



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:	4 & 5 July 2018
Centre ID:	OSV-0000559
Fieldwork ID:	MON-0024039

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 Clonakilty 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, 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.

Current registration end date:	24/06/2018
Number of residents on the date of inspection:	98

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 July 2018	09:50hrs to 18:15hrs	Caroline Connelly	Lead
05 July 2018	09:10hrs to 16:40hrs	Caroline Connelly	Lead
04 July 2018	09:50hrs to 18:15hrs	Noel Sheehan	Support
05 July 2018	09:10hrs to 16:40hrs	Noel Sheehan	Support
04 July 2018	09:50hrs to 18:15hrs	Mary O'Mahony	Support
05 July 2018	09:10hrs to 16:40hrs	Mary O'Mahony	Support

Views of people who use the service

Inspectors spoke with a large number of residents during the two days of the inspection. Residents said they felt safe and were happy with the care provided in the centre. Residents were very complimentary about staff saying they were very caring and approachable.

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 some residents commented that they did not have enough space to store their clothing and belongings as the wardrobes provided were too small.

Residents who the inspectors spoke with were happy with the activities and said they particularly enjoyed the music sessions, exercises and bingo. Other residents said they would like to see further activities provided as the days and evenings could be long. Relatives spoken with were very complimentary of the staff and of the care that residents received.

Capacity and capability

Overall, while there was a new management structure in place. Improvements were required in management systems to ensure that the service provided is safe, appropriate to the needs of residents, effective and consistently monitored. There were issues with the fire alarm system during the inspection and Garda Vetting disclosures were not available for review in the centre. The inspectors issued two urgent action plans to the provider in relation to these issues.

The centre was operated by the Health Service Executive (HSE) who was the registered provider. The centre was found to have had increased levels of non-compliance identified on two previous inspections of the centre in January 2018 and March 2017. There were particular concerns identified around the lack of effective governance and management systems particularly in relation to safeguarding issues. Following the inspections in January 2018 and March 2017 representatives of the HSE attended meetings in the HIQA offices as the first steps in an escalation process and there have been ongoing interactions with HIQA. 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.

Since the previous inspection there had been some changes in management personnel. One of the Assistant Director Of Nursing (ADON) had been appointed to the person in charge role on a temporary basis in the week leading up to this inspection. A person had been appointed to the substantive role of person in charge and was due to commence full time in the centre in a number of weeks. She attended the centre to meet the inspectors and to attend the feedback meeting. The person in charge was supported in her role by two acting ADON's one of whom was new to the centre and the other who had worked as a clinical nurse manager (CNM) in the centre. There were two CNM3 who covered the management of the centre at night. There were also a number of newly appointed CNM2's and CNM1's with responsibilities within individual units. On the days of the inspection, inspectors saw 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. Following requirements from the previous inspection a senior nurse rota identifying who was in charge of the centre on a 24/7 basis had been implemented. 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 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. This was evidenced by staff identifying that specific roles had not been allocated to individual members of the management team. The provider was required to submit the governance and management plan to HIQA which clearly outlines communication and specific roles and responsibilities as required by the regulations. The CNM's on the units continued to not have control of their own staffing arrangements but regular CNM meetings were held with management on a weekly basis and staffing issues were discussed along with staff training and all issues affecting clinical care and the management of the units. Management meetings attended by the provider representative, the person in charge and ADON's were taking place on a monthly basis and comprehensive minutes were seen of these meetings.

The new management team were willing and proactive in response to some of the actions required from the previous inspection and issues as they arose on the inspection. Inspectors viewed a number of improvements in the centre and were assured that further actions were progressing. Management confirmed that there had been learning in relation to safeguarding incidents reported since the previous inspection, 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 being set up to address shortcomings in the quality and safety of care. Auditing of care practices and specific areas of the service was ongoing and the introduction of the HSE national incident management system had been implemented. The management team had introduced 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 inspection 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 HIQA 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 some initial plans drawn up for the renovation of the centre but these were not available for the inspectors to view.

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. 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. Improvements were seen in the provision of staff training and a comprehensive training matrix was introduced and kept updated. However there continued to be gaps in some mandatory training including responsive behaviours.

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 HIQA. However notifications were not received in a timely manner in relation to changes to persons participating in management and in the absence of the person in charge as required by the regulations.

Regulation 14: Persons in charge

The previous person in charge had left her role since the last inspection and one of the ADON's was person in charge for one month until the newly appointed person in charge takes up their role. The current person in charge was a registered nurse with the required managerial and nursing experience and was found to meet the criteria of legislation.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the nursing and personal care needs of residents. However staff were not allocated and directed to

meet the social care needs of staff, for example, through the provision of activities and for taking residents out to the garden areas.

