



**Health
Information
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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:	Kinsale Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Rathbeg, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	11 May 2023
Centre ID:	OSV-0000584
Fieldwork ID:	MON-0039998

About the designated centre

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

Kinsale Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Kinsale town. The centre is registered to provide care to 28 residents and consists of single, twin and triple bedded rooms. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. The centre provides 24-hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

26

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 11 May 2023	08:35hrs to 18:10hrs	Niall Whelton	Lead
Thursday 11 May 2023	08:35hrs to 18:10hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

This was an unannounced one day inspection to assess compliance with the regulations, and to inform the decision for an application to vary the registration of the centre, which included material alterations and the repurposing of areas of the centre. This inspection also included a focused review of fire precautions in the centre.

Residents that were spoken to on the day of inspection gave very positive feedback about the centre. Residents told the inspectors that the centre was an "excellent place" and it was "lovely here" while, another resident told the inspector that they "look forward to the work being done" in relation to the building works being undertaken. The inspectors spoke to a visitor who was very complimentary with regards to the support given to the family member and who was delighted to have their family back in their local community

The inspectors arrived to the centre unannounced and were greeted by staff and shown to a meeting room. After an initial meeting with the person in charge the inspectors were shown around the premises where inspectors were able to talk to staff and residents.

Kinsale Community Hospital is a two storey designated centre located on the outskirts of Kinsale town. It can currently accommodate 28 residents, with 26 people residing in the centre on the day of inspection. The inspectors saw that the staff and provider had invested time, in making the centre as homely as possible. For example; there were pictures on the walls of local scenery, paintings from local artists and comfortable seating throughout. It was evident that work on the site was ongoing and the old existing building was currently being refurbished, as well as the gardens to the back of the centre. The provider had ensured that ongoing building works had been sealed off from the rest of the centre minimising noise and contamination of the centre.

It was clear from the observations throughout the day that staff knew residents well in Kinsale Community Hospital and all interactions with residents were seen to be respectful and courteous. Residents told the inspector that they were happy in the centre and were well looked after. Residents were observed to be content and relaxed in a variety of communal areas around the centre. The inspectors observed that residents' choice was respected. One resident told inspectors that she wished to go to bed after lunch for a time and staff facilitated that.

The inspectors reviewed the recent changes to the centre, which were the subject of the application to vary the registration. These new rooms were spacious and provided adequate space as twin rooms. There was a spacious accessible ensuite for each new room. Most of the rooms had adequate storage for personal possessions for the residents with the exception of one of the rooms where the wardrobe did not provide space for the residents' items. Some furniture had not been delivered yet for

the first floor dining and sitting room. The person in charge confirmed that residents were involved with, and had input into, the décor of the newly renovated areas and the design of the outside space.

An expansion of the communal space was also viewed with extra dining space available along with a quiet room, which, with the removal of a partition can be used as communal space added to the dining area.

Residents were engaged in activities throughout the day in various areas with both group activities and 1:1 activities taking place on the day of inspection. There was a full time activities coordinator in place and many outside groups also were involved in supporting residents with activities.

Externally there was an enclosed garden for residents use. It was a well maintained mix of paved and planted areas with garden furniture provided. On a temporary basis, it was bounded on one side with builders fencing; this will be removed once the area is registered and will provide a much larger outdoor space.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection carried out over one day by inspectors of social services and included a focussed review of fire precautions. Overall, findings of this inspection were that residents in Kinsale Community Hospital received a good standard of healthcare and very good opportunity for social engagement. However improvements were required around personal possessions, residents rights and fire precautions.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team, operating the day to day running of the centre consists of a person in charge and two clinical nurse managers. Support was provided to the centres management team by a General Manager for Residential Services, who represented the provider.

The registered provider had applied to vary the registration of the centre, comprising material alterations and the repurposing of areas of the centre. While it would mostly comply with the regulations, some assurances were required in relation to Regulation 17 Premises.

