

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:	08 May 2025
Centre ID:	OSV-0000558
Fieldwork ID:	MON-0046029

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. The first and second floors are accessible by a lift and stairs. Communal space available to residents comprises a large day room with dining tables and chairs, a separate dining room on Bluebell, conservatory, quiet reflection room, a quiet relaxation room called 'The Snug'. Outdoor spaces include a large mature sensory garden, a balcony area off the dining room on Bluebell and courtyard by the conservatory. The centre provides 24hrs nursing care to long and short stay residents, of all dependency levels.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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
Thursday 8 May 2025	09:00hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day in Cobh Community Hospital. Overall, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. The inspector met many of the residents on inspection and spoke with thirteen residents in more detail to gain insight into their lived experience in the centre. Residents gave positive feedback about the centre and were complimentary about the care provided and kindness of staff. It was evident that the team knew residents well and provided care in accordance with their wishes and preferences. Throughout the day, the inspector observed staff and management interacting in a positive and respectful manner with residents.

Cobh Community Hospital is located in the town of Cobh and can accommodate 44 residents (22 long-stay residential care and 22 short-stay respite and convalescence care). On arrival to the centre, the inspector completed the risk management procedure of identification check, signing in and hand hygiene. The inspector met the newly appointed person in charge, assistant director of nursing and the clinical nurse manager (CNM).

The suggestion box, registration certificate, advocacy information, complaints procedure were displayed in the main hallway along with other reading material such as the residents' guide, statement of purpose, previous inspection reports and health and safety statement; the defibrillator was located here. Information regarding advocacy services was displayed at different locations throughout the building. The poster informing visitors of meal and visiting times was updated on inspection to reflect the main meal as well as tea time to ensure these meals were protected for residents. There was a clinical waste bin at reception which had not been removed following the outbreak of influenza several weeks previous; this was removed immediately.

The building is laid out over two floors and a mezzanine level. Bedroom accommodation comprises single, twin and multi-occupancy four-bedded rooms. Some bedrooms were seen to be personalised. Some residents had access to double wardrobe personal storage space and others had a single wardrobe. While residents had a locker, some were inaccessible to residents from their bed. Some bedroom privacy screens were heavy, cumbersome and had several brakes to be released so could not be used independently by residents.

There was directional signage to inform residents of rooms such as the Rose Café dining room for example, to help minimise disorientation. Communal rooms comprise a large day room with dining tables and a kitchenette, a separate dining room on Bluebell, a reflection room, and a quiet room called 'The Snug'.

The hairdresser's room was dual purpose in that it also facilitated a nurses' station with computer, phone, a trolley with blood-taking equipment and a medication trolley securely attached to the wall when not in use; this room was un-secure.

The inspector spoke with the recently appointed activities co-ordinator who outlined the activities programme. This varied from 1:1 individualised sessions with residents in their bedrooms, small group activities as well as larger group activities. Residents were seen to enjoy the interaction and staff gently encouraged residents to part-take in the activities. In the afternoon, the regular musician came and entertained residents in the main day room. A full activity schedule was displayed; details of the live music were written on the white boards in residents' bedrooms to remind residents of the day's activity. The local community was very involved in the life of Cobh Community Hospital with several events planned during the summer.

Residents had access to a variety of outdoor spaces such as the larger mature sensory garden with walkways and seating, a smaller patio area outside a conservatory, and a balcony outside the dining room on Bluebell. There was a large whiteboard in the dining room on Bluebell displaying residents' information regarding their swallow requirements.

Serving of the main meal of the day commenced at 12:15hrs with soup offered to residents, which was followed by dinner and then dessert. Meals looked appetising and residents reported that the quality of food was good and there was good choice. Residents were assisted in accordance with their needs, and staff were seen to actively engage with residents. The dining areas enabled social interaction between residents, for example, one large table could seat eight residents comfortably, and residents were observed to meet up with their friends, chat and catch up. Snacks and drinks were offered to residents throughout the day. Later, tea was served at 16:15hrs, following this, the inspector heard staff asking residents would they like to go to bed.

Hand sanitisers were available throughout the building and in general, staff were seen to complete hand hygiene appropriately, however, two staff were seen to complete hand washing in the bedroom sink in one multi-occupancy bedroom. In general, the centre was visibly clean with a few exceptions, for example, the outlet of some sinks were visibly unclean.

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

Capacity and capability

This unannounced risk inspection was undertaken to monitor ongoing compliance with the regulations. The findings of this inspection showed that management systems required action to ensure oversight of different aspects of care delivery and

effective monitoring. Shortfalls were identified in areas such as care assessments, residents' rights, infection prevention and control, fire safety oversight, personal storage and general storage, to ensure the safety and welfare of residents and staff, and quality of life of residents.

