately in hand-wash sinks to minimise the risk of slashing
- appropriate signage was not displayed for hand hygiene and hand washing for example
- the flooring in one bedroom had 'bubbled' and required attention
- some doors required adjusting to facilitate appropriate closure mechanism
- the sluice room did not have the necessary apparatus to safely hang mop handles off the ground
- window boards to full height windows created a trip hazard to staff and residents when approaching the window to open it.

Judgment: Not compliant

Regulation 18: Food and nutrition

Meals were seen to be pleasantly presented and appropriate assistance was provided to residents during meal-times. Staff actively engaged with residents during meal-times and lovely chat and banter was observed, making the dining experience a social occasion. 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 25: Temporary absence or discharge of residents

While no resident was transferred out of the centre since the previous inspection, the appropriate transfer template was available should the need arise. The directory of residents was updated to include transfer information when required.

Judgment: Compliant

Regulation 28: Fire precautions

Immediate action was required to ensure the safety of residents living in the centre:

- the interim evacuation strategy for the decommissioned exit in Dilis did not account for a fire starting in Suaimhneas. This was the only available escape route suitable for bed evacuation from Dilis,
- a former treatment room was still under construction. It did not have adequate containment and the smoke detector was covered with a hygiene glove. This meant that a fire would not be detected nor would it be contained.

In addition to the above, the registered provider was not taking adequate precautions against the risk of fire, nor adequately reviewing fire precautions, for example:

- the electrical switch room was being used for storage and staff were also using the room for ironing linen
- the risk assessment for the decommissioned exit from Dilis included controls which required drills fortnightly. The latest drill record available to inspectors for this area was from April 2022
- the fire door to the staff dining room was propped open with a chair.

In the extension, action was required by the provider to ensure compliance with Regulation 28, as the following was identified:

- some fire doors were noted to have gaps; the flush bolts to the smaller leaf of some bedroom doors was difficult to operate
- the small leaf of bedroom doors was not fitted with an automatic closing device. Bed evacuation was the proposed evacuation strategy and the small leaf would be opened during evacuation, relying on staff to close the door. The drill reports for the new extension showed that doors were left open

when testing the procedure,

- the lobby to the hair salon did not have an exit sign
- the escape door from a treatment room was not yet available due to further construction works. Interim escape from this room was through a therapy room, which meant it became an inner room. Further assurance was required from the provider to ensure an adequate means of escape was available
- an escape corridor leading to the proposed entrance was not available and had a partition separating it. Further assurance from the provider was requested to ensure the remaining exits provided adequate means of escape
- signage to prevent parking outside one exit was not displayed
- zoned floor plans beside the fire alarm panels were incorrect
- fire procedures, policies and fire safety management plan were not updated to reflect the extension
- the procedures to follow in the event of a fire were not yet displayed, nor were the proposed evacuation floor plans.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While the pharmacy provided a good service with daily delivery of medications when necessary, the pharmacist had not been requested to be available to residents as described in the regulations, should they wish to discuss their prescriptions.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services, multi-disciplinary team specialist services including psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example.

Judgment: Compliant

Regulation 9: Residents' rights

Some of the systems in place did not ensure that a rights-based approach to care delivery was implemented into practice:

- the activities programme displayed had a variety of activities seen for

morning times, however, the afternoon comprised walking, weather permitting. While three/four residents were taken by taxi on Tuesdays for a drive around, they did not get out of the taxi, and opportunities to experience normal socialisation such as a coffee or pint in the local hotel and possibly meet up with neighbours, was not envisaged,

- minutes of residents meetings did not demonstrate that residents views were sought in order to influence their quality of life; minutes did not detail how they were encouraged and facilitated to chose their own room, decorate it with items from home that were dear to them or encouraged to bring in pieces of furniture, now that they would have their own personal space,
- mobile privacy screens were to be used in the twin bedroom, however, the screens available had not been trialled to ensure they met the privacy needs of both residents; these mobile screens were seen to be cumbersome and difficult to use and would not promote or facilitate residents' independence regarding ensuring their own privacy, and mitigate the necessity to call for assistance to close and open their curtains
- the secure outdoor garden had beautiful walkways and paving and seating for residents. There was a keypad to exit the building, and staff fob access to re-enter the building, so residents would be unable to independently access the garden
- in the new extension, directional signage to areas such as the dining room, day rooms, nurses' station, seating areas and courtyards was necessary to ensure residents could navigate their new home independently, and reduce the possibility of anxiety, disorientation and confusion.

