Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Clonakilty Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	04 December 2018
Centre ID:	OSV-0000559
Fieldwork ID:	MON-0025756

About the designated centre

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

Clonakilty Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Clonakility town. It comprised of two buildings which date back to the 1800's. Resident accommodation is spread across five units in the centre and is registered to provide long term, respite, transitional care, palliative and dementia care for 122 residents. The five units include: Saoirse, a dementia specific unit, this comprises of two single rooms with en suite assisted showers, toilets and hand basins and two large multi-occupancy rooms. AnGraig has one single bedroom and four multi-occupancy bedrooms with five beds each with full en-suite facilities. Dochas has six multi-occupancy rooms with five beds each with full en-suite facilities, there is also a single room used for end of life care. Crionna has nine multi-occupancy rooms some six bedded, five bedded and some four bedded with full en-suite facilities and Sonas, consists of multi-occupancy rooms varying from seven bedded rooms down to three bedded rooms. All of the units have their own dining rooms but not all have a sitting room/lounge. There is a café, shop, chapel and well maintained enclosed gardens with extensive car parking in the large grounds. The centre provides 24-hour nursing care with a high ratio of nurses on duty during the day at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents. Psychiatry and Psychology services are also readily available for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	92

How we inspect

To prepare for this inspection the inspector or 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
04 December 2018	10:30hrs to 17:45hrs	Caroline Connelly	Lead
05 December 2018	09:00hrs to 17:00hrs	Caroline Connelly	Lead
04 December 2018	10:30hrs to 17:45hrs	Noel Sheehan	Support
05 December 2018	09:00hrs to 17:00hrs	Noel Sheehan	Support

Views of people who use the service

Inspectors spoke with a large number of residents during the two days of the inspection. Inspectors met and spoke with residents in various locations of the centre, including in the multi-bedded rooms and in the communal areas. They also met a number of relatives and visitors. Residents said they felt safe and were happy with the care provided in the centre. Residents and relatives were very complimentary about staff saying they were very caring and approachable. Relatives told inspectors if they raised a concern about any aspect of the service it was generally dealt with to their satisfaction.

The majority of residents reported satisfaction with the food and said choices were offered at meal times and staff always ensured they had plenty of drinks and snacks. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction. However as previously identified some residents commented that they did not have enough space to store their clothing and belongings as the wardrobes provided were too small. A number of residents described living in the multi- bedded rooms as difficult at times, quoting lack of privacy and lack of space. A number commented on noise from other residents and from staff providing care to other residents around their beds, that woke them up. a number of theses issues were highlighted in the complaints log.

Residents who the inspectors spoke with were happy with the activities and said they particularly enjoyed the music sessions, exercises and bingo. Baking had been introduced to a number of units and residents said they really enjoyed that and the conversations it generated about favorite recipes, they also stated they enjoyed eating the produce of their baking at tea time. Some residents were aware of the changes to the senior management team and said they were friendly and approachable.

Capacity and capability

There had been improvements in the overall governance and management of the centre since the previous inspection and a number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. However these systems were only in the early stages of implementation and required time and further management to ensure their effectiveness. The inspectors found that the recently appointed person in charge and assistant directors of nursing had progressed improvements as far as they could, however,

further progress will require the support of HSE senior management.

Poor findings and inadequate provider responses to the two inspections completed since January 2018 precipitated this follow up inspection. The findings from this inspection demonstrated that the Health Service Executive (HSE) had failed to address the deficits in governance and management identified on the previous inspections. The HSE did not take the necessary measures to ensure that the service was safe, appropriate, consistent and effectively monitored.

The absence of an effective system of governance was evident in:

- a failure to take all necessary action to improve the privacy and dignity of residents
- a comprehensive review of occupancy levels was not carried out to inform the profile and number of residents who could appropriately be accommodated in the centre
- findings of repeated regulatory non-compliance over three inspections
- long-term residents continued to be accommodated in situations which adversely impacted their daily quality of life, privacy and dignity
- the centre has operated at a reduced capacity in the number of residents accommodated in the centre over a prolonged period of time. The registered provider had failed to consider that the space created by the reduced number of residents was utilised to enhance the quality of life and privacy and dignity of the remaining residents.
- a lack of involvement of and oversight by senior managers in plans to address the above issues.

