



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

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| 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: | 09 June 2020 |
| Centre ID: | OSV-0000559 |
| Fieldwork ID: | MON-0029605 |

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 comprises 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. Saoirse, a dementia specific unit, comprises two single rooms with en suite assisted showers, toilets and hand basins, a five-bedded room and a seven-bedded room. An Ghraig has one single bedroom and four five-bedded rooms with full en-suite facilities. Dochas has six five-bedded rooms and one single room used for end of life care. Crionna has two six-bedded rooms, one five-bedded, six four-bedded and one single room, all with full en-suite facilities. Sonas has recently been converted to a transitional care unit and consists of one six-bedded room, one four-bedded room and two twin bedrooms. 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.

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| Number of residents on the date of inspection: | 77 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------|----------------------|---------------|---------|
| Tuesday 9 June 2020 | 09:30hrs to 16:00hrs | John Greaney | Lead |
| Wednesday 10 June 2020 | 09:30hrs to 16:00hrs | John Greaney | Lead |
| Tuesday 9 June 2020 | 09:30hrs to 16:00hrs | Ella Ferriter | Support |
| Wednesday 10 June 2020 | 09:30hrs to 16:00hrs | Ella Ferriter | Support |

What residents told us and what inspectors observed

Inspectors observed resident and staff engagement throughout the inspection. It was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff. All interactions were conducted in a caring and respectful manner. Residents spoken with were complimentary of the staff and commented that they were responsive to their requests for assistance.

Discussions with staff indicated that they knew individual residents well and were able to relate to inspectors information regarding the routines and preferences of individual residents. It was evident from discussions with staff that there was sadness at the loss of some residents during the outbreak. It was also evident that they were glad to see residents that had been seriously ill on the road to recovery. Some residents told inspectors that they were well cared for when they were unwell.

Some residents expressed concern at the isolation associated with visiting restrictions due to the pandemic. During the pandemic, visual 'window' visits, phone calls and video calls were facilitated. Some residents said that they had become more familiar with electronic communication but it was a poor replacement for face to face visits. Inspectors were informed that relatives had been encouraged to continue to visit residents at end of life, throughout the crisis. Staff said that this had been a great comfort to relatives. Residents spoken to were looking forward to the return of visiting but understood the need for restrictions.

Over the two days of the inspection most residents were seen to spend a significant amount of time in their bedrooms. Residents had only recently commenced leaving their bedrooms. Communal space however was extremely limited in both Dochas and An Ghraig units and there was very little opportunity for residents to leave their rooms. There was more resident activity in Saoirse and Cionna units and more residents were observed to be sitting in the sitting rooms.

Some vacant beds had been removed from the multi-occupancy bedrooms to allow for physical distancing during the COVID-19 outbreak and this reduction in beds provided more space for residents to sit at their bedsides. A number of residents confirmed in conversations with Inspectors that they liked having more living space and were happy that they had more space to store their belongings. It also provided more room for storage of clothing and personal possessions. In the bedrooms that the vacant beds had not been removed, it was obvious that there was insufficient space for residents to sit at their bedsides due to the proximity of beds to each other.

Due to the number of residents in each room, residents found it difficult to personalise their space. For example, photographs and memorabilia were usually stored over the head of the bed where it was not possible for residents to see them while in bed. On this inspection, Inspectors were told that one resident had requested that photographs of family members were stored over a vacant bed on

the opposite side of the room so that they could be seen while the resident was in their own bed. The resident acknowledged the improvement.

Capacity and capability

This was an unannounced risk-based inspection conducted over two days. This centre's registration was previously renewed in April 2016 and since then, there have been six inspections of this centre. It was found on all of these inspections that Clonakilty Community Hospital had significant levels of non-compliance in relation to overall governance and management, as evidenced by continuing non-compliance in the areas of premises, residents rights, privacy and dignity, personal possessions, end of life care, and visits. These deficits, related to the environment have a negative impact on the privacy, dignity and quality of life of residents living in the centre.

The on-going regulatory non-compliance and the effect these have on the quality of residents lives was brought to the attention of the provider through reports of inspections conducted in March 2017, January 2018, July 2018, December 2018 and September 2019. In addition to the inspection reports, face to face meetings were held with senior HSE managers on 27 April 2017 and again on 29 March 2018, and, 28 August 2019, outlining the concerns of the Chief Inspector.

In response to these ongoing regulatory non-compliances, the Chief Inspector proposed to renew the registration of this centre by issuing a notice of proposed decision with additional restrictive conditions attached to the registration. These conditions were aimed at improving the quality of life for residents (particularly in the areas of privacy and dignity, access to personal possessions, access to communal and dining space and appropriate accommodation). The proposed conditions required a reduction in the number of residents accommodated in some identified multi-occupancy bedrooms and the creation of additional communal space in the form of a new sitting room. The HSE is currently appealing this decision in the District Court.

The provider proposed interim measures to address the lack of communal space. These measures were to be implemented by the end of 2019 but on the date of this inspection, 09 June 2020, these measures had not been implemented in their entirety. Inspectors were not assured that even if the proposed interim measures had been completed, they would have any significant improvement on the quality of life of residents in the centre.

On this inspection it was found that there were improvements in local governance and management arrangements. A director of nursing (DON) had been appointed on a permanent basis, as had an assistant director of nursing (ADON), a clinical nursing manager 3 (CNM 3) and two CNM 2's. Some managerial positions continued to be occupied by people on an acting basis, including ADON, CNM 3, CNM 2 and CNM 1 roles. The involvement of a senior HSE manager in the role as the Registered

Provider Representative (RPR) had been sustained. The RPR continued to be involved in the centre, visiting the staff, responding to queries from the management team and supported the implementation of change including engagement with residents and relatives. This support was welcomed by the team who referenced this staff member throughout the inspection.

This centre was subject to a significant outbreak of COVID-19 in April and May of 2020 and a large number of residents and staff tested positive for the virus. Inspectors acknowledged that residents and staff living and working in centre have been through a challenging time. They acknowledged that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time.

