



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:	04 February 2022
Centre ID:	OSV-0000584
Fieldwork ID:	MON-0036010

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 29 residents and consists of single, twin and triple bedded rooms. Communal accommodation consists of a dining and a sitting room on the first floor. On the ground floor there is a day room/conservatory which is a multi functional room used for dining, as a day room and for activities. There are well maintained external gardens for resident and relative use which can be accessed via the conservatory. 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:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 4 February 2022	09:15hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The unannounced inspection was carried out over one day. It was evident from observations on the day, and from what residents told the inspector, that residents had a very good quality of life in Kinsale Community Hospital. There were 22 residents living in the centre on the day of the inspection. The Inspector spoke at length to five residents in detail, and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of living in the centre. All of the residents who spoke with the inspector were highly complimentary about the service provided, and described the staff as kind and caring. One resident told the inspector "you couldn't imagine how great they are here to me" and another resident assured the inspector that "we can ask for anything, and its no problem". The inspector also met with three visitors on the day, who praised staff and the personalised service provided.

On arrival to the centre, the inspector was met by the Clinical Nurse Manager (CNM), who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were implemented, prior to accessing the centre. The foyer area had recently been renovated and the inspector saw it was bright and nicely decorated with art work and comfortable armchairs.

After an opening meeting, the inspector was guided on a tour of the centre, by the CNM. Kinsale Community Hospital is a designated centre for older people situated just outside Kinsale town, in County Cork. It is a two story premises, which the inspector saw, was undergoing an extensive building and refurbishment project at the time of this inspection. An extension to the premises was under construction which would comprise of additional bedrooms and new communal space for residents. The inspector was informed that the expected date for completion of the new additional building was anticipated to be, at the end of 2022. The second phase of this project would be an internal refurbishment project, of the first floor, of the existing premises. The inspector saw that on this floor the corridors were narrow and did not facilitate residents to mobilise as easily. The location of the existing sluicing and storage facilities also required to be addressed, which are discussed further under regulation 27. As a result of the building project the inspector saw that two twin bedrooms had been closed and some communal space on the first floor was also not available for use. It was evident that works had been managed in a way that reduced disruption to residents and noise was minimal. Residents had been kept up to date and informed, of any disruption to their quality of life, that the building works may bring.

Kinsale Community Hospital is divided into two distinct areas; the ground floor and the first floor. Bedroom accommodation in the centre on the day of this inspection comprised of four triple bedrooms, three twin bedrooms and seven single bedrooms. The inspector saw that residents bedrooms and bed spaces were personalised with memorabilia from home and family pictures. Flat screen televisions were provided for residents and some residents who chose to remain in their bedrooms for the

day, were observed enjoying these. Residents enjoyed unrestricted access to a well maintained garden at the back of the premises, which could be accessed from the conservatory. The centre was clean and well maintained, however, some improvements with regards to infection control were required, which is discussed under regulation 27.

Staff communicated with on the inspection were knowledgeable of their role, and responsive to individual residents' needs. Residents told the inspector that they could talk to any staff member if they had any concerns, and that they felt safe in the centre. The inspector saw that care and support given to residents was calm and unhurried. Appropriate assistance was given when needed, and staff demonstrated good communication strategies, for people with complex communication needs. Residents were encouraged to meet their families outside the centre, which they told the inspector was so enjoyable after the restrictions of the past two years. The inspector saw that some residents were attending the hairdresser, who was on site, on the day of this inspection.

Meal time was observed to be an enjoyable, social event for the residents. Menus were available and residents were offered a varied choice. Residents reported that the food in the centre was of a high standard. Meals appeared appetising and nutritious. The activities coordinator was seen engaging with a number of residents, across both areas of the centre throughout the day and visiting them in their rooms. It was evident that they knew the residents well. Residents were seen to engage in painting, mass, music and one to one sessions on the day of this inspection.

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 to monitor the centre's compliance with the regulations and to follow up on the findings of the previous inspection of April, 2021. The registered provider had also applied to renew registration of this centre, and this inspection would inform the registration renewal. Overall, Kinsale Community Hospital was a well managed centre. On this inspection, findings were, that some improvements were required in records, staff training, care planning, fire precautions and infection control.

The registered provider of Kinsale Community Hospital is the Health Service Executive. There is a clearly defined management structure in place within the centre. There was a new person in charge appointed, since the previous inspection, and they are supported in this role by two CNMs and a team of nurses, healthcare assistants, multi-task attendants, catering, administration and activities staff. At operational level the person in charge reports to a general manager in the HSE and

also has the additional support of a human resource department, practice development and fire and estates. There was evidence of regular management meetings, which was a noted improvement since the previous inspection.