Following the inspections in January 2018 representatives of the HSE attended meetings in the office of the chief inspector as the first steps in an escalation process and there had been ongoing interactions with the office of the chief inspector. The HSE service improvement team were commissioned to complete an audit of the centre and following this they made a number of additional recommendations around the governance and management of the centre. A further inspection of the centre in July 2018 identified some improvements in compliance. There was a new management structure in place but improvements were required in management systems to ensure that the service provided is safe, appropriate to the needs of residents, effective and consistently monitored. This current inspection was to follow up on issues from the previous three inspections to establish if improvements were sustained and if compliance levels had increased.

Since the previous inspection there had been further changes in management personnel. A new person was appointed to the role of general manager and Registered Provider Representative (RPR). A new person in charge had been appointed to the interim role of director of nursing for the centre. The person in charge is supported in her role by three ADON's two of whom are in acting roles. There were two CNM3 who covered the management of the centre at night. There were also a number of newly appointed acting CNM2's and CNM1's with responsibilities within individual units. On the days of the inspection, inspectors welcomed the strengthening of the management structure

however they found that the management structure had not yet fully embedded due to the number of recent changes in management and the evolving roles of the people involved. Interim governance and management arrangements in place did not empower local managers with the necessary authority to effect the substantive cultural change required in the centre. Specifically the permanent appointment of a director of nursing, the senior nursing position in the designated centre is essential to effect the changes required to achieve and sustain compliance.

Following requirements from the previous two inspections a senior nurse rota identifying who was in charge of the centre on a 24/7 basis had continued. Improvements were seen in communication between the management team and the units and staff were positive about the availability of the person in charge and ADONS for support and guidance. However as identified on the previous inspection the inspectors were not satisfied that the lines of authority and accountability were fully outlined, that specified roles, and detailed responsibilities for all areas of service provision. Improvements were noted in the CNM's on the individual units having more control of their staffing arrangements and regular CNM meetings were held with management where staffing issues were discussed along with staff training and all issues affecting clinical care and the management of the units. However monthly management meetings attended by the RPR, the person in charge and ADON's had not taken place since the previous inspection.

The new person in charge and management team were willing and proactive in response to many of the actions required from the previous inspection and issues as they arose on the inspection. Inspectors viewed a number of continued improvements in the centre and were assured that further actions were progressing. A comprehensive training matrix was in place and substantial investment in training and education of staff was evident. Management confirmed that there had been continued learning in relation to safeguarding incidents reported since the previous inspections, and that the supervision of staff and care had been improved through the presence of the management team on the units and of more detailed information around residents' needs communicated at handover meetings. Safeguarding training had been provided to all staff and a number of groups such as a quality and safety committee were in place to address shortcomings in the quality and safety of care. Auditing of care practices and specific areas of the service was ongoing and the HSE national incident management system had been implemented. The management team had further developed the safety pauses in all units on specific aspects of care. Management confirmed that these measures were kept under review as part of the active risk register. However there continued to be a number of actions that remained outstanding from the previous inspections which included issues with premises and residents rights and the provision of privacy and dignity which are discussed throughout the report.

The provider had given assurances that premises would be renovated to ensure compliance with the standards and the regulations and to ensure it met the privacy and dignity needs of the residents. The time frame for completion furnished to the office of the chief inspector and therefore a current condition of the registration of the centre is by 2020. The person in charge confirmed that there is a design team currently looking at the building and there are plans drawn up for the renovation of

the centre but these were not available for the inspectors to view during the inspection and were to be forwarded to the office of the chief inspector.