During the COVID-19 outbreak a significant number of staff were impacted by the virus and there was an aligned increase in the care residents required. As a result, of staff absentism there were insufficient numbers and skill-mix of staff to safely care for residents. In response, the Health Service Executive (HSE) had to redeploy staff from other areas, such as day care services, to maintain the staffing levels to care for residents.

Throughout the outbreak, in accordance with guidelines issued by the Health Protection and Surveillance Centre (HPSC), an Outbreak Control Team (OCT) was convened. Membership of the OCT comprised representatives from nursing, public health, infection prevention and control, occupational health and management. The team met frequently to provide guidance to staff on the management of the outbreak.

Through frequent communications by the inspector with the management of the centre, it was evident that the HSE was not adhering to and implementing the HPSC national guidelines with respect to the isolation and quarantining of residents that were either suspected of being infected by the COVID-19 virus, tested positive for the virus, or were known contacts of residents that tested positive for the virus. These identified risks to residents and staff were escalated to the HSE at a national level on dates including 17 April 2020, 22 April 2020 and 27 April 2020.

The HSE responded explaining that as a consequence of the limitations of the physical premises, residents who tested positive for the virus remained in shared bedrooms with residents that may have previously tested negative for the virus or were not showing symptoms of the virus. There are only a small number of single rooms and these were not always available when it became necessary to isolate residents. At the latter stages of the outbreak, the transitional care unit, which is used for short-stay residents, was used to isolate residents. This unit had become vacant as short stay residents were not admitted during the outbreak.

On the days of the inspection there were no residents COVID-19 positive. There was one resident that presented with symptoms for the virus but subsequently tested negative. Inspectors observed that staff were complying with infection prevention and control guidance in relation to hand hygiene and the wearing of personal protective equipment (PPE).

On the days of the inspection the number of residents living in the centre had reduced from 122 to 77. The reduction in the numbers was as a result of a decision not to admit any new residents during the COVID-19 outbreak. This in turn resulted in the closure of the Transitional Care Unit, which has 14 beds, as this only accommodates residents on a short-term basis, such as for respite and convalescence. The cessation of short-term admissions also resulted in vacant beds in other units in the centre. As a result of the reduction in the number of residents, bedrooms that previously accommodated five, six and seven residents, now accommodated a maximum of four residents. Inspectors were informed that senior management had instructed staff to reduce the number of residents in multi-occupancy bedrooms, but not to remove the beds from these bedrooms.

Improvement and focus is now required to ensure the governance and management arrangements in place always provides a safe quality service to residents and that the nursing home comes into regulatory compliance. This report will further detail the findings of this inspection under the regulation inspected to include premises, residents rights, privacy and dignity, personal possessions, end of life care and infection control.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required managerial and nursing experience specified in the regulations. She is actively engaged in the governance, and day-to-day operational management and administration of the service. The person in charge is knowledgeable of the regulations, national standards and of her statutory obligations. She demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

On the days of the inspection the centre was well resourced in terms of staffing. The centre had been significantly impacted by a COVID-19 outbreak and a large number of staff had tested positive for the virus. While many of the staff had recovered and returned to duty, a number of staff had not yet returned to work. The inspector acknowledged that residents and staff, living and working in the centre, were still emotionally effected by the impact of the COVID-19 outbreak and the isolation brought about due to the visitor restrictions. To ensure adequate staffing levels, a number of staff had been redeployed from other areas within the HSE, such as day services. In addition, a unit that usually accommodated residents for short stays such as respite and convalescence, was also closed due to the pandemic and this

freed up additional staff.

At the most recent inspection in September 2019, it was identified that there were insufficient staff on duty in the evening between 17:30hrs and 20:00hrs. It was found on that occasion that as a result of this, residents spent a lot of time in their bedrooms. Inspectors were informed that this deficit in staffing was addressed and an additional staff member was now on duty in Dochas and Crionna units in the evening time. However, due to the outbreak of COVID-19, this increase in staffing did not have any positive impact on the amount of time residents spend away from their bedrooms. Due to the lack of communal space and the need to maintain physical distancing, residents continued to spend most of their day in their bedrooms.

Multi-task attendants (MTAs) were employed for caring, catering and cleaning duties. While the duties were segregated on a daily basis, on some days an MTA could be working as a carer in the morning and a cleaner in the afternoon. Alternatively, the MTA could be working as a carer one day and as a cleaner the next day. Discussions with staff indicated that there was not always a clear distinction between these roles and some staff may respond to requests from residents to provide care on days when they were assigned to cleaning duties. This was a repeated adverse finding from previous inspections and although the HSE has previously committed to addressing it, to date the HSE has not done so and as a result this infection control risk remains. The person in charge informed inspectors that there were discussions underway in relation to a complete segregation of caring and cleaning roles. The provider was requested once again to ensure that there was a clear segregation of roles as the combination of caring and cleaning duties poses an infection prevention and control risk.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A comprehensive training matrix was in place and made available to the inspectors. It was evident that staff were facilitated and supported to attend training relevant to their role. Recent training included relevant topics such as COVID-19 related infection prevention and control, hand hygiene and donning and doffing personal protective equipment (PPE).

There was, however, a significant number of staff overdue attendance at refresher training in areas such as manual and people handling, fire safety, safeguarding people from abuse, and responsive behaviour. The person in charge informed inspectors that this was as a result of restrictions put in place due to the COVID-19 pandemic and also due to the outbreak in the centre.

Judgment: Substantially compliant

Regulation 21: Records

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.

Judgment: Compliant

Regulation 23: Governance and management

The 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 this inspection. A comprehensive training matrix was in place and substantial investment in training and education of staff was evident. Supervision of staff and care was supported by the presence of the management team on the units and of detailed information around residents' needs communicated at handover meetings. A number of forums such as a quality and safety committee were in place to address 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 was seen to be 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.