On the day of inspection, there were sufficient numbers of staff on duty to attend to the direct care needs of residents. The staffing level was appropriate for the size

and layout of the building.

There was a mandatory schedule of training in place for all staff in areas such as fire safety, safeguarding and infection control. Training records viewed were in date and staff had received the mandatory training in a timely manner. Training on the management of responsive behaviour had returned to being in-person instead of online and this was felt to be more beneficial for staff.

Regulation 23: Governance and management

The following management systems required action to ensure the service provided is safe, appropriate, consistent and effectively monitored:

- improved oversight of day-to-day fire precautions and the measures in place to ensure a safe evacuation for residents at the upper level

Judgment: Substantially compliant

Quality and safety

Overall, findings of this inspection were residents in Kinsale Community Hospital enjoyed a good quality of life, had good access to medical care and a social and recreational programme. There was a full time activities coordinator in place and there was also multiple external organisations that assisted with the activities in the centre.

This inspection found that many of residents' rights were respected in the centre and their choices were promoted by all staff. Residents had opportunities to participate in meaningful co-ordinated social activities, that supported their interests and capabilities. Minutes of residents meetings viewed provided evidence there was good input from the residents regarding the ongoing extension work and the plans for the external areas.

The former physiotherapy room was being used as a dining room. Once the new dining room is open, the furniture will be transferred and this space will become a resident's day space. The door to this room did not have an appropriate means to hold the fire door open, to allow residents to freely circulate through the door. Other day spaces are provided with a swing free type automatic closer, which would close the door when the fire alarm is activated. Instead, the door was propped open by getting caught on the floor covering and being obstructed by a folding partition.

Overall, fire safety was managed to an adequate standard, however further improvements were required. Some day-to-day practices were introducing fire risks

to the centre and these are detailed under regulation 28. Simulated fire drills were taking place and they included simulating the evacuation of a fire compartment at the same level, but there was no drills simulating the evacuation of residents from the upper floor to the lower floor. Furthermore, neither the provider nor staff were clear as to whether the purpose-built evacuation lift formed part of the evacuation strategy or not. It was not highlighted on evacuation floor plans displayed or included in the evacuation procedure in the centre.

The containment of fire was to a good standard, however, the inspectors noted gaps to some fire doors which meant that fire and smoke would not be adequately contained. There was evidence that a fire stopping contractor had sealed up any gaps or imperfections of fit, where services went through fire rated walls; service labels were in place to certify this work.

There was a fire detection and alarm system and it was the appropriate L1 category system; its service records were up to date. The system extended into an adjacent occupancy in the same building. There were systems in place for staff to respond to the alarm if it activated there, including procedures of how to respond were displayed. The emergency lighting system was being serviced, however the requisite annual certificate of testing to confirm the system was free of fault was not available.

Regulation 17: Premises

Overall the premises was suitable for the residents, however some action was required to ensure compliance with regulation 17 and Schedule 6:

- the folding partition in a dayspace was not secure when opened and may lead to falls or finger injury if leant on for support
- there was issues with a bedroom with cracked glass along with a broken chair being stored in a bedroom which made areas of storage inaccessible
- the cover was missing to a light fitting

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire.

- Oxygen cylinders were being stored on the emergency trolley, however the position and location of the trolley meant that the cylinders were at risk of

damage

- Smoke detector devices were found covered in two locations. This was as a result of ongoing construction work, however improved oversight was required to ensure the covers were removed
- The ground floor dining room fire door was getting caught on the floor covering and propped open by a folding partition
- The door to a small office was propped open
- A mobility scooter was being charged within a protected stairway. It was partially obstructing the means of escape at the bottom of the stairs and introduced a risk of fire within the protected escape route.