The management team ensured that staffing levels were reviewed on an ongoing basis so that the numbers and skill-mix were sufficient to meet the assessed needs of residents. There had been ongoing successful recruitment of staff since the previous inspection and there had been no requirement for the use of agency staff in the centre. Increases in staffing numbers were seen in a number of the units particularly in the evening/night shifts and the extension of the homemaker role to all units had proved very successful. Inspectors saw good communication between staff and residents and staff were seen to be generally caring and responsive to residents needs. The centre had appropriate policies on recruitment; training and vetting that described the screening and induction of new employees and also referenced job description, requirements and probation reviews. However a system of staff appraisals/performance coaching had not been commenced to date.

There was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. Improvements were seen in the reporting of incidents to the office of the chief inspector. Although improvements were seen in complaints management further action was required and trending of complaints for patterns remains outstanding. A comprehensive annual review had been commenced for 2018 and a residents satisfaction survey undertaken in November 2018 ensured the residents voice was heard.

Regulation 14: Persons in charge

The person in charge is new to her role in this centre since the previous inspection and had been a person in charge in another centre. She is a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. She was actively engaged in the governance, operational management and administration of the service. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities. She demonstrated a strong commitment to the development of initiatives and quality management systems to ensure the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were in keeping with the assessed needs of residents having regard to the size and layout of the service. There had been a number of increases in staff

numbers particularly at night time. The role of homemaker had also been introduced into two of the units which previously did not have this role.

As identified on the previous three inspections there was evidence that staff were frequently moved from unit to unit. On this inspection inspectors were informed that this movement had substantially reduced and contingency arrangements were kept under review in relation to managing staff absences to ensure more continuity of care. Although staff rostering continued to be completed centrally by the night staff a new computerised system of rostering is currently being implemented which will give the CNM's on the units more control over the allocation of their staff and skill mix.

Judgment: Compliant

Regulation 16: Training and staff development

There had been great improvements in staff training seen since the last inspection. A comprehensive training matrix was in place and made available to the inspectors. Staff had received up-to-date training in manual and people handling, in safeguarding of vulnerable adults, fire safety training and training in responsive behaviour. There were a very small number of the 193 current staff with some training out of date but the ADON with responsibility for training was able to furnish the inspectors with training dates booked over the next couple of weeks. Other training such as medication management, infection control, dysphagia, dementia, wound care and person centered care training were also provided.

Increased levels of supervision were in place with registered nurses on duty at all times in all of the different units. There was evidence of a comprehensive induction of new staff and although the management team provided regular supervision and support to the staff, staff appraisals had not been completed to date to ensure full staff development and supervision.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed a selection of staff files to assess compliance with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The staff files viewed contained information required under Schedule 2 of the regulations. On the previous inspection an urgent action plan was issued to the provider which required that all staffs' vetting disclosures were on-site with immediate effect and to inform the office of the chief inspector when they are in place. On this inspection inspectors saw and were

informed that the centre now has in place a disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations for all staff.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector. New secure trolleys had been purchased for each ward area to ensure the safekeeping and confidentiality of residents records.

Judgment: Compliant

Regulation 23: Governance and management

There have been a number of changes to management roles since the previous inspection. Although there were substantial improvements seen in the overall governance and management of the service there continued to be issues with the roles and responsibilities not being clearly defined and outlined particularly in relation to numerous staff in acting positions.

- Interim governance and management arrangements in place did not empower local managers with the necessary authority to effect the substantive cultural change required in the centre.
- The new management systems put in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored required further implementation.
- Regular formalised management meetings between the general manager and the person in charge and management team had not happened since the previous inspection and these are required to be recommenced.
- A detailed governance and management plan clearly identifying roles and responsibilities was required to be submitted to the office of the chief inspector.
- there has been a repeated failure to take all necessary action to improve the privacy and dignity of residents
- there was a lack of involvement of and oversight by senior managers in plans to address both of the above issues
- there were findings of repeated regulatory non-compliance over three inspections.

Judgment: Not compliant

Regulation 3: Statement of purpose

An updated SOP was sent to the inspector reflecting the changes to the centres accommodation to provide interim care in the previous Sonus unit. It contained the updated management structure, aims and objectives of the service and was found to meet the requirements of legislation.