Improvements were required in the overall governance and management of the designated centre, in particular a number of actions remained outstanding from the previous inspection. These issues included significant concerns with the premises, which reflected on residents rights, adequate space for residents and maintaining the privacy and dignity. These concerns are detailed further throughout this report.

At the time of this inspection, there were some recent improvements to the management structures at a local level. The person in charge had been confirmed as the director of nursing on a permanent basis. This was also the case for an assistant director of nursing and for a clinical nurse manager 3 that covered night duty. There continued to be one assistant director of nursing and one clinical nurse manager 3 (CNM 3) employed on an acting basis. There were also some permanent appointments at CNM 1 and CNM 2 grades.

The annual review for 2019 demonstrated good oversight of the clinical and quality of life data gathered; this data was trended and analysed and work practices were changed accordingly which resulted in improved outcomes for residents. However, the complaints log included a number of complaints recorded by staff that directly relate to deficits in the premises and the impact this had on residents' lived

experience. These matters are detailed under Regulation 31: Complaints procedure.

As previously stated, the centre was subject to a significant outbreak of COVID-19 affecting both residents and staff. While there were no residents in the centre positive for COVID-19 on the days of the inspection, the outbreak was not yet declared over, as 28 days had not passed since the last resident had tested positive. In accordance with guidance, throughout the outbreak, there was an outbreak control team (OCT) in place to manage the outbreak, which met approximately twice weekly. The OCT consisted of public health doctors, infection prevention and control personnel, an occupational health doctor, practice development personnel, the general manager, the person in charge and there was also input from palliative care. In addition, there was a local outbreak team that consisted of the person in charge, general practitioners (GPs) and a geriatrician.

Throughout the outbreak the inspector was in regular contact with the centre and through this communication it became apparent the environmental issues, such as multi-occupancy bedrooms, had a significant impact on the management of the outbreak. Residents that were suspected or confirmed to be COVID-19 positive remained in multi-occupancy bedrooms, after they had become symptomatic, sharing accommodation with residents that were asymptomatic or had previously tested negative for the virus. This was in contradiction to HPSC guidance on cohorting residents during an outbreak and this risk to residents and staff was escalated to national HSE managers. In the latter stages of the outbreak, the transitional care unit was used to isolate residents that tested positive for the virus and their contacts.

While the occupancy level of a number of the multi-occupancy bedrooms had been reduced during the COVID-19 outbreak, management was unable to clarify whether this was on a temporary or permanent basis. Most of the bedrooms that previously accommodated five, six and seven residents now accommodated four residents. This afforded more room for residents at their bedsides, however, the rooms were not reconfigured to indicate that this was a permanent arrangement. Additionally, the communal space available to residents, particularly in An Ghraig and Dochas, units was not adequate. This has been further compounded by the COVID-19 pandemic and the need for physical distancing. In order for residents to maintain the recommended physical distancing, most residents remained at their bedside for the majority of each day.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required review and updating to reflect recent changes in management personnel.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place detailing how complaints were managed in the centre. Residents and families were aware of the complaints procedure and could approach staff to raise any concerns. Residents were aware of advocacy services and were supported to avail of this service if they wished to do so.

Inspectors reviewed the complaints log and found that the record did not always contain adequate details of the investigation and there was not always a satisfactory resolution to the complaint. For example, complaints made by residents about noise created by other residents, particularly at night, were not addressed. The noise was sometimes explained away by stating that the resident had dementia but this did not address the impact the noise was having on other residents and therefore the complaint was unresolved. There were complaints about lack of access to a television and that when the curtain was drawn around one bed it obstructed the view of the television for another resident. There was not always a satisfactory response to these complaints. For example, the action taken in response to the television being obstructed by the curtain was to tell the other resident not to close the curtain around their bed. This response did not take account of the right of the resident to self-determination or of their right to privacy. There were a number of complaints from staff about the lack of storage space for equipment, particularly in Saoirse unit. These are issues as raised in a number of previous inspections of the centre and were addressed as fully as possible within the current complaints procedure. Unfortunately, these significant issues cannot be fully resolved in the absence of reconfiguration of the premises and will continue to have a negative impact on residents lived experience.

Additionally, records did not identify if the complainant was satisfied with the outcome of the complaints process.

The complaints log also contained a number of complaints from staff, for instance in relation to staff shortages and it would be more appropriate for these to be addressed through line management and stored within the human resource system.

Judgment: Not compliant

Quality and safety

This centre caters for residents with a range of care needs which include transitional care, continuing care, dementia care, and respite care.

As previously stated, the centre had a significant outbreak of COVID-19, and while the outbreak was not yet officially declared over, there were no residents confirmed positive with the virus on the days of the inspection.

Overall, the healthcare needs of residents were met to a good standard, but as identified on previous inspections, significant improvements were required to the environment. In addition to impacting on the quality of life of residents, limitations to the environment does not allow for residents to physically distance, particularly in An Ghraig unit. This is due to the multi-occupancy nature of bedrooms and the lack of communal sitting and dining space. It also limits the options available to isolate residents, as evidenced during the recent COVID-19 outbreak, in the event of an outbreak of an infectious disease.

Due to the COVID-19 pandemic, all short-term admissions had ceased. This resulted in a significant reduction in occupancy levels and allowed for the reduction in the number of residents accommodated in most of the multi-occupancy rooms. It also facilitated the temporary closure of the Transitional Care Unit, which can only accommodate short-stay residents. Despite this reduction in numbers, predominantly due to the limited number of single occupancy bedrooms, residents were not always isolated in accordance with guidelines issued by the HPSC when they were suspected or tested positive for the virus. Towards the end of the outbreak, the transitional care unit was used on one occasion to isolate residents that were confirmed positive for the virus.

On this inspection, in order to ensure clear divisions between units and minimise the risk of cross contamination between units, cross-corridor fire doors between the units had warning tape affixed to the interface between doors. Inspectors requested the person in charge to review this practice as it could potentially impact on the speed of evacuating residents in the event of a fire. This tape was removed prior to the end of the inspection.