As identified on the previous two inspections there was evidence that staff were frequently moved from unit to unit. Although this had improved somewhat since the previous inspection it remained an issue. The duty rota was completed centrally by the night staff with the CNM's on the units not having control over the allocation of their staff or skill mix. The inspectors also identified that the practice of staff having set rotas was meeting the needs the staff and not always the needs of the service and continuity of care for residents.

Judgment: Not compliant

Regulation 16: Training and staff development

A comprehensive training matrix had been put in place since the previous inspection. All staff had received up-to-date training in manual and people handling and in safeguarding of vulnerable adults. Fire safety training was ongoing however a small number of staff required updated annual training. A larger number of staff required training in responsive behaviour. Inspectors saw that further training dates had been scheduled and the person in charge told the inspectors they were going to continue to provide training in safeguarding on a rolling basis for all staff. Other training such as medication management, dysphagia, dementia and communication training were also provided.

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. However, the centre had in place HSE Garda Vetting Liaison Officers Garda vetting report confirmation forms for staff. This is not a disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations. An urgent action plan was issued to the provider and they were required to ensure all vetting disclosures were on-site with immediate effect and to inform HIQA when they are in place.

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 to ensure the safekeeping and confidentiality of residents records. However inspectors saw that confidential information including responsive behaviour plans were maintained at the end of some residents beds.

Judgment: Not compliant

Regulation 23: Governance and management

There were numerous changes to the management team since the last inspection and a number of improvements were seen in the overall governance of the centre. However the inspectors identified that there was not a clearly defined management structure that identified the full lines of authority and accountability of all the managers roles.

More effective management systems were in the process of being commenced but had not been embedded into the system at the time of the inspection such as the trending of complaints, incidents and other key quality indicators.

The provider is required to submit a governance and management plan to HIQA which clearly outlines communication and specific roles and responsibilities as required by the regulations.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were viewed by the inspectors. The inspector found that contracts had been signed by the residents/relatives and found that the contract outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. However as identified on the previous inspection, the contracts did not include the bedroom that the resident will occupy and the number of other residents in that bedroom as is required by legislation. This was updated during the inspection and were found to be compliant on day two.

Judgment: Compliant

Regulation 31: Notification of incidents

Issues identified on the previous inspection with notifications not been sent or not notified in a timely manner were rectified on this inspection. A number of retrospective notifications had been received and inspectors found that notifications of incidents were now received in compliance with the requirements of legislation.

Judgment: Compliant

Regulation 32: Notification of absence

The inspectors were not notified of the absence of the person in charge in accordance with the requirements of legislation.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a policy and procedure 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 more comprehensive recording of complaints in recent months. Complaint logs were held in each of the units and records indicated that complaints were investigated and the satisfaction or otherwise of the complainant was recorded. Complaints were discussed at nurse managers meetings however 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: Compliant

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

HIQA were not notified in a timely manner of the arrangements in place for the period when the person in charge was absent from the centre.

Judgment: Not compliant

Quality and safety

Overall, the healthcare needs of residents were generally met to a good standard but 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, day rooms and particularly the outdoor space in the fine weather.

There was evidence of timely access to health care services facilitated for all residents. 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. 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 was available to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place and regular reviews and follow-up to consultations were completed as required. The inspectors saw comprehensive reviews and plans in the medical notes some improvements were seen in these been transferred to care plans for the resident following the previous inspection.

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. Care plan's were developed based on resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be comprehensive and person centred. Some improvements were required in the storage of residents records and in the terminology used in the daily documenting of residents changing needs.

Good wound care management was seen in the centre and there was evidence that wound care was evidence based. 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 the practices around restraint use continued to require review due to the high numbers of residents using bedrails at night . Assessments for the use of bedrails were in place however the person in charge 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 dated January 2018. The management team had

introduced a specific core care plan to be implemented in the case of residents who presented with responsive behaviours. The care plan was comprehensive and would be personalised to meet the specific needs of the resident. This should assist in ensuring that all staff adopt a consistent approach to care. Further training on responsive behaviours is required which outlines actions to be taken in specific circumstances.

