



**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:	Cobh Community Hospital
Name of provider:	Cobh Community Hospital
Address of centre:	Aileen Terrace, Cobh, Cork
Type of inspection:	Unannounced
Date of inspection:	13 November 2023
Centre ID:	OSV-0000558
Fieldwork ID:	MON-0041521

## About the designated centre

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

Cobh Community Hospital was established in 1908. It is run by a voluntary Board of Management and cares for 44 older adults. The "Friends of Cobh Hospital" are involved in fund raising for the hospital. Medical care is provided by a team of local doctors and a pharmacist is available to residents and staff. The older and main part of the hospital is laid out over three floor levels. The ground floor is split into two levels with the upper level accessible via a platform type lift or by a stairs consisting of six steps. Bedroom accommodation on the ground floor comprised four single bedrooms and two twin bedrooms. Bedroom accommodation on the upper level of the ground floor comprises one single en-suite bedroom and one four-bedded en-suite room. Bedroom accommodation on the first floor comprises three single bedrooms, four twin bedrooms and two four-bedded rooms. A new extension accessible through a corridor consists of 12 single en- suite bedrooms. The second floor is used primarily as office space but also contains an oratory. The first and second floors are accessible by a lift and stairs. The centre provides care to residents with all dependency levels. There is 24 hour nursing care supported by care, household, activities and maintenance staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

44

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 13 November 2023	09:00hrs to 17:30hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the registered provider supported residents to have a good quality of life. Residents who spoke with the inspector were very happy living in the centre. The inspector spoke with most residents throughout the day of inspection and spoke with six residents in more detail. The inspector also spoke with four groups of visitors who were also complimentary of the care their family members received in the centre.

The inspector was met by the person in charge on the morning of inspection. An opening meeting was held with the person in charge and this was followed by a guided tour of the centre.

Cobh Community Hospital is located in the town of Cobh and can accommodate 44 residents. The centre was fully occupied on the day of inspection.

Bedroom accommodation was laid out over two floors and a mezzanine level, with the upstairs rooms mainly used to accommodate more mobile residents. Bedrooms were seen to be personalised with photographs, pictures, books and furnishing with the help of family and staff. Residents spoken with on the walk around told the inspector that they were happy living in the centre. The centre was seen to be furnished with good quality curtains, blinds, pictures and ornaments throughout. Directional signage was well designed and helped residents to locate their bedrooms and communal rooms. There were a number of communal rooms seen to be in use in the centre such as, a large sitting and dining room and a visitor's 'parlour' room and snug. A "bed-settee" for visitors' overnight use was available in this room with a fish tank that sat in the corner. Residents were seen to use these rooms throughout the day and said they enjoyed the privacy and independence they felt with having a choice of sitting rooms.

Some residents were seen having their breakfast in the dining area in one part of the centre. Other residents chose to have their breakfast in their own rooms. The inspector saw different areas being used for the lunchtime meal. This was a very social occasion for the residents. The dining room had sufficient space for the residents and residents that required assistance were given this by staff. One resident went out of their way to tell the inspector that they were "very happy" with the food being served. The food being served appeared nutritious and the modified dietary meals appeared appetising. A new initiative was spoken about the "Cobh Green Hub Project" which involved the kitchen staff reducing waste and providing the correct size portions for residents to reduce and eliminate waste.

Residents were seen to be engaged with the activity coordinator in the day room, with the activity coordinator providing 1:1 with residents in their own rooms also. A full activity schedule was in place with an extra activity coordinator in place to provide activities on Saturdays for the residents. Residents were seen to have positive interactions with the activity coordinator on the day. The therapy dog in the

centre was seen to provide companionship to residents that stayed in their rooms which these residents appeared to enjoy greatly.

The inspector observed that there had been ongoing works to the premises with some areas being painting and fire stopping being completed in the areas of ceilings that required it. The outdoor garden had suitable space space for the residents to use in finer weather, there was a large outdoor area and a smaller patio area outside a conservatory. The conservatory was a large space, which during the day of inspection was used for storage in the main. Work had been completed on some bathrooms with a new hydrotherapy bath installed. Storage in bathrooms had improved since the previous inspection but further action was required in this area which is discussed under the relevant regulation.

Throughout the day of inspection, the inspector observed staff and management interacting in a positive and respectful manner with residents. Residents spoken with held the staff in high regard. Staff and management in the centre were also seen to interact in a positive manner with visitors that attended the centre.

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

## Capacity and capability

The governance and management of the centre was well organised and well defined. The management team was committed to ongoing quality improvement. Overall, staff were knowledgeable of the standards and regulations for the sector. Management systems were found to be comprehensive.

Cobh Community Hospital is a voluntary hospital managed by a board of directors. One of the members of the board of management represents the provider (Cobh Community Hospital) for the purposes of regulation and registration. Evidence was seen of regular meetings between the board of management and the nurse management team to promote best practice in meeting residents' needs and addressing financial and maintenance issues. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers and nurses, health-care assistants, catering, household, administration, volunteers and maintenance staff. There were 44 residents living in the centre on the day of inspection.

Staffing was adequate for the needs of the residents on the day. Staff were well supervised as there was a good level of staff at managerial level on the day of the inspection. Mandatory training was provided for staff, this was up to date and a plan was in place for staff to complete refresher training in mandatory training areas.

Records were made available to the inspector and were easily accessible. These

records were well maintained. Residents' care plans that were viewed were comprehensive and guided staff in relation to residents' needs and wishes. Staff records that were viewed contained the required information in relation to regulation 21 and Schedule 2. Records were now securely stored as previously areas of the centre had been used to store records in an insecure manner. Records had now been removed from these areas.

The statement of purpose was updated on the day of inspection to take into account the most recent update to the regulations in relation to the complaints process in the centre.