Judgment: Compliant

Regulation 32: Notification of absence

On the previous inspection the office of the chief inspector was not notified of the absence of the person in charge in accordance with the requirements of legislation. Since then all changes have been notified in accordance with the legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

There were policy and procedures in place for the management of complaints. The procedure for making complaints was on display in each of the units. Inspectors found that there was generally comprehensive recording of complaints and complaint logs were held in each of the units. However the recording of the investigation, actions taken and the satisfaction or otherwise of the complainant was inconsistently recorded. Complaints were discussed at nurse managers meetings and as identified on the previous inspection there was no trending of complaints for patterns or trends. The person in charge said they were currently introducing a system to look at same.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

On the previous inspection the office of the chief inspector was not notified in a timely manner of the arrangements in place for the period when the person in charge was absent from the centre. This issues has now been addressed and rectified.

Judgment: Compliant

Quality and safety

Overall, the healthcare needs of residents were met to a high standard but as identified on the previous inspections improvements were required in order to enhance the quality of life for residents living in the centre. Improvements were required in the physical environment, which negatively impacted on the privacy and dignity of residents. Improvements were required to ensure residents had informed choice and assistance to use dining and day rooms.

The centre catered for residents with a range of care needs which included transitional care, continuing care, dementia care, and respite care. Four different General Practitioner (GP) practices acted as medical officers provided medical services to the centre and an on call medical service was available in the evenings and out of hours and this was confirmed by residents. A sample of medical records reviewed demonstrated that resident's were reviewed on a regular basis. Residents' records confirmed that they were assisted to achieve and maintain the best possible health through regular blood profiling, monitoring of vital signs, quarterly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. A physiotherapist was present in the centre and a referral could be made by nurses or medical officer as required. The inspector also saw that residents had access to podiatry, dental, optical, dietetic and speech & language services as required. Residents in the centre also had access to the specialist mental health of later life services and to Psychology services. The psychiatrist and psychologist had offices based on the grounds of the centre and were available to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia.

A system of assessments and care planning was viewed by inspectors and care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Overall, care plans were found to be comprehensive and person centred. Good wound care management was seen in the centre and there was evidence that wound care was evidence based with one of the ADONs having undertaken post registration qualifications in wound care. Inspectors saw that attention was given to promoting continence and assessments were completed to ensure correct use of continence products. Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily health care needs were well met.

Inspectors found that the person in charge and staff team were proactively working to promote a restraint-free environment. A number of low level beds had been purchased for residents since the last inspection and was on-going. This action enabled staff to reduce the numbers of bedrails used that restricted residents'

mobility in and out of bed. All residents with any form of restrictive procedure in place were regularly assessed to ensure need and that the restrictive intervention used did not compromise their safety. Regular checking procedures were evidenced on residents with bedrails in use. There was documented evidence that alternatives had been tried prior to the use of restraint, as required by the centre's policy. However the staff told inspectors that due to the close proximity of beds and the layout of the multi-occupancy rooms alternatives to bedrail usage such as low profiling beds and crash mats were difficult to implement. A policy and procedure was in place in relation to the management of behaviour that is challenging. Inspectors observed that staff used a positive and compassionate approach with residents who were known to experience responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a policy in place to inform staff on management of responsive behaviours. Inspectors observed that residents who experienced responsive behaviours were assessed, had behaviour support care plans developed and where possible the behaviours were prevented by proactive interventions by staff. Care plans examined by inspectors demonstrated that a person-cantered approach was taken by staff to identify and alleviate any underlying causes for residents' responsive behaviours. Effective de-escalation strategies were documented and staff spoken with by the inspectors could describe the person-centred de-escalation techniques they would use to manage individual resident's responsive behaviours.