In addition to compromising the implementation of good infection prevention and control practices, the environment negatively impacted on the quality of life of residents. Most residents spent their day at their bedside, as there was inadequate communal space to allow them to physically distance. Some residents had access to a television in their bedrooms, while other residents that may have been sharing the same room, did not. Since the last inspection, there were some improvements in relation to storage space for personal possessions but bedrooms continued to lack personalisation and a homely feel. Even though some beds had been removed, allowing more space between residents, management were unable to confirm if this was a temporary or permanent measure. As a result of this lack of certainty, the bedrooms were not reconfigured to allow residents to personalise the larger space now available to them.

Four different General Practitioners (GP) provided medical services to the centre. A sample of medical records reviewed demonstrated that resident's were reviewed on a regular basis. Residents in the centre also had access to the specialist mental health of later life services and to Psychology services.

A sample of care plans reviewed indicated that residents were comprehensively assessed on admission and regularly thereafter. Care plans were developed based on these assessments, however, these were not always personalised to provide good guidance to staff on the individualised care to be delivered to each resident. There was also a need to review care plans in relation to end of life preferences, to ensure there was adequate detail of care preferences and not just whether or not the resident wished to be resuscitated in the event of sudden death.

Regulation 11: Visits

In line with the Public Health advice at the time of inspection, visiting restrictions were in place and no visitors were allowed except in exceptional circumstances. The centre had enhanced its WiFi coverage and inspectors were informed that there was good coverage throughout the centre. Each unit had access to electronic tablets and residents were facilitated by staff to have video calls with their relatives.

The centre was planning to recommence visiting once the outbreak was officially declared over. Inspectors were informed that visiting would only be available during office hours from Monday to Friday. The person in charge was requested to review these arrangements to ensure a degree of flexibility in line with the needs of residents and relatives and the limited facilities available.

Visiting was restricted at the time of inspection in response to COVID-19, the facilities in place on days of inspection supported this situation. However, should the centre return to previous occupancy levels in place before the outbreak, and as identified in previous inspections reports, the privacy of individual residents can not be upheld when visiting takes place in multi-occupancy rooms because of limited private or communal rooms for visiting.

Judgment: Substantially 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-occupancy bedrooms which afforded little space, privacy or room for personal storage. Memorabilia, such as family photographs, were predominantly stored at the back of each resident's bed where it was not readily visible to residents.

Due to the outbreak of COVID-19, the occupancy in most bedrooms had been reduced, however, management was unable to clarify if this was a permanent or temporary arrangement. Improvements identified on recent inspections in relation to storage space for personal property had continued. A number of double wardrobes

and chest of drawers had been purchased to allow for some but not all residents to have more storage space for their clothes. As staff and residents did not know the plans, these additional spaces could not be personalised to accommodate residents personal belongings.

Whilst these improvement are welcome they must be sustained to ensure residents can enjoy their personal space, see their family photographs and chat with their visitors in private. In this context, it would be very disappointing if residents were not afforded the opportunity to have the full benefit of the the space made available by these empty beds.

Judgment: Not compliant

Regulation 13: End of life

Inspectors found that when a resident was approaching the end of his or her life, the person in charge and staff had made every effort to ensure that appropriate care and comfort, which addresses the physical, emotional social, psychological and spiritual needs of the resident concerned was provided and that religious and cultural needs of the resident concerned were met in so far as could be achieved within the limitations of the physical environment. Following the death of a resident, the person in charge had ensured that appropriate arrangements in accordance with that resident's wishes were met.

Care plans indicated residents' preferences in relation to end of life were discussed and documented. There was evidence that these were reviewed at intervals for most, but not all residents. There was a need for further discussions with residents and/or their relatives to ascertain the extent of medical interventions they would like in the event they become unwell and not just whether or not the resident would like to be resuscitated in the event of sudden death. This was particularly relevant in light of the COVID-19 pandemic.

As the centre is currently configured it is not possible to ensure a resident's last days can be spent with their family in a private quiet space, away from ongoing daily activities. This point is also referenced under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 17: Premises

Some improvements were made to the premises, most notably in Crionna unit and the recreation corridor adjacent to Dochas. However, in the overall context of the

centre, the improvements made no discernible difference to the quality of life of a large number of residents living in the centre. While the number of residents accommodated in the multi-occupancy bedrooms had been reduced to a maximum of four in most bedrooms, it was not confirmed whether this was done to facilitate physical distancing during the COVID-19 outbreak or if it was to ultimately improve the personal space for and lived experience of residents.

As found on previous inspections, one hundred and thirteen of the one hundred and twenty two beds in the centre were contained in four, five, six and seven-bedded rooms. The number of beds in each room meant that there was insufficient distance between beds, which meant residents rights to privacy and dignity were compromised. In addition to the multi-occupancy nature of the bedrooms, there was limited communal space for residents to spend time away from their bedrooms, meet visitors in a private space or have confidential discussions with the staff.

Inspectors were informed of long term plans are for the construction of a new wing adjacent to existing premises with a proposed completion date of December 2021 It was reported that This wing would consist mainly of single room accommodation. However in conjunction with the plans for this new wing the current plan is that the remainder of the centre would comprise of 4 bedded rooms. Contrary to previously viewed plans The HSE has previously been advised that the reliance on such a large number of multi-occupancy rooms is likely to impact on the quality of life of residents, infection control and regulatory compliance.

While awaiting long-term solutions to deficits in the environment, current living conditions are unsuitable and interim measures need to be put in place to enhance the quality of life for residents living in long term. COVID-19 has increased the risk that the premises pose to residents.

Improvements noted on this inspection included the renovation and re-designation of some rooms on the recreation corridor, which is adjacent to and accessible from Dochas unit. This included the conversion of a quiet room to a dining room for residents and the creation of a family room from a staff room. There was also a sitting room in this area. While the intention of this is to provide additional communal space, it was not accessible to residents on the days of the inspection due to the COVID-19 pandemic. Some improvements were also made to Crionna through the reduction in the number of beds from five to four in room number seven and the creation of a single bedroom from a kitchen. There is also a new sitting room, which was decorated to a high standard with a nautical theme.