Overall, the inspector found that there were adequate resources in the centre, to ensure the effective delivery of care to residents, in line with the centres stated purpose. The staffing number and skill mix was appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. Training was being monitored by the management team, however, some mandatory training had expired, which is discussed further under regulation 16.

The inspector saw evidence that the quality and safety of care provided to residents was being monitored and there was a commitment to on-going improvement and quality assurance. This was through the collection of key clinical performance indicator data on falls, weight loss, frailty skin integrity and wounds. Audits were the responsibility of all nursing staff and there was evidence that a comprehensive audit schedule was in place and was being adhered to. An annual review for 2021, had taken place which reflected the residents views on the quality of care they received.

Incidents were well managed in the centre and accurately recorded. The management team were correctly submitting the required notifications to the Chief Inspector, within the required time frames. Complaints were well recorded and managed in line with the regulations. Feedback from residents and families was encouraged, and used to inform ongoing quality improvements in the centre.

Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the centre. All prescribed documentation was submitted and fees were paid in accordance with the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a change in the person in charge since the previous inspection of this centre. The current person in charge was full time in post and had the necessary experience and qualifications, as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

This inspection found that the number and skill mix of staff was appropriate, having regard to the assessed needs of the residents, and the size and layout of the designated centre. However, the rosters reviewed did not reflect all staff working in the centre, which is actioned under regulation 15.

Judgment: Compliant

Regulation 16: Training and staff development

Training was being monitored by the management team, however, all mandatory training was not up to date; in particular:

- Fifty percent of staff were due training in responsive behavior.
- Twenty percent of staff were due training in manual handling.
- Seven percent of staff were due training in safeguarding vulnerable adults.

Judgment: Not compliant

Regulation 21: Records

Improvements were required in relation to records, as this inspection found:

- The duty roster reviewed did not contain information in relation to all persons working in the designated centre.
- Two staff files reviewed did not contain appropriate references, as one was not from an employer and one was a character reference.
- One staff file did not include the employees certificate of nursing registration, this was subsequently sourced by the management team on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an effective governance and management arrangements in place, and clear lines of accountability. Management systems in place enabled the service to be

consistently and effectively monitored, to ensure a safe and appropriate service.
Judgment: Compliant
Regulation 24: Contract for the provision of services
All residents had a contract of care, which identified fees, including possible additional fees to be charged, and details of the services to be provided. The type of accommodation, for example a single or double occupancy room was stated.
Judgment: Compliant
Regulation 31: Notification of incidents
A record of incidents was maintained in the centre. Based on a review of incidents the inspector was satisfied that notifications were submitted, as required by the regulations to the Chief Inspector. There was also evidence of learning from incidents to improve quality of care.
Judgment: Compliant
Regulation 34: Complaints procedure
Residents spoken with relayed that they could raise issues with staff and that issues would be dealt with in a timely manner. The complaints log was reviewed and showed that formal complaints were recorded, in line with the regulations.
Judgment: Compliant
Regulation 4: Written policies and procedures
Policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place, and had been updated in 2021.
Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Kinsale Community Hospital, which was respectful of their wishes and choices. The inspector saw that residents appeared to be very well cared for, and residents gave very positive feedback regarding all aspects of life and care in the centre.

Residents' nursing and health care needs were assessed and met to a very good standard. Residents were assured of timely access to medical, health and social care professionals as needed. Local general practitioners attended the centre and provided good support to residents and to staff. Residents were referred for national screening programmes such as breast check and facilitated to attend appointments at local dentists. There was a low incidence of pressure ulcer development in the centre, and skin integrity and nutrition was monitored closely. There were effective systems in place to monitor the health care requirements of residents. Access to geriatricians and palliative care advice was readily available, and good relationships were developed with the acute services.

As mentioned earlier in this report, this inspection took place during the COVID-19 pandemic. The inspector acknowledges that residents and staff living and working in the centre have been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. Overall, the inspector observed that the centre was clean and well maintained, however, some further improvements were required in infection control practices, which is discussed further under regulation 27. The centre had a detailed preparedness plan in place, in the event of an outbreak of COVID-19.

There were systems in place for the monitoring of fire safety precautions in the centre. The inspector reviewed the maintenance and service records of the fire equipment, which were up-to-date. Each resident had a personal emergency evacuation plan, however, some areas pertaining to fire safety required to be addressed, this is discussed further under regulation 28.