Judgment: Not 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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0037979

Date of inspection: 22/11/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Residents will be given the choice to decide their own bedroom in the new extension in advance of moving to the new building as documented in care plans.</p> <p>The risk register has been updated to reflect the new extension and ongoing building works.</p> <p>The previously unsecured former treatment room has been secured 22/11/2022 and risk assessments have all been completed 13/12/2022.</p> <p>Action plan for Dilis ward has been completed on 22/11/2022</p>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>Roles and responsibilities of volunteers outlined and agreed in writing and discussed 29/08/2022. Photographs to be completed by 31.01.2023.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 Fire Policy has being updated to reflect change to new build 13.12.2022

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 Adjustments to wardrobes will be completed 28.02.2023

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 All actions are now completed.

- The blackout blinds have been checked and all are now in working order.
- The showers have been reviewed and adjusted to address the leak identified – all now in full working order.
- The toilets have been adjusted to flush appropriately
- The taps have all been adjusted to ensure that there is no splash from the sink when the taps are running.
- Appropriate signage is displayed in graphic formation on each hand wash and hand sanitizer container as per IP&C guidelines.
- The flooring with the identified bubble has been corrected by the builders and same has been rectified.
- All doors have been checked and adjusted appropriately to ensure an appropriate closing mechanism
- Window boards have been clinically risk assessed. Macroom Community Hospitals clinical risk assessment has been updated to reflect the identified risk for trips falls and possible injury.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All actions in progress and will be completed on 31.01.2023. Electrical switch room is locked 06.01.2023 Dilis ward has been decommissioned and Residents moved to the new extension. 09.01.2023. Former treatment room was secured 22.11.2022. All doors now close with mechanical closures 10.01.2023. New Extension. Zoned floor plans have been updated and erected. All fire doors have been checked, re-adjusted as necessary and are within regulations. Kitten doors are included in the fire evacuation management plan Hair salon exit sign has been erected Escape route from proposed entrance travel distance has been checked and complies with regulations No parking signage has been erected Fire procedures, policies and fire safety management plan are updated and completed. The procedures to follow in the event of a fire are displayed and "you are here" signage has been erected at various locations</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The person in charge has liaised with the pharmacist and a process has been established to ensure that the pharmacist is facilitated to meet residents as described in the regulations, should they wish to discuss their prescriptions. E-mail has been received by person in charge to confirm this agreement on the 11.01.2023.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The afternoon section of the activity schedule has been reviewed in collaboration with</p>	

the residents. The enhanced schedule will now provide a variety of activities in accordance with their interests and capacities. Residents meeting monthly recorded. A "food group" will be formed made up of residents and chef.

Activities sub group will be introduced as part of quality improvement in 2023.

1. We will continue to offer taxi journeys to the local areas and provide opportunities to meet with friends.
2. Minutes will reflect how Residents views were sought and will be documented. Every Resident has been offered a choice of room in the new build and the opportunity to decorate with their own personal items.
3. We have sufficient mobile privacy screens which afford privacy and promote independence. All bedrooms have remote control closing of blinds.
4. Independent outdoor garden access will be facilitated to secure area
5. Directional signage has been completed

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	28/02/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	09/01/2023
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	13/12/2022

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the	Substantially Compliant	Yellow	31/01/2023

	designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2023
Regulation 28(2)(iv)	The registered provider shall	Not Compliant	Orange	31/01/2023

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/01/2023
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	11/01/2023
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	31/01/2023
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the	Substantially Compliant	Yellow	31/01/2023

	designated centre receive supervision and support.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	13/12/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	09/01/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	09/01/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	13/01/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	18/01/2023

	that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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