Cobh Community Hospital is a voluntary hospital, managed by a board of directors. One of the members of the board represents the registered provider (Cobh Community Hospital) for the purposes of regulation and registration. The management structure on site comprised the newly appointed person in charge, assistant person in charge and two clinical nurse managers. The management team demonstrated commitment to ongoing quality improvement to enable best outcomes for residents. The management team was supported by a team of nurses, health-care assistants, catering, household, administration, maintenance and volunteers. There were 39 residents in the centre on the day of inspection.

Staffing was adequate for the assessed needs of the residents on the day of inspection. Mandatory training and other training relevant to roles and responsibilities was provided for staff; this was up to date and there was good oversight of training needs and refresher training. The inspector was informed that the service had won both gold and silver for 'Hygiene in Hospitals' from the Irish Accommodation Services Institute.

Records were readily available to the inspector. A sample of complaints records were reviewed and these required attention to ensure the specified regulatory requirements were recorded; these are further discussed under Regulation 34: Complaints procedure.

While most multi-occupancy bedrooms had either long-stay or short-stay residents in line with FREDA (fairness, respect, equality, dignity and autonomy) principles, one bedroom had a mix of short and long stay people; this was discussed with management and they assured that a single bedroom had been allocated for the long-stay resident following discussion and consultation with the resident and their family.

While most Schedule 5 policies and procedures were available, the policy relating to End of Life was not in place. This and further deficits regarding Schedule 5 policies are further discussed under Regulation 4: Policies and procedures.

A schedule of audit was in place for 2025. Different staff completed these audits as part of effective leadership. While there was a good cross-section of audits completed, some did not accurately reflect the service as it is to enable improvement - this is further discussed under Regulation 23: Governance and Management.

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had submitted the appropriate notification along with the prescribed documentation regarding the appointment of a new person in charge. Documentation included a current vetting disclosure, comprehensive employment history, qualification certificates and valid identification.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was newly appointed to Cobh Community Hospital. They worked full time in the centre. They held the required management experience and qualifications and were aware of their responsibilities under the regulations.
Judgment: Compliant
Regulation 15: Staffing
The centre was adequately staffed to meet the needs of the residents. Management gave assurance that staff levels are kept under continuous review in tandem with the dependency and assessed needs of residents. This was welcome, in particular, during twilight hours.
Judgment: Compliant
Regulation 16: Training and staff development
The registered provide ensured that staff had access to mandatory and other training pertinent to their roles. Mandatory training was up to date for all staff. Training was scheduled for the weeks following the inspection for care planning documentation, manual handling, fire safety, responsive behaviours and restrictive practice for example to ensure training remained current.
Judgment: Compliant
Regulation 19: Directory of residents

The directory of residents required updating to ensure regulatory compliance with the requirements of Schedule 3 as follows:

- the time and cause of death
- the date residents are temporarily transferred to another care facility.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place required action to ensure the service is safe, appropriate, consistent and effectively monitored:

- there was a lack of oversight of some premises issues: The hairdresser's room was inappropriately dual purpose in that it facilitated both a hairdressers' sink and seating as well as a nurses' station with computer, phone, a trolley with blood-taking equipment and medication trolley securely attached to the wall when not in use; food supplements were stored here on an open shelf unit. As this room was unsecured it enabled unauthorised access. Some clinical rooms were also unsecured and had items such as medications, needles and enemas which could be accessed by residents or visitors,
- audits did not reflected accurately the premises and how it impacted residents' quality of life, for example, cumbersome privacy screens in multi-occupancy bedrooms were not identified as part of helping residents to maintain their independence, privacy and dignity; the layout of some bedrooms did not facilitate adequate personal storage space, however, this deficit is not identified in the audit of the premises,
- there was a lack of oversight of the mandated infection prevention and control national standards as detailed under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Action was required to ensure complaints were recorded and managed in accordance with specified regulatory requirements, as follows:

- complaints, actions taken on foot of a complaint, and outcomes of complaints were not fully and properly recorded
- it could not be determined from the complaints' records if complaints were managed within the specified time-lines as the records seen were incomplete

- the annual review did not include the level of engagement of independent advocacy services with residents, complaints received including reviews conducted, and consultation with residents and their families in developing the annual review.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were available, and were updated in accordance with best practice, as:

- the temporary absence and discharge policy did not detail the requirements relating to the temporary transfer of a resident to another care facility (it only detailed policy requirements regarding discharge of a resident)
- the creation of, access to, retention of, maintenance of and destruction of records did not have the specified regulatory requirements
- the health, safety and food policy required updating to reflect the change to legislation 2025
- the complaints policy required reviewed to ensure it correlated with time-lines as specified in SI 628 of 2022
- the end of life care policy was not available
- all policies required review to ensure they reflected current legislation, best practice and national standards as many of them were not referenced so it could not be assured that they reflected current information.