Residents were consulted through the residents committee and the resident advocate facilitated the residents' committee meetings and many residents attended. Issues raised at these meetings were reported back to the person in charge for resolution and followed up on subsequent meetings with updates and progress. The inspectors saw minutes of these, the advocate knew residents well and there was evidence of where she had to advocate on behalf of residents even when it went against the policy and procedures of the centre and the resident's rights were upheld. There were pictures and contact details available for the resident advocate and confidential recipient on resident notice boards.

On the previous inspection there had been improvements in activities and the introduction of activities three evenings per week. Staffing levels had improved in the evening. 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 five units. The centre had great access from four of the units to safe enclosed and well maintained outdoor space. The weather during the inspection was particularly sunny and warm and despite the easy availability of the outdoor space there were only a few residents observed to be outside enjoying it and these were generally accompanied by relatives not staff. On day two of the inspection the external activity team did conduct an activity in the garden with a small group of residents. 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. Staff continuously referred to residents as patients and a medical model of care was evident which prioritised health care needs over the occupation and recreation of residents that were not acutely ill, but may have varying degrees of infirmity due to their advanced age.

During the inspection inspectors saw that the premises was being redecorated and some maintenance works were ongoing in a number of the units. The premises was seen to be clean and bright with good ventilation. However the inspectors found that there continued to be major 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. 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. Some bed spaces could only accommodate small wardrobes, however, in bed spaces where there was room for larger wardrobes, these were not provided.

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 used to obtain the maximum benefit for residents. For example, day rooms dining rooms and garden areas that were available were seen not to be used fully during the inspection.

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. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Detailed Personal Emergency Evacuation plans (PEEPS) were seen to be completed for residents outlining the assistance they would require in an emergency situation. The inspectors noted documentary evidence that fire drills were carried out regularly these were usually led by the HSE fire officer, the inspectors recommended the centre staff also organise and run their own internal fire drills. Records were available to inspectors that showed the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced annually. The fire register was maintained which showed that the fire panel, break glass units, fire doors and fire equipment were all checked on a weekly basis on each unit. However the centre had experienced major issues with the fire alarm system in the week coming up to the inspection and all appropriate personell were involved and emergency measures such as a fire watch person on duty - this is an extra person to normal staffing and covers 24 hours per day to do a continual walk and check of the affected area. A new fire alarm system was sourced and was being installed. During the inspection there were further complications leaving the centre compromised. The inspectors issued an urgent action plan to the provider stating that the centre needs to have systems in place to ensure communication will be effective between two of the areas affected in the case of a fire. In the absence of loops 1 and 2 being integrated. Urgent action was taken and communication was sent to all areas and a fire Watch personnel covered 24 hours per day .

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 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. 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 these rooms were generally not personalised as space did not allow. 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

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 was 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 issues on this inspection included:

- 1) inadequate number of toilets for residents use, for example, there was just one usable toilet in the female section of Sonas for eight residents as the second toilet was not fit for purpose because it was so small when a resident used the facility the door could not be closed
- 2) inadequate provision of bathing facilities
- 3) 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.
- 4) 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.
5) some multi-occupancy bedrooms and single rooms could only be accessed via other multi-occupancy bedrooms
6) some toilet and shower facilities could only be accessed through a series of multi-occupancy bedrooms
7) a number of residents did not have easy access to their wardrobes
8) lack of private space for residents to meet their visitors in private if they wished
9) lack of private rooms to accommodate residents, especially at end-of-life care

10) Floor 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.

Judgment: Compliant

Regulation 26: Risk management

A comprehensive risk management policy was in place that appropriately referenced the measures and controls in place to address risks to residents including abuse, the unexplained absence of any resident, accidental injury to residents, visitors and staff, aggression and violence and the risk of self-harm. An active risk register was in place that was regularly monitored and reviewed.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

Overall systems in place to monitor and protect against fire were in place. However during the inspection there were ongoing issues with the instillation of a new fire alarm system in the hospital. An urgent action plan was issued to the provider to ensure that appropriate systems were put in place to ensure effective communication and action in the case of a fire.

The inspectors noted documentary evidence that fire drills were carried out regularly and the learning from each drill were clearly documented. These were usually led by the HSE fire officer, the inspectors required the centre staff also organise and run their own internal fire drills at different times of the day and night to ensure staff were familiar with all required processes.

Judgment: Not 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.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by inspectors were generally comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life. However there was not regular daily recording in some residents notes, this was particularly relevant where residents had complex care needs and some of language used the inspectors noted was not person centered.

Judgment: Substantially 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

There was evidence of supports and comprehensive plans in place to respond to residents' responsive behaviours in a consistent and person-centred manner. However, not all staff had received responsive behaviour training and this is actioned under Regulation 16: Training and staff development.