Despite these changes, further improvements are required. For example:

- interim measures proposed by the provider for improvements to the environment were not implemented. Even if implemented, they would not adequately address the deficits identified, even on an interim basis.
- as the centre is currently configured it is not possible to ensure a resident's last days can be spent with their family in a private quiet space, away from ongoing daily activities.
- multi-occupancy bedrooms did not support residents' privacy and dignity due

to the number of residents in each room and the proximity of beds to each other

- there was inadequate communal space for the number of residents living in the centre, including dining and day space
- residents could not meet with visitors in private either in their bedroom or away from their bedrooms
- there was inadequate storage space for residents personal property and possessions
- there was inadequate storage space for equipment as evidenced by the storage of equipment, such as linen skips and hoists, on corridors.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were complimentary about the quality of food provided. Most residents had their food at their bedside from tray tables due to the need to physically distance and the inadequate dining space in some units.

Residents were weighed regularly and were assessed for their risk of malnutrition using a validated assessment tool. Residents requiring assistance with their meals were assisted appropriately by staff.

There was telephone access to dietetics and speech and language therapy (SALT) during the outbreak. While most residents were observed to be receiving the correct diet, inspectors observed one resident receiving food that did not comply with their SALT assessment. While inspectors were informed that the resident did not wish to comply with the SALT recommendations, this was not documented in the resident's care plan. There was a need to carry out a risk assessment to identify what measures required to be implemented to minimise the risk of choking and also for a further SALT assessment to ascertain if the resident's dietary requirements had changed.

Judgment: Substantially compliant

Regulation 26: Risk management

The Safety Statement and Risk Register were updated to reflect the COVID-19 pandemic. This included risks associated with accommodating residents in multi-occupancy bedrooms and the risk associated with reduced staffing.

Judgment: Compliant

Regulation 27: Infection control

It is acknowledged that the normal Infection Prevention and Control (IPC) precautions in residential care settings are not commensurate with what is required for managing a COVID-19 outbreak. During and post a COVID-19 outbreak, the provider must be assured that all IPC arrangements are in line with public health advice and the national HPSC guidelines.

There was an Outbreak Control Team (OCT) with membership from public health, nursing, infection control, occupational health and management personnel. Records indicated that the team met regularly and provided advice on the management of the outbreak.

This centre was subject to a significant outbreak and a large number of residents and staff tested positive for the virus. Solicited information received throughout the outbreak indicated that the HSE was not following HPSC guidelines with regard to the oversight of the outbreak. Local managers attributed the failure to adhere to these national guidelines to the limitations of the physical environment of the designated centre.

Undoubtedly the management of the outbreak was impacted by the environment, in particular the multi-occupancy bedrooms and the limited availability of single rooms. Because of this, on several occasions, residents that were symptomatic and tested positive for the virus remained living with residents who were asymptomatic and had been found to be COVID-19 negative.

There were procedures in place for monitoring residents and staff for signs and symptoms of COVID-19, such as monitoring temperatures and ascertaining if they were symptomatic, to prevent a further outbreak in the centre. There was a large screen at the main entrance to the centre that could record the temperature of persons entering the centre. There were wash hand basins and hand gel dispensers located at suitable intervals throughout the premises.

During this inspection some improvements were required to ensure their infection prevention and control practices, and staff and visitors adherence to these, are in line with the national guidance. Required improvements in relation to infection prevention and control included:

- the HSE needs to undertake a review of the management of the recent outbreak of COVID-19 and ensure that there are robust processes in place to adhere to national HPSC guidelines in the event of a further outbreak
- there is a need for a clear delineation between caring and cleaning roles
- the procedure for returning clean linen from the laundry required review as inspectors observed it being stored in baskets on top of general waste bins in a number of units
- clinical waste bags that were awaiting collection and disposal were left outside doors of bedrooms leading to outdoor communal space

- even though inspectors were informed that hoist slings were assigned to individual residents, inspectors noted two sit-to-stand hoist slings stored on the arm of the hoist.

Judgment: Not compliant

Regulation 28: Fire precautions

Some issues requiring attention were noted through a review of training records and by observations of the inspectors, namely:

- in order to restrict movement of staff and residents between the various units and minimise the risk of the spread of infection, yellow and black coloured tape had been applied to the interface of cross-corridor fire doors. While inspectors were informed that the doors would open with minimal effort, inspectors requested that this was reviewed by a fire safety consultant to ensure it was compliant with fire safety guidance. Inspectors were informed that the tape would be removed from the interface and would only be applied on each door individually as a reminder to staff not to enter the adjoining unit and would not in anyway impact on the opening of these doors.
- not all staff had up-to-date training in fire safety
- linen trolleys were observed to be store proximal to emergency exits where they could cause an obstruction.

Judgment: Substantially 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

Processes were in place to ensure residents were appropriately assessed on admission using recognised validated tools. Care plans were developed based on these assessments and reviewed on a regular basis, at least every four months.

While some of the care plans reviewed by inspectors were generally comprehensive and personalised, improvements were required in others. This is particularly relevant in light of the COVID-19 outbreak, as many staff had tested positive and staff were redeployed from elsewhere to care for residents. These new staff would have limited knowledge of the residents and there was a need to have comprehensive care plans as a reference point to ensure continuity of care of residents. For example, detailed advice from a speech and language therapist (SALT) for one resident was not included in the care plan. When inspectors observed that the diet for one resident was not in compliance with that advice, inspectors were informed that the residents can make her own choices. This information was not included in the care plan.

There was also inadequate detail in care plans in relation to end of life preferences. The end of life care plan for one resident was blank. The medical notes for this resident indicated that the resident was not for resuscitation during the COVID-19 outbreak and this would be reassessed later. There was no detail of what other interventions were appropriate or of the consultation involved in arriving at this decision.