Judgment: Substantially compliant

Quality and safety

In general, the inspector found that the health and well-being of residents was promoted. Staff were respectful and seen to actively engaged with residents.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian and speech and language, as required. A sample of end of life care plans were examined and these demonstrated good insight into residents' wishes, preferences and decisions made about their care. Good oversight of residents' nutritional needs were evidenced with a weight analysis over the previous six months, with additional information showing timely referrals and actions taken to address residents' needs. The sample of care plan documentation reviewed showed that care plans were comprehensive to inform

individualised care, but residents' assessments were risk based (falls risk, malnutrition risk and skin pressure for example) and did not enable a holistic assessment to be undertaken to inform individualised care planning. This is further discussed under Regulation 5: Individual assessment and care plan.

In relation to fire safety, the inspector reviewed fire safety management and the physical premises. Some issues were identified that impacted fire safety and these are detailed under Regulation 28: Fire precautions. Issues relating to the premises are discussed under Regulation 17: Premises.

The inspector found that while residents' right and choices were promoted, some issues were identified relating to the premises and mealtimes which impacted their quality of life and these are discussed under the relevant regulations.

There was a variety of activities available to residents. The recently appointed activities co-ordinator demonstrated good insight into residents and their social care needs. Residents had access to advocacy services and information relating to this was displayed throughout the centre. 'Friends of Cobh Community Hospital' supported the service with funding and community support along with volunteers. Nonetheless, issues were identified regarding supporting residents' rights and these are discussed under Regulation 9: Residents' rights.

Regulation 12: Personal possessions

Action was required to ensure residents retained control over their personal property and possessions as follows:

- some residents had access to only a single wardrobe to store their clothing such as hanging dresses, trousers, blouses and shirts; a single wardrobe is inadequate for people living in long-stay residential care,
- because of the structure of one single wardrobe with locker attached, the resident could not access their locker from their bed as it was attached on the wrong side of the wardrobe; as space within this room was limited, the wardrobe could not be moved to the other side of the bed to enable the resident to access the locker. In addition, this was a single wardrobe.

Judgment: Substantially compliant

Regulation 17: Premises

The following required action to ensure the premises was in line with regulatory requirements:

- there were inadequate storage facilities available as specialist chairs were stored in the conservatory communal space as well as on the link corridor; a double wardrobe was also stored in the conservatory,
- there was a lack of oversight of water temperatures to handwash sinks as the hot water in taps was too hot and the rationale for this was legionella precautions; this was remedied during the inspection to ensure residents and staff would not be injured,
- the ramp access to the balcony from the dining room on Bluebell protruded and was a falls risk.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A review of meal-times was required as the main meal started at 12:15hrs, and 16:15hrs for tea-time, which was early, and not a normal reasonable time for these meals.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures consistent with the standards published by the Authority were in place and implemented by staff, as:

- sharps bins were open and not covered when not in use as required by professional guidelines
- in one twin bedroom, denture cartons were routinely stored on either side of the handwash sink which can lead to cross infection
- one clinical store room had several boxes on the ground preventing cleaning
- a review of legionella precautions was required as the criteria for the prevention of legionella were not implemented in practice
- some clinical hand wash sinks were not compliant with current guidelines of HPN-10 as there was a metal outlet and this outlet was directly below the water flow
- the water outlets of some handwash sinks were seen to be visibly unclean
- a review of clinical hand wash facilities was required as some staff were seen to use the residents' handwash sink in a multi-occupancy bedroom as there was no clinical handwash hub nearby.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following required attention to ensure compliance with fire safety precautions as follows:

- emergency evacuation floor plans were displayed throughout the building; some had primary and secondary escape route while others did not have this detail; in general, they were not orientated to reflect their relative position in the centre so could be confusing when following an evacuation route
- some emergency evacuation floor plans required updating to reflect the current name of the unit as obsolete names were seen on some such as Siochan rather than Fuschia, which could be confusing for newer staff
- some fire signage was defunct and no longer reflected current fire doors (these were removed on inspection)
- specialist chairs were stored on the link corridor between the main building and Bluebell extension, these partially obstructed a fire evacuation route. An immediate action was issued on inspection and these were removed,
- the smoking shelter did not have fire safety equipment such as a fire apron, fire extinguisher or fire blanket
- residents had Personal Emergency Evacuation Plans (PEEPs) in place, however, they did not routinely detail the evacuations supports residents required for both night time evacuations as well as day times.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required regarding residents assessments and care planning documentation, as follows:

- assessments were risk based (falls, malnutrition and skin pressure risk for example) and did not provide a holistic view of residents and their needs to inform holistic care that would support their personal and social care needs
- medical histories did not routinely inform assessments to ensure residents would be care for in accordance with their medical needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to general practitioner (GP) services, speech and language therapy, dietetic services, tissue viability nurse, and physiotherapy services. Medication reviews formed part of residents' overall medical care with ongoing reviews to ensure best outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure residents' rights were upheld, as:

- information regarding residents' swallow was displayed on a large whiteboard in the dining room on Bluebell which did not protect residents' private information
- following tea-time, the inspector heard staff ask residents if they wanted to go to bed and not offer choice regarding what they would like to do and given the opportunity to participate in activities in accordance with their interests and capacities such as stay in the day room with their friends or go out into the garden as it was such a beautiful day, 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	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cobh Community Hospital OSV-0000558

Inspection ID: MON-0046029

Date of inspection: 08/05/2025

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Create a new directory of residents that will include the time and cause of death, the date that a resident is temporarily transferred to a different facility.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The hairdresser's setup will be relocated to a new room, and the clinical room it occupied will now be used exclusively for clinical items. All clinical rooms will have coded locks attached to their doors to limit access by the public.	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints record will be improved through staff training and by emphasizing the importance of proper record keeping. This will be regularly reviewed by members of the senior management team.</p> <p>Annual review will contain more detailed information on this cycle; it will highlight the ongoing engagement with interested parties, namely the residents living in Cobh CNU their families and the advocacy services that support them.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A comprehensive review of all policies will be conducted to ensure alignment with current legislation. The initial focus will be on those outlined in Regulation 4, followed by a review of all the remaining policies.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The layout of the room mentioned in Regulation 12 has been revised following the last HIQA visit.</p> <p>The wardrobe space for long-term care residents will be reviewed, with an emphasis on optimizing storage for those living in Cobh CNU.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The storage of chairs in the communal space and link corridor was rectified following the HIQA visit and will remain in its current state going forward.</p> <p>The temperature of the taps has been corrected, and all staff will monitor it closely. Any concerns will be reported to the facilities department for review.</p> <p>The access ramp will be reviewed by the maintenance department and the gap to be filled in.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The meal times in Cobh CNU will be amended, and the main meal will now start at 12.45 and the teatime will be at 16.45.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Nursing staff to be reminded about the importance of closing sharps bins at handover and safety pause.</p> <p>Staff to ensure that denture pots are sorted safely and in line with infection control guidelines.</p> <p>Boxes are to be stored off floors to comply with the cleaning schedule.</p> <p>The water outlets in Cobh CNU are to be reviewed to ensure compliance with HPN-10.</p> <p>A new clinical handwash sink is to be created on the 1st floor to address the use of the residents' sink in the multi-occupancy room.</p> <p>Cobh CNU has an infection control nurse to review compliance with policy and to audit.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The emergency evacuation plans will be more cohesive throughout the building, with the same style of map present at each location. The new floor plans will all include primary and secondary escape routes and be oriented to the person looking at the map.</p> <p>The chairs in the link corridor are removed, all staff working in Cobh CNU to be reminded</p>	

of the importance of keeping corridors and fire escapes clear as part of their mandatory fire training.

Smoking shelter to be updated with the inspector's advice, namely the addition of a fire apron and fire blanket.

Review of residents' PEEP to take place and to outline the different supports needed by the resident depending on whether it is day or night.

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:

The nursing staff have participated in educational days focused on writing care plans, which has proven to be very beneficial.

On inspection, the care plan in place was the holistic care plan, following the inspection, the comprehensive care plan will additionally be completed.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The information regarding the resident's swallow was removed after the inspection, and all staff members are aware that it should not be visible in the future.

In Cobh CNU, residents will have the choice of how they spend their day and when they wish to go to bed. Discussions will be held during handover and safety pauses with staff to emphasize this approach. Management in Cobh CNU will monitor these practices using the QUIZ tool and through regular observations.

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(a)	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 a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	14/06/2025
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	Substantially Compliant	Yellow	14/06/2025

	and other personal possessions.			
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	14/06/2025
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	23/06/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	16/06/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	23/06/2025
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	16/06/2025

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	16/06/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/06/2025
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and	Substantially Compliant	Yellow	16/06/2025

	distinct from a resident's individual care plan.			
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	16/06/2025
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Substantially Compliant	Yellow	30/06/2025
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/06/2025
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	Substantially Compliant	Yellow	30/06/2025

	years and, where necessary, review and update them in accordance with best practice.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	16/06/2025
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	16/06/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	16/06/2025