The centre continued to have a high numbers of residents using bedrails at night. There was not evidence that all other alternatives to restraint had been tried to ensure that bedrails were the least restrictive form of restraint.

Judgment: Not 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. Training had been provided and further training was planned to address all issues of safeguarding and respect for residents. The inspectors were satisfied that there were robust systems in place to manage residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

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 were not upheld.

- The right to privacy and dignity: the use of multi-occupancy rooms for up to six 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.
- The right to avail of outdoor space
- Residents were limited in their choice of bedroom due to a lack of private accommodation,
- residents were limited in their choice of sitting area during the day.
- As there was not enough dining space on all units, residents on those units did not always have choice in dining areas.
- Inspectors saw that many visitors visited 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

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not 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 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0024039

Date of inspection: 4 & 5/07/2018

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • New Director of Nursing in place since 30/07/18. • Updated job descriptions are being provided to all staff by 20th August 2018. • Comprehensive review of all rosters has commenced on 13th August 2018 to allow for continuity of care and to meet the service needs. • Staff skill mix is part of the ongoing roster review. • Staff Questionnaire is being rolled out to provide feedback on staffing. • Engagement with CNM2's on roster review starting on 13th August 2018. 	
Regulation 16: Training and staff development	Substantially 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"> • Format of training matrix has been completed. • Further Fire Safety training booked for Sept. 2018 • Nursing management have commenced monthly fire evacuation drills on site which began on 13th August 2018. • Further training planned on the newly upgraded fire alarm system in the hospital will be completed by September 2018. • Nurse Consultant booked to give extensive training on dealing with Responsive Behaviors. • PMAV Training also booked for training in Sept, Oct, Nov and December 2018. • Training needs analysis has been incorporated into the staff survey. August 2018. • Plan to create a new larger training facility to accommodate staff on site being progressed. October 2018. • Ongoing training on mandatory courses and resuscitation training to be re-introduced for all support staff. 1stDecember 2018. 	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • Cork Kerry Community Health Data Controller has developed a plan to move the vetting disclosure documentation to a secure file location in the Hospital which can only be accessed by the PIC or PPIM . It is expected that this will be completed by 15th September 2018. • A comprehensive review of staff files is currently underway to ensure full compliance in relation to Garda vetting and disclosures. 31st October 2018. • All confidential documents have been removed from the end of resident's beds and are kept in locked trolleys within the ward areas. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A Management and Governance plan is currently being finalized between Nursing Management and General Manager's Office. 30th September 2018. • The post of Assistant Director of Nursing is to be advertised in the next couple of months to allow clarity of roles. The current management team which comprises of three ADON's is to be left in place until significant improvement in compliance is brought about in the Hospital . November 2018 • Each ADON has been assigned an area for clinical supervision. • The concept of performance coaching is to be introduced, starting with the DoN completing performance coaching with the management team. Training to be given to the newly appointed CNMs on performance coaching. December 2018 • HSE National Incident Management System is being used to document and incidents and also as a means of trending all incidents. • The use of Quality Metrics Tool to audit all areas of clinical activity is in place. 	
Regulation 32: Notification of absence	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of absence:</p> <ul style="list-style-type: none"> • New Management team aware of the requirement to notify HIQA of the Absence of the person in Charge if greater than 28 days. • New Director of Nursing has submitted documentation in registering as the PIC of Clonakilty Community Hospital. 	

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:</p> <ul style="list-style-type: none"> • New management team will adhere to the guidelines as outlined by HIQA. 	
Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> • Privacy signs have been ordered to be placed on the entrance to resident's rooms. 17th September 2018. • At ward level, CNMs to remind staff via the weekly staff meetings, to ask relatives to wait until personal care is completed and to encourage visitors to meet in the current quiet spaces available throughout the hospital. • An existing training room is to be converted into a new sitting room for residents and their families within the Hospital. 18th November 2018 • Plan being finalized to make the hospital canteen space available out of hours for residents and visitors. 19th October 2018. • With the planned extension of the Hospital, there will be new quiet rooms and sitting rooms made available within Dochas and An Ghraig. • New tea/coffee machine to be made available in the new sitting room. 26th October 2018. 	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • A review to be carried out on all resident bed area to determine if larger wardrobes can be accommodated. 7th December 2018. • CNMs in each area to engage with families to ensure that resident's bed areas can be personalized. 17th September 2018. • Plans for a new extension to Clonakilty Community Hospital are currently being worked on with the Design Team; the new extension will allow all residents more space for their personal belongings. 	
Regulation 13: End of life	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <ul style="list-style-type: none"> • Urgent request has been made to create a palliative care room in Crionna ward. 	