Judgment: Not compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met to a good standard. There was evidence of good access to medical care during the outbreak with regular medical reviews in residents files. There was also good access to specialist services such as gerontology, psychiatry and psychology.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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. Inspectors, however, noted that nursing records did not demonstrate that all alternatives were explored prior to the use of sedatives. Training records

indicated that a number of staff were overdue refresher training in responsive behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and inspectors. Training records indicated that all staff had attending training in safeguarding residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

On the days of the inspection the number of residents living in the centre had reduced from 122 to 77. The reduction in the numbers was as a result of a decision not to admit any new residents during the COVID-19 outbreak. As a result of the reduction in the number of residents, bedrooms that previously accommodated five, six and seven residents, now accommodated a maximum of four residents. Inspectors were informed that senior management had instructed staff to reduce the number of residents in multi-occupancy bedrooms, but not to remove the beds from these bedrooms. This reduction in occupancy was observed to improve the quality of life of residents in these multi-occupancy rooms. However, management of the centre were unable to say whether the reduction in numbers was intended to be continued as a temporary measure in response to the outbreak or an interim measure to support the lived experience of residents.

Improvements were acknowledged to the lived experience of residents on the days of inspection due to the reduction in occupancy, however, similar to findings on previous inspections:

- the multi-occupancy nature of bedrooms for up to seven residents did not support residents to receive personal care 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.
- while there were televisions in each of the bedrooms, the design and layout of the bedrooms meant that some residents did not have a view of the television screen
- dining rooms that were too small to accommodate the number of residents living on the units meant that some residents had no choice but to have their

meals by their bedside

- 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.

On recent inspections it was found that the introduction of the role of "homemaker" had enhanced the programme of activities. The "homemaker" was predominantly responsible for supervising residents in the sitting rooms and facilitating activities. On the days of the inspection there were some group activities, such as baking taking place. However, due to the requirement for physical distancing and the limited communal space, most residents spent significant periods of time in their bedrooms. This was particularly relevant for An Ghraig where the previously limited communal space was reduced even further, as it was found that due to the limited size of one of the sitting rooms, residents could no longer sit here. This area was now used by nursing staff to store medical records.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially 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 | Substantially compliant |
| Regulation 34: Complaints procedure | Not compliant |
| Quality and safety | |
| Regulation 11: Visits | Substantially compliant |
| Regulation 12: Personal possessions | Not compliant |
| Regulation 13: End of life | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Not compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0029605

Date of inspection: 10/06/2020

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 |
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| Regulation 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: In response to your request for information in relation to Regulation 15 staffing, the management of the centre is assured that the staff number and skill mix is appropriate for the needs of the resident and the size and layout of the centre. This is based on the following</p> <p>Staffing is reviewed on a daily basis by the senior management team, this is informed by</p> <ul style="list-style-type: none"> • Dependency levels, using validated tools e.g. Barthel and FRASE. • Staffing resources are evaluated by examining staff competency, skill mix and resident profile. • Additional staff are now in place on Dochas and Crionna units from 5.30 to 8pm • Supports have been provided for staff post Covid 19 via Occupational health and the Employee Assistance programme. • The DON has been appointed in a permanent capacity. • A Permanent Panel is being utilised to fill the permanent vacant CNM2 posts as they arise. • A Permanent Panel is in place to fill vacant CNM1 posts. • Cork Community Hospitals have already commenced formal training in Cleaning via Clean pass. • Plans are underway to further segregate the role of the cleaner in Clonakilty Community Hospital. The role of the cleaner is under review, a separate cleaner roster is being negotiated and a new uniform for the cleaners has arrived. A senior MTA who has completed Clean pass training will commence a schedule of audits around cleaning practices. The Hospital Cleaning information booklet has also been reviewed and has been informed by the IPC Manual on Cleaning. | |
| Regulation 16: Training and staff | Substantially Compliant |

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| development | |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In response to your request for information in relation to Regulation 16 training and staff development:</p> <ul style="list-style-type: none"> • Staff Training Schedule has been revised post Covid. • Clonakilty Community Hospital Training room has been modified to meet the new Covid 19 requirements. • Staff training has recommenced in Moving and Handling, Fire Training and there is a plan to complete CPR instructor training in October 2020. • Safeguarding Training has taken place in August 2020 • Responsive Behavior Training is organised for October 2020 • Training in the new audit system has commenced for managers and will be introduced to Senior Staff Nurses thereafter • Training in the New Resident Care Record has commenced. • Staff on the NRS CNM1 panel have commenced the Higher Diploma in Gerontology in UCC. | |
| 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"> • In our Community Hospital the governance structure accounts for the delivery of residential services in a clearly defined manner. • The Standard of Purpose in our Community Hospital has been updated and promotes transparency by describing the services aims and objectives and how they are provided. • The Person in Charge meets the regulatory requirements and is visible on site. In the absence of the Person in Charge there is a clear accountability structure i.e. ADON CNM2, CNM1, Senior S/N identified on the roster. Clonakilty Community Hospital is governed by National and local policies i.e. schedule 5 and a monthly audit schedule that is in place to monitor the quality of care. • The Roles referred to in this report are covered in an acting capacity by CKCH. Hospital Management and they continue to be actively engaged with the NRS re same. • A Permanent Panel is being utilised to fill the permanent vacant CNM2 posts as they arise. • A Permanent Panel is in place to fill vacant CNM1 posts. • The Chief Officer of CKCH and the Deputy Chief Inspector HIQA, have engaged in relation to Bed Capacity and Clonakilty Community Hospital. The Deputy Chief Inspector in HIQA is to be furnished with an update re same in the coming weeks. • The maximum number of residents in any multi-occupancy ward at present is 4. • The Transitional Care Unit is empty at present and forms part of the current COVID 19 Cohorting plan to accommodate any positive cases or close contacts. The Contingency | |