Residents were consulted through the residents committee and through resident surveys. Issues raised at these meetings were followed up on subsequent meetings with updates and progress. The inspectors saw minutes of these meetings. There were pictures and contact details available for the resident advocate and confidential recipient on resident notice boards. As identified on the previous inspection there had been improvements in activities and the introduction of activities two evenings per week. Staffing levels had improved in the evening and the introduction of the homemaker role had improved residents opportunities to get involved in baking and other activities on their units. Improvements were seen in a number of aspects of person centred care and the inspectors observed a number of personalised interactions between residents and staff and staff generally were seen to be caring and responsive to residents needs. However on this inspection although there were activities going on in different units of the centre inspectors continued to see that a large number of residents spend long periods of the day in bed or sat by their beds, many having their meals there also. This was seen to be particularly evident in two out of the four units. While staff stated that this was the preference of many of the residents to spend time by their beds, the inspectors were of the opinion that this was primarily as a result of institutional practices in the centre and further culture change was required, this was acknowledged by the person in charge and management team. Inspectors spoke to a number of residents who stated they would like to leave their room but didn't feel there was any suitable area for them to relax. Many expressed a desire to have their own space and described living in the multi-occupancy rooms as difficult. Quality of life issues with lack of space for visitors, lack of privacy and dignity in multi-occupancy bedrooms remained evident on this inspection. While management and staff were constrained by the design and layout of the premises, particularly in relation to lack of communal space and multi-

occupancy bedrooms, what was available was not always used to obtain the maximum benefit for residents. The inspectors were concerned that the HSE as registered provider has failed to compile bed occupancy data underpinning the number of residents living in the designated centre, and were informed that while the centre has a capacity of 122 residents, only a maximum of 85% have actually been occupied in the previous six months. This lack of action has resulted in a compromised lived experience for long stay residents as evidenced throughout this report.

The person in charge discussed plans to ensure all available spaces were used and during the inspection inspectors saw that the premises was being redecorated and some maintenance works were ongoing in a number of the units. Wallpaper and comfortable seating was put in place in a number of areas giving a more homely feel and residents were very complimentary about these improvements. Sonus ward was substantially renovated and will provide transitional care only. Overall the premises was seen to be clean and bright with good ventilation. However the inspectors found that there continued to be non-compliance in relation to the premises which consisted mainly of large multi-occupancy rooms and similar to findings on previous inspections the premises did not meet the individual and collective needs of residents in terms of their privacy, personal space, access to communal space and adequate and accessible sanitary facilities. This had a significant negative impact on the privacy and dignity and quality of life of residents who resided in the centre. The beds in a number of rooms were close together and it would not be possible for there to be a comfortable chair provided between all of the beds at one time. The seven bedded room on Saoirse and the five bedded room on Crionna were not suitable for the number of residents residing there. While there were curtains around each bed space to support privacy, this was not possible during the provision of personal intimate care, given the proximity of beds to each other. Residents had limited storage space for possessions at their bedside as many of the wardrobes were extremely small.

Substantial improvements were seen in all aspects of fire prevention since the previous inspection with a new alarm system implemented throughout the centre. Inspectors saw that the fire policies and procedures and fire safety plans were centre-specific. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Detailed Personal Emergency Evacuation plans (PEEPS) were seen to be completed for residents outlining the assistance they would require in an emergency situation.

Medicine management practices were reviewed and policies were in place to support practice. There was a system in place to ensure that all medicines were reviewed on a regular basis by a General Practitioner (GP).

Regulation 11: Visits

The centre operated an open visiting policy and this open visiting policy was observed throughout the inspection. Relatives commended staff on how welcoming they were to visitors. However as identified on numerous previous inspections the inspectors saw that many visitors continued to visit residents in the multi-occupancy bedrooms as there were limited private or communal rooms for visiting. These visiting arrangements did not promote or protect the dignity of the residents in the other beds who may require personal care or be trying to sleep/rest watch television while visitors were in their bedroom.

Judgment: Not compliant

Regulation 12: Personal possessions

There were adequate procedures in place for residents to have their clothes laundered and returned to them. As identified on numerous previous inspections the majority of residents were accommodated in multi-bedded rooms which afforded little space, privacy or room for personal storage. Although there had been some improvements in personalisation of bed spaces overall space did not allow for full personalisation. There was inadequate space for residents to store their clothes and personal possessions and to have access and control of personal possessions. Wardrobes were too small and did not facilitate residents choice of clothing available to them.