The policies and procedures required by schedule 5 of the regulations were present in the centre, were up to date and were available for staff members on the day of inspection.

Incidents that required notification to the chief inspector were done so in a timely manner. Complaints were well managed in the centre and a log of complaints were maintained along with the outcome of these complaints.

#### Regulation 14: Persons in charge

The person in charge engaged positively with the inspector, was suitably qualified and was knowledgeable of her responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels on the day of inspection were appropriate for the residents' needs and the size and layout of the building. The staffing levels on the staff roster corresponded with the staff members present on the day.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had appropriate mandatory training and there was a plan in place for staff to undertake refresher training in these areas.

Judgment: Compliant

<b>Regulation 21: Records</b>
Records were stored securely in the centre. A sample of staff files were examined and these contained the information required under schedule 2 of the regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was suitable management structure in place for the centre. A schedule of audits took place throughout the year along with regular staff meetings. An annual review took place which identified actions for the following year.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
Contracts that were viewed met the requirements of the regulations, with the room number and occupancy of the rooms set out.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre. The complaints section of the statement of purpose was updated on the day of inspection to take into account the updated regulation in relation to complaints.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Incidents in the centre had been reported, reviewed and logged. Notifications were

submitted to the regulator in line with the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Both verbal and written complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome. The complaints policy was updated on the day of inspection to reflect the latest update to the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies listed under Schedule 5 of the regulations were available on request and were up to date.

Judgment: Compliant

## Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health-care and well-being needs being met by the provider. Residents were protected from harm and abuse and visiting arrangements promoted the well-being of residents. For the most part, the premises enhanced the residents' life in the centre. The inspectors found that some issues identified in relation to fire safety, premises and infection control required action as outlined under the relevant regulations.

The inspector found that residents health care needs were met to high standard. Residents had access to general practitioner (GP) services both regularly and as required, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. Assessments used in care planning were comprehensive, giving relevant information to guide staff to deliver person centred care for residents. Care plans were reviewed every four months or sooner if required. The premises was, in the main, well maintained and work to the premises had been completed since the previous inspection. Further action was required in this area is discussed under the Regulation 17.

The centre was clean and dedicated cleaning staff were working in the centre during the day. Action was required also in this area and is discussed under Regulation 27.

The residents were very happy with the choice and quality of food on offer at meal times. Meal times were social occasions for the residents and they enjoyed the company of each other during this time.

Work on upgrading the fire safety systems in the centre were ongoing. Specific actions required in this area are discussed under Regulation 28.

The centre's risk management policy had the information included required by the regulations. Staff had up-to-date training in the area of responsive behaviours. Restrictions used for residents was constantly under review and these restrictions were being reduced following these assessments.

The centre did not act as a pension agent for any residents and residents' finances and valuables were managed in a safe and secure manner.

Staff engaged with residents in a positive and respectful manner. Resident's rights and choices were promoted in the centre. A variety of activities were provided in line with the residents' interests. The residents' voice in the running of the centre was attained both formally and informally through resident meetings and conversations with staff.

### Regulation 11: Visits

Visitors were seen arriving freely throughout the day. There was a variety of areas of the centre for visitors to access. Visitors spoken with on the day were complimentary of the service provided.

Judgment: Compliant

### Regulation 17: Premises

Action was required in the following areas to ensure the centre meets the requirements of the regulation:

- some areas such as woodwork and rooms required painting
- an area of flooring in a corridor was damaged and covered with tape
- there was a lack of storage space for commodes, hoist and linen trolleys as these were stored in hallways and bathrooms.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents were very pleased with choice, quantity and quality of food on offer in the centre. Mealtimes were a social occasion for the residents.

Judgment: Compliant

## Regulation 26: Risk management

The risk management policy contained the sections required by the regulations.

Judgment: Compliant

## Regulation 27: Infection control

The following actions were required to ensure adequate procedures, consistent with the standards for the prevention and control of health care associated infections were in place:

- dedicated hand wash sinks for staff had yet to be installed
- commodes were inappropriately stored in the communal shower rooms which could lead to cross contamination.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Action was required for the following in relation to fire safety:

- one fire door did not close and another closing mechanism on a door did not function properly
- a set of wires were exposed, hanging from a ceiling, in an area where recent building works had taken place. It could not be assured that these exposed wires did not pose a risk in relation to fire safety.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Residents' care plans were well maintained and reviewed in a timely manner. Assessments used were comprehensive and guiding staff in providing care for the residents.

Judgment: Compliant

## Regulation 6: Health care

The health-care needs of residents were well managed in the centre. Residents had regular review from their general practitioner. There was evidence that residents had regular access to a physiotherapist, occupational therapist, speech and language therapist and dietitian from the care plans viewed.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Training and education was provided to staff in this area. Restrictions in place were under review with the use of bed rails in the centre being reduced.

Judgment: Compliant

## Regulation 8: Protection

Staff interacted with residents in a respectful and kind manner and safeguarding training was provided to staff.

The centre did not act as pension agent for any residents and the finances were managed in a transparent manner.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There was an activities co-ordinator employed in the centre who facilitated a varied and stimulating activities programme for residents. Residents were consulted both formally and informally by staff and management on the running of the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cobh Community Hospital OSV-0000558

Inspection ID: MON-0041521

Date of inspection: 13/11/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Constant upgrades on paintwork ongoing as paint schedule insitu. Storage space an issue, will ergonomically assess how to improve same.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Hand wash sinks to be placed in corridors, plumbers awaited.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: New re-closers ordered to deal with the remaining fire doors that need attention. New fire escape sign placed in area where wires were exposed at time of inspection due to new area of plastering.	

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2024
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	31/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	31/01/2024

	extinguishing fires.			
--	----------------------	--	--	--