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| Plan will be reviewed and changed accordingly once this situation changes. | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> •The Statement of purpose has been updated and is available in the main hospital reception and in each unit. This document provides a comprehensive overview of the services delivered in Clonakilty Community Hospital and is available to all residents, families and staff. | |
| Regulation 34: Complaints procedure | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • In Clonakilty Community Hospital we strive to ensure compliance with Regulation 34 of the Health Act and standard 1.7 of the HIQA National Standards for residential care settings for older people in Ireland 2016. • There is a robust complaints policy outlining the procedure for making a complaint to our complaints officers and the management of complaints. This policy takes account of current best practice guidelines. • The procedure to make a complaint is outlined in the centre's statement of purpose; the Residents guide is displayed prominently throughout the centre. • Each resident is encouraged and supported to enable them to express any concerns that they may have and are reassured that there are no consequences to raising an issue or concern. • Clonakilty Community Hospital welcomes complaints in an open and positive manner and we endeavour to use complaints to improve our service. • A more detailed approach to managing complaints has been adopted by nursing management and has been communicated via the daily safety pause, with greater emphasis on closing the complaint loop and reaching an outcome. • The Complaint Process is audited as part of the Cork Community Hospitals Audit Schedule. • Complaints in relation to staffing issues will be addressed via the NIMS system as opposed to using complaints logs/forms. | |

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| Regulation 11: Visits | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> • Visiting for residents has been conducted at all times in line with the national guidelines and the minimizing of risks associated with Covid 19. • Private visiting areas outside of the multi occupancy rooms have been provided for residents to have privacy during visits. • Visits are not taking place in the multi occupancy wards. • Visits for residents in the Dementia specific unit take place in the sitting room of that unit. • Visits for Crionna unit take place in a quiet area off Crionna. • Visits for residents in Dochas and Ghraig take place in the recreation corridor. • Relatives receive written communication when there are changes to the visiting protocol. • Resident’s feedback has always been sought in relation to visiting within the center. | |
| 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"> • In Clonakilty Community Hospital we strive to ensure the residents are living in a homely environment surrounded by their personal belongings. • Additional double wardrobes and chest of drawer units have been provided to enhance the resident’s personal space and more items of furniture are on order to provide residents with additional space for storage of personal belongings. • Improvements have taken place in the delivery system for resident’s personal belongings during Covid. • Further personal space has been provided for existing residents due to the reduction in beds/bed occupancy. | |
| Regulation 13: End of life | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <ul style="list-style-type: none"> • In Clonakilty Community Hospital we strive to deliver a very high standard of end of life care to our residents. • Residents care plans are constantly under review to ensure their end of life preferences are clearly documented. The requirement under the legislation to have Care Plans | |

reviewed is integrated into the Cork Community Hospitals Audit Schedule. There is a plan in place to upgrade the present Care Plan to the Resident Care Record in September 2020.

- Residents who are receiving end of life care are accommodated in a single room where possible and family visits are facilitated and documented in line with Covid 19 guidelines.
- The reduction in beds and the extension to Clonakilty Community Hospital will enhance single room capacity and the ability to provide privacy and dignity around end of life care.

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| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
 In Clonakilty Community Hospital work has commenced(10th of August 2020) on the New Hospital extension- this will provide :

- New 16 bedded unit with communal, dining and recreational areas for residents.
- Saoirse Extension (Dementia Unit) with 4 ensuite single rooms, a sitting room and public and staff toilets. It includes additional Single rooms and a large extension to the back of the hospital.
- Dementia friendly walkways and garden.
- Expected completion date is Dec 2021.
- Work has also commenced on the extension from Dochas and An Ghraig with an expected completion date for Dec 2020.This will provide additional sitting and dining room space for residents in these units.
- There are currently no more than 4 residents in any room which allows for social distancing and enhanced personal space for residents. Residents will be actively involved and consulted as to how to make the area more homely.
- The previous staff café has been reconfigured to create a dining room to accommodate the residents from Dochas.
- There is a plan to create a Recreation room for residents on the recreation corridor.
- The ongoing installation of ceiling hoists throughout the hospital will assist in addressing storage and cross infection issues.

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| Regulation 18: Food and nutrition | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- As per nutrition Regulation 18 Clonakilty Community Hospital meets the dietary needs of the resident as prescribed by healthcare or dietetic staff. Resident’s nutritional requirements are assessed in accordance with the individual care plan of the resident.

- The resident is also observed for any visible signs of difficulty swallowing or coughing post food. If this is observed a referral is sent to Speech Language Therapy. The Residents right to refuse and issues around informed consent must also be observed and documented in the Care Plan.
- Staff are informed of the nutrition policy as per Schedule 5 policies.
- The Chef and catering staff are educated on nutrition for the older person, specific dietary requirements and modified diets to meet the resident nutritional needs as well as resident's cultural and religious beliefs.
- Snacks are available for residents if they so wish outside of regular mealtimes.
- The Mealtime experience is protected. Staff are rostered to supervise and assist residents who require same at mealtimes. Residents are facilitated with choice as to where they would like to have their meals, either in the dining room or by their bedside.
- The Resident Care Record is due to be introduced in October 2020. It includes a Choking Assessment and a Resident Profile that will highlight the risks involved.
- The Cork Community Hospitals Audit Schedule audits Residents Mealtime Experience/Preferences for all meals.
- The Resident Profile was introduced to all Cork Community Hospitals during COVID (April 2020) for redeployed staff to ensure a safe handover.
- Resident choice is respected in relation to meals and a risk assessment is completed if indicated.