<p>28th February 2019.</p> <ul style="list-style-type: none"> Plans are currently being drafted up for a 20 bedded extension to the Hospital (ie. 20 single rooms.) Overall number of residents within the hospital will remain at 122, and existing rooms will be renovated to reduce multi occupancy numbers. More palliative care rooms will be made available by this process. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> Sonas Unit is no longer suitable for accommodating long term care residents. Long term care residents will no longer be accommodated in Sonas from 20/08/18 Sonas Unit will be utilized to accommodate transitional care residents only who will be admitted from Cork University Hospital and Bantry General Hospital. 20th December 2018. Plans are currently being drafted with the Design Team for the 20 single room extension to Clonakilty Community hospital. Oct 2021. There is a plan to build an extension from Dochas and An Ghraig and to provide more communal space. This planned extension will allow us to reduce the numbers of residents in the multi occupancy rooms in Saoirse to 4, (by providing 4 single rooms for this area). The accessing of the single room in Cionna via another room will be eliminated with the planned extension. Floors to be repaired throughout the hospital – this work has already been requested and will be completed by 23rd November 2018. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> New modern fire alarm system in place. Training on the new fire alarm system has commenced and will be completed by 30th September 2018. Monthly fire drills as conducted by the management team have commenced. Random fire evacuation drills by night have been planned for August 2018. 	
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>	

- New policy being created on Care Record Documentation. 28th August 2018.
- Staff to be clear on the expectation to document daily in resident's narrative notes. Implemented by CNM's on wards. Completed by 20th August 2018.
- Person centered training booked for all staff and guidance to be given in the use of language especially when addressing residents with responsive behaviors.
- Care Record Audit to be conducted in September 2018.
- CNMs to audit practice in their areas- Completed 13th August 2018.
- Link Nurses to be assigned to designated residents care records to create accountability. 20th August 2018.

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behavior that is challenging:

- All staff to receive training on Responsive Behaviour. A new instructor is to be booked for the next sessions in Sept. Oct and Dec. 2018.
- PMAV Training is also to be scheduled for Dec. 2018
- Review of bedrail usage to be conducted, staff to be educated on the issue of restraint. 28th September 2018.
- Management team visited two local residential care center's to review other methods of reducing bed rail usage within the hospital on 10th August 2018.
- Additional lower beds ordered for Clonakilty Community Hospital. 13th August 2018.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The issue of the 6 bedded multi occupancy rooms will be resolved with the advent of the new build, the building of 20 single rooms will allow us to reduce the 6 bedded wards to 4 bedded rooms and the 5 bedded wards to 4 bedded rooms. In the meantime we are ensuring all of the bed screens provide privacy to all residents. 12th September 2018.
- As much as possible residents are encouraged to use the bathrooms for personal care and toileting needs.
- There has been a culture of institutionalized care. It is hoped that the new management team will break this culture. Stronger leadership by nurse managers across the hospital is being actively promoted. 10th December 2018.
- More private spaces are required to encourage visitors to engage with residents outside of ward areas. New Sitting room to be developed. November 2018.
- With the advent of the new build are upgrading the garden spaces to encourage residents and their families to use the garden spaces more with the new build.
- Review of dining spaces and practice to take place with residents to be encouraged to use the dining rooms more. 10th October 2018.

- More visitors spaces to be provided within the hospital, ie the relocation of the training room and the creation of the new sitting room for residents and visitors. November 2018. |

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	18 th November 2018
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident	Not Compliant	Orange	15 th Dec 2020

	has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes 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	28 th Feb 2019
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30 th Nov 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31 st Dec 2018
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 st Oct 2021

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.	Not Compliant	Red	15 th Sept 2018
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	1 st August 2018
Regulation 23(b)	The registered 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.	Not Compliant	Orange	15 th December 2018
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	15 th December 2018
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.	Not Compliant	Orange	30 th Sept 2018
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Not Compliant	Red	20 July 2018
Regulation 32(2)	Except in the case of an emergency, the notice	Not Compliant	Orange	31 st August 2018

	referred to in paragraph 32(1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the Chief Inspector and the notice shall specify the (a) length or expected length of the absence; and (b) expected dates of departure and return.			
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	30 th November 2018
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	15 th Dec 2018
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	15 th Dec 2018
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	15 th December 2018.

Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.	Not Compliant	Orange	31 st August 2018
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