Action was required to ensure adequate measures were in place to safely evacuate residents from the building:

- Horizontal evacuation was the evacuation strategy, moving beds from the compartment where the fire has started to another fire compartment. The strategy didn't include the method for evacuating residents from the upper floor to the lower floor, nor was it included on the action cards for staff in the event of a fire. There was an evacuation lift in place, but this wasn't part of the evacuation procedure. The key to operate it was also not readily available. Further assurance was required from the provider to confirm if the evacuation lift was part of the intended evacuation strategy

Maintenance of fire safety systems:

- The suppression system in the kitchen was overdue its service since January of this year
- The annual certificate of testing for the emergency lighting system was not available

Improvements were required in the fire containment measures in place, for example:

- there were gaps to some fire doors which meant that fire and smoke would not be adequately contained
- there was a gap between the frame and the wall above the kitchen door which also impacted fire containment
- there was a hole in the ceiling of a sluice room that required sealing up
- the walls separating the plant room from the maintenance office storage was not an effective fire barrier. The risk was reduced as it was in a separate building

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Kinsale Community Hospital OSV-0000584

Inspection ID: MON-0039998

Date of inspection: 11/05/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Adequate measures are in place to ensure a safe evacuation for residents at the upper level <p>Simulated fire drills were conducted which included the evacuation of a fire compartment at the same level and the evacuation of residents from the upper floor to the lower floor. Evacuation lift is included as a part of the evacuation strategy along with sheet/stair evacuation. Staff training session conducted on 6th of June re lift evacuation procedure. More sessions arranged for the upcoming dates. The action cards being updated regularly.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The folding partition in sitting room has been secured when opened, and management continue to monitor this at all times. • The bedroom door with small crack on the glass panel is the part of phase 3 building works which is going to replace with a new door along with extension of the bed space. • The broken chair being stored in the bedroom was removed immediately on the day of inspection. • The missing cover has been replaced with a light fitting in the store room. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The emergency trolley has been relocated to the pharmacy which is more spacious and this has eliminated the risk of cylinders being damaged.</p> <p>o Builders are reporting to HSE Estates and Nurse managers that all Smoke detector device covers are removed once they finish the work every evening.</p> <ul style="list-style-type: none"> • The ground floor temporary dining room floor covering has been fixed and is no longer propped open by a folding partition. The work for the auto holding device for this door will complete on 30/7/23. The dining room will be relocated to the original designated place ones the registration process is completed. • The door to a small office which was propped open addressed immediately at the time of inspection and all staff aware of not repeating this. • The Mobility scooter parked on near the stairway while the resident went to the dining room for the meals,was immediately relocated to the bedroom on the day of inspection. Management identified a specific space to park the scooter as per local risk assessment and resident and staff aware of this new arrangement. <p>Actions has been taken to ensure adequate measures were in place to safely evacuate residents from the building:</p> <p>In Kinsale Community Hospital Horizontal evacuation is the prime evacuation strategy, moving beds from the compartment where the fire has started to another fire compartment. The strategy was updated with vertical evacuation included in the method for evacuating residents from the upper floor to the lower floor by stairs and evacuation lift. The key to operate the lift is readily available in the ground floor nurses station and this has been communicated to the staff. Lift evacuation training conducted as a part of fire training on 6th of June and another session organised on 27th July. The lift evacuation procedure is displayed on the ground floor near the evacuation lift.</p> <p>Maintenance of fire safety systems:</p> <ul style="list-style-type: none"> • The suppression system in the kitchen was serviced on 17.5.23 and the certificate is available on site. • The annual certificate of testing for the emergency lighting system was done on 17/3/23. The certificate was available on the folder. • Measures have been taken to recheck fire door gaps to work on any improvements needed. • The work to fill the gap between the frame and the wall above the kitchen door completed on 15/5/23. • The hole in the ceiling of a sluice room sealed up on 20/5/23. 	

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	30/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/07/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/07/2023

	suitable building services, and suitable bedding and furnishings.			
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.	Substantially Compliant	Yellow	30/07/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/07/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/07/2023