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| Regulation 27: Infection control | Not Compliant |
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- Outline how you are going to come into compliance with Regulation 27: Infection control:
- The support and guidance of the Infection Prevention & Control (IPC) team is available in Clonakilty Community Hospital. Management liaise regularly with IPC to address any infection control concerns.
 - In the event of another Covid 19 Outbreak all cohorting plans are developed as part of the OCT Meetings. The Transitional care unit is the current Cohorting unit in the event of a Covid 19 outbreak.
 - Clonakilty Community Hospital has an experienced team of nurses who have been trained to perform Covid 19 Swabbing to facilitate rapid assessment of residents and staff, Donning and Offing of PPE, & Hand Hygiene.
 - Resident's personal laundry is being returned in individual packs and returned to resident's wardrobe in dedicated Linen Trolleys by staff.
 - New Clinical waste bins have been purchased to store large quantities of used PPE as clinical waste.
 - Hoists slings are assigned to residents individually.
 - New Audit programme has been launched (August 2020) which includes a suite of IPC Audit Tools.
 - Plans are underway to further segregate the role of the cleaner in Clonakilty Community Hospital. The role of the cleaner is under review, and a separate cleaner's roster is being negotiated. A new uniform for cleaners has arrived. A senior MTA who has

successfully completed the Clean pass training will commence an audit schedule on cleaning practices. The Hospital Cleaning information booklet has also been reviewed and has been informed by the IPC Manual on Cleaning.

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| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- In Clonakilty Community Hospital we strive to comply with fire safety precautions.
- The doors between units can be opened but the movement of staff between units is minimized.
- Fire exits are kept clear.
- Fire training for staff has resumed post outbreak in the hospital and is being run in line with social distancing guidelines.

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| Regulation 5: Individual assessment and care plan | Not Compliant |
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- In Clonakilty Community Hospital we assess each resident on admission and a personalized care plan is put in place.
- Nurses/HCA are assigned to individual residents (Key Workers).
- The Resident Profile was introduced to all Cork Community Hospitals during COVID (April 2020) for redeployed staff to ensure a safe handover.
- Nursing management team are currently liaising with the Clinical Development coordinator in relation to the introduction of the Cork- Kerry Resident Care Record. To commence September 2020.
- Specific section in the new care record incorporates the advice from the allied care professionals.
- Link Nurses have been identified to train in the new care plan and will in turn be able to provide training, via a Train the Trainer Model.
- End of life care plans are and will continue to be updated to reflect resident's wishes.

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| Regulation 7: Managing behaviour that | Substantially Compliant |
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| is challenging | |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: We strive to create an environment that is inclusive, supportive and promotes positive meaningful person centred care .This is facilitated through :</p> <ul style="list-style-type: none"> • Individual person centred assessment on admission and throughout their journey within the centre. • Care delivery is guided by validated tools such as “My Day My Way” and “A Key to Me” PAL Assessment. • All staff are afforded with on-going training in the management of responsive behaviour and the necessity to document all other alternative mean. This includes the correct use of ABC charts, PINCH ME assessments and other validated specific tools to facilitate responsive management. • A referral pathway to the psychogeriatrician is available to all residents. • Additional training is scheduled for managing responsive behaviors in October 2020. | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: In Clonakilty Community Hospital we aim to respect the rights of our residents at all times.</p> <ul style="list-style-type: none"> • The resident’s right to choice is promoted. • The voting register has been updated respecting the resident right to vote. • The Chief Officer of CKCH and the Deputy Chief Inspector HIQA, have engaged in relation to Bed Capacity and Clonakilty Community Hospital. • Policies for intimate care and privacy and dignity have both been updated for the centre. • Resident Mealtimes will be staggered to enhance the Dining Experience of Residents in Clonakilty Community Hospital. • Additional space that is currently under construction for Dochas and An Ghraig, will afford residents with more communal space. • A review of the Televisions and their position in the resident’s rooms is underway. • There is a robust complaints policy outlining the procedure for making a complaint to the complaints officers and also the management of complaints. This policy takes account of current best practice guidelines. • Visiting for residents has been conducted at all times in line with the national guidelines and the minimizing of risks associated with Covid 19. • Private visiting areas outside of the multi occupancy rooms have been provided for residents to maintain privacy during visits. • There are currently no more than 4 residents in any room which allows for social distancing and enhanced personal space for residents. • Additional double wardrobes and chest of drawer units have been provided to enhance the resident’s personal space and more items of furniture are on order to provide | |

residents with additional space for storage of personal belongings.

- Resident's personal laundry is being returned in individual packs and returned to resident's wardrobe in dedicated Linen Trolleys by staff.
- New Audit programme has been launched (August 2020) which includes a suite of IPC Audit Tools.
- Nursing management teams are currently liaising with the Clinical Development coordinator in relation to the introduction of the Cork- Kerry Resident Care Record. To commence September 2020.
- Link Nurses have been identified to train in the new care plan and will in turn be able to provide training, via a Train the Trainer Model.
- A review of the role of the homemaker is to be undertaken in October 2020.

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. | Substantially Compliant | Yellow | 31/08/2020 |
| 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 | 31/08/2020 |

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| | 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. | Substantially Compliant | Yellow | 31/12/2021 |
| 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. | Substantially Compliant | Yellow | 31/08/2020 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 31/08/2020 |
| Regulation 17(2) | The registered provider shall, having regard to | Not Compliant | Orange | 31/12/2021 |

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| | the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | | | |
| Regulation 18(1)(c)(iii) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned. | Substantially Compliant | Yellow | 31/08/2020 |
| 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 | 30/09/2020 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of | Not Compliant | Orange | 30/09/2020 |

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| | healthcare associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. | Substantially Compliant | Yellow | 30/09/2020 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Not Compliant | Orange | 30/09/2020 |
| Regulation 03(1) | The registered provider shall prepare in writing | Substantially Compliant | Yellow | 31/08/2020 |

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| | a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1. | | | |
| Regulation 34(1)(d) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly. | Not Compliant | Orange | 31/08/2020 |
| 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. | Not Compliant | Orange | 31/08/2020 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for | Not Compliant | Orange | 31/10/2020 |

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| | a resident no later than 48 hours after that resident's admission to the designated centre concerned. | | | |
| 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. | Substantially Compliant | Yellow | 31/10/2020 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Not Compliant | Orange | 31/12/2021 |
| 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 | | 31/12/2021 |
| Regulation 9(3)(c)(ii) | A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media. | Substantially Compliant | Yellow | 30/09/2020 |