Regulation 11: Visits

At the time of the inspection, visits were being managed in the least restrictive manner, and in line with national health surveillance and protection guidance. Visitors were assessed for potential symptoms of COVID-19, prior to visiting a resident. Visitors' names were recorded and they were provided with access to hand sanitiser and face masks. The centre was facilitating visits in the foyer of the nursing home and in residents' bedrooms.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre was suitable to meet the individual and collective needs of the resident profile, in keeping with the centre's statement of purpose. Provisions were in place to address health and safety hazards, including call-bell systems and grab rails where necessary. As mentioned earlier in the report, the registered provider had invested in an extensive internal refurbishment project and an extension to the existing premises, which was ongoing. This would improve the quality of life for residents as they will have access to more communal space and the option of single bedroom accommodation.

Judgment: Compliant

Regulation 27: Infection control

The following required to be addressed:

- the location of a sluice room upstairs posed an infection control risk, as the only access was through a triple bedroom.
- some areas of the centre were cluttered, therefore, cleaning of these surfaces could not be assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to the following:

- oversight of the daily fire checks, which were found to not be taking place at weekends and bank holidays.
- although the provider had completed an evacuation of an entire compartment, since the previous inspection of April 2021, the inspector was not assured that these were done frequently enough, to ensure that all staff working in the centre, were trained and competent in compartment evacuations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some improvements were required in relation to individual assessment and care planning as it was found:

- some care plans were not updated four monthly, as per regulatory requirements.
- communication care plans reviewed did not not reflect the specific care needs of the residents and therefore could not easily direct care.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents' healthcare needs were well met, and they had access to appropriate medical and allied healthcare services. There was evidence of regular medical reviews. Access to allied health was evidenced by regular reviews by the physiotherapist, dietitian, speech and language and podiatry as required.

Judgment: Compliant

Regulation 8: Protection

Residents reported to feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Safeguarding training was provided to staff, however, some staff were overdue this training, which is actioned under regulation 16. The provider was a pension agent for one resident living in the centre, and there was processes in place with regards to the management and oversight of this service.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected in Kinsale Community Hospital. Residents were consulted with, on a daily basis and formal residents' meetings were facilitated. There was evidence that relevant issues were discussed and actioned, for example: residents had requested that they be facilitated to go to the dentist and had also recommended changes to the menu,

both had been addressed by the management team. A comprehensive programme of appropriate activities were available, seven days per week, which residents spoke positively about.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kinsale Community Hospital OSV-0000584

Inspection ID: MON-0036010

Date of inspection: 04/02/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • On the day of inspection it was identified that staff had completed an online presentation that included a video presentation in relation to responsive behaviors. This module did not have a facility to print of certification of completion. Responsive behaviors and training in BPSD, has been sourced to ensure that all staff will be in compliance. • Since the day of inspection, an in house facilitator has completed training in Moving and Handling. Dates have been identified for all staff who have this training outstanding, and all staff will have training by end March 2022. (In person Training was on hold during pandemic period). • The 7% of staff who had SGVA training outstanding have completed it online. In person facilitation of SGVA is due to commence and dates have been secured. All staff are now in compliance. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: One staff member had inadvertently not been included on the roster. This anomaly has been rectified.</p> <p>An ongoing review of all personnel files is in progress. Files identified that held character references have been reviewed and past employment references have been requested.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The capitol project ongoing in the facility will address the IPC issues identified with the current location of a sluice room on the first floor. The location of the sluice room is to be refurbished and repurposed as part of the capitol project and is due for completion by the end of 2022.</p> <p>The center has conducted a review of the perceived clutter and storage has been reviewed. A more lean approach has been introduced and cleaning is in line with IPC recommendations.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Staff education at safety pause has enforced the importance of compliance in relation to daily fire checks. A signature log introduced will allow for audit to ensure compliance of all staff. Since the date of inspection, an evacuation of the biggest compartment within the 3 minute time frame has been carried out, and advised to the Inspector. Compartment evacuation is now scheduled to be carried out 2-4times a year as recommended.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The Centre has a system in place in relation to care plans that includes the following:</p> <ul style="list-style-type: none"> • A review of Care Plans is conducted quarterly to ensure that all changes in care are reflected. This will ensure compliance with the regulations. • A named Staff Nurse is allocated to each care plan, for completion and updating in collaboration with the resident and /the NOK. • Audits are carried out monthly to ensure compliance. 	



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/03/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/03/2022
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	31/12/2022

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	07/03/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	07/03/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	07/03/2022