Judgment: Not compliant

Regulation 13: End of life

As identified on the previous inspections of the centre there were not enough single rooms in the centre to facilitate residents to have privacy at end stage of life. There was not suitable facilities available for families to spend time alone with residents as they approached end of life. Residents told inspectors how difficult it when another resident was at end stage of life in their room.

Judgment: Not compliant

Regulation 17: Premises

Issues previously identified on inspections with regards to the limitations of the premises that remained outstanding on this inspection included:

- inadequate communal space in Dochas and An Ghraig; most residents in these units continued to be seated near their beds for large parts of the day.
- multi-occupancy bedrooms; some could not accommodate a bed-side chair or wardrobe alongside residents' beds particularly in the seven bedded room in Saoirse unit and a five bedded room in Crionna unit which were found to be not suited to accommodate that number of residents to ensure residents provacy and dignity were met.
- some multi-occupancy bedrooms and single rooms could only be accessed via other multi-occupancy bedrooms
- lack of private space for residents to meet their visitors in private if they wished
- lack of private rooms to accommodate residents, especially at end-of-life care
- floor covering required repair in parts of the centre

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were very complimentary about the quality of food provided. New menus had been introduced and a new snack menu was currently being introduced.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were seen in all aspects of fire safety since the previous inspection when an urgent action plan was issued to the provider. This was to ensure that appropriate systems were put in place to ensure effective communication and action in the case of a fire. On this inspection the new fire alarm system was fully operational and staff had been trained on its operation. Inspectors noted documentary evidence that fire drills were carried out regularly and the learning from each drill were clearly documented. Monthly fire drills as conducted by the management team have commenced and random fire evacuation drills by night had also commenced to ensure staff were familiar with all required processes.

All daily and weekly in-house fire checks were taking place. Fire equipment and lighting was serviced on a regular basis as required by the regulations.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and the inspectors saw improvements in place since the previous inspection. Medication competency assessments were to be introduced and medication training was ongoing for nursing staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Processes were in place to ensure residents were appropriately assessed on admission using recognised validated tools. Care plans were developed in keeping with relevant assessments and reviewed on a regular basis, at least every four months, or as changing needs might require. Care plans viewed by inspectors were generally comprehensive and personalised and improvements was seen in the use of person-centered language. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Psychiatry and psychology inputs were readily available. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational

therapist, dietician, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were seen in the management and understanding of responsive behaviours since the previous inspections. There were relevant policies provided guidance to staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Members of staff spoken with were able to demonstrate the knowledge and skills necessary to understand and respond appropriately to such behaviours. This was reflected in responsive behaviour care plans which showed that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. Inspectors observed that residents who experienced responsive behaviours were assessed, had behavior support care plans developed and where possible the behaviors were prevented by proactive interventions by staff.

There had been a substantial reduction in the use of bedrails since the previous inspection and there was evidence that other alternatives to restraint had been tried or considered to ensure that bedrails were the least restrictive form of restraint. Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken, and documentation on care plans included relevant consent forms.

Judgment: Compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and inspectors were satisfied that improvements had taken place in relation to all aspects of safeguarding since the previous inspection. One of the ADON's provided safeguarding training and all staff had up-to-date safeguarding training. Further training was planned to ensure all staff had training to address all issues of safeguarding and respect for residents. A separate safeguarding form to report any safeguarding allegations is to be introduced.

Inspectors were satisfied that there were robust systems in place to manage residents finances and pension agent agreements were in place for residents via the

HSE arrangements in Tullamore. However some improvements were required in the verification of hairdressing charges and any other charges to ensure protection of the residents finances.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were some improvements seen in quality of life for residents with the introduction of the homemaker role and the increase in activities. While there was evidence that residents had some choices in the centre and enjoyed the activities provided, the inspectors identified a number of areas where residents rights continued to be not upheld.

- The right to privacy and dignity: the use of multi-occupancy rooms for up to seven residents did not support the receipt of personal care and communication in a manner that protected privacy and dignity. Privacy screens provided visual protection but did not adequately protect the privacy of residents in relation to the conduct of personal activities and communication. These screens provided little or no protection from the noise and odours that a resident might experience in multi-occupancy accommodation.
- Residents were limited in their choice of bedroom due to a lack of private accommodation available
- Residents were limited in their choice of sitting area during the day due to a lack of communal space available
- As there was not enough dining space on all units, residents on those units did not always have choice in dining areas.
- Residents were unable to receive visitors in private and the rights of other residents to privacy was not respected when visiting took place in the multi-occupancy rooms.
- The HSE has failed to carry out a comprehensive review of occupancy levels to inform the profile and number of residents who could appropriately be accommodated in the centre

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0025756

Date of inspection: 04/12/2018

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Clonakilty Community Hospital will continue with the relevant training programme that is underway, using the new training Matrix. • Focus this year on providing high level training for the management group. • Continue with annual training needs analysis for all staff- analysis has been circulated to staff in January 2019. • Training planned in early 2019 for senior staff to be trained on doing performance coaching. • New personal training record form for staff launched for staff to record their own training records • New training room set up and available from February 2019. • Re-Training on Quality Care Nursing Metrics has commenced. • Any gaps identified on previous inspection have been addressed.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Director of Nursing permanent posts currently advertised and interviews due to be scheduled in early 2019. • Subsequent senior posts in Clonakilty Community Hospital to be advertised (ADoN, CNM3, CNM2 and CNM1 posts advertised) and to be filled with permanent staff. The aim is to have clarity in roles.	

• Support and guidance being received from our new General Manager, regular site meetings and walk around the hospital site conducted to highlight issues. • DoN has commenced performance coaching for management staff. • Each ADoN has been assigned specific areas within the hospital. • Senior managers have registered on the HIQA portal and aim to meet mandatory reporting requirements.

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • Complaints policy has been updated and is now in line with HSE Complaints Policy and regulatory requirements. • Additional options available for residents and families to lodge a complaint. • DoN will be implementing new system for trending and analysis of complaints in January 2019.	
Regulation 11: Visits	Not Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: • Additional signage required to indicate no visitors in multi occupancy wards during resident care. • Dementia friendly signage to be updated throughout the hospital • Provide additional communal sitting room for residents and visitors • Open visiting policy in place.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • Review of residents personal space to take place ie wardrobes • Aiming to personalize residents bed areas	

Regulation 13: End of life	Not Compliant

Outline how you are going to come into compliance with Regulation 13: End of life:
• Planning application submitted for 20 bedded single room extension to Clonakilty Community Hospital.
• Studying feasibility of renovating Crionna ward to add a palliative care room.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Review of all floor covering within he hospital currently underway, repairs to be made.
• Planning application submitted for 20 bedded single room extensions to Clonakilty Community Hospital – we will then review all the remaining areas.
• Extension planned from Dochas ward and An Ghraig to provide more communal space.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Point of occurrence form introduced
• Yearly safeguarding training ongoing for Clonakilty Community Hospital staff
• For all financial transactions 2 signatures are required and this will be monitored by the person in charge.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Additional private seating areas and an additional sitting room being provided.
• Formal system introduced for monitoring resident occupancy on a daily basis.
• Resident choice always foremost in our decisions.

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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Not Compliant	Orange	28/02/2019
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	Not Compliant	Orange	31/03/2019

	particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.			
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Not Compliant	Orange	31/01/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant		31/05/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/05/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 23(b)	The registered	Not Compliant	Orange	30/06/2019

	provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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.	Not Compliant	Orange	31/05/2019
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/05/2019
Regulation 8(1)	The registered provider shall take	Substantially Compliant	Yellow	30/06/2019

	all reasonable measures to protect residents from abuse.			
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.	Not Compliant	Orange	31/05/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2021