



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Millstreet, Cork
Type of inspection:	Unannounced
Date of inspection:	27 July 2022
Centre ID:	OSV-0000575
Fieldwork ID:	MON-0036890

About the designated centre

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

St Joseph's Community Hospital is registered to accommodate 22 residents. The bedroom accommodation comprises of 2 four bedded wards, 3 three bedded wards, 1 single room and 2 double rooms. Bathrooms and showers are available throughout the centre. Communal space comprises of a day room, conservatory and dining room. St Joseph's Community Hospital provides 24 hour nursing care to both male and female residents aged over 65 years requiring continuing, respite, convalescence and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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How we inspect

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
Wednesday 27 July 2022	09:00hrs to 17:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were cared for by kind and caring staff who ensured that residents living in the centre were well cared for. The inspector met with all of the 18 residents living in the centre and spoke with five residents in more detail to gain an insight into their experience of living in the centre. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

On arrival at the centre, the inspector was guided through the centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. Following an initial meeting, the acting person in charge accompanied the inspector on a walk around the centre to meet the residents and staff. It was evident to the inspector that even though the acting person in charge was only working in the centre a few weeks, the residents knew her well, stopping to chat to her during the walkaround. During the walk around, the inspector observed that a number of residents were up and dressed and ready for the day's activities while some were being assisted by staff with their personal care.

St. Joseph's Community Hospital is two storey building located on the outskirts of Millstreet town, Co. Cork. Resident accommodation is all located on the ground floor, and the first floor comprises of staff facilities and offices. The centre is registered to accommodate 22 residents. Bedroom accommodation consists of two four bedded rooms, two triple rooms, two twin rooms and one single room. Bedrooms do not have en suite facilities, however, there are adequate communal toilets, proximal to each bedroom. On the day of this inspection there were 18 residents living in the centre. Since the last inspection, the provider had submitted an application to convert a triple bedroom to a social and recreation room for residents as a sitting room had been removed during the construction works in the centre. During the walkaround, the inspector saw that while this room had a television and some seating, it had still two privacy screens attached to the wall and was used to store equipment which did not give the room a homely feel. The acting person in charge agreed to review the décor and layout of the room following the inspection. The inspector saw that storage in residents' bedrooms had not changed since the last inspection where residents had small wardrobes and in some rooms, shared wardrobes with limited space to store clothes and personal belongings. Furthermore some residents clothes were stored in the laundry which meant that residents could not always see their clothes to decide what to wear on a given day. The inspector saw that storage for clean clothes in the laundry was insufficient resulting in clothes being crammed into shelving in an untidy fashion. In the multi-occupancy rooms, access to televisions for some residents also required review as not all residents could see the televisions where they were located.

The inspector saw that a lot of progress had been made with the building works that

were onsite in the centre to build 11 ensuite single rooms and further communal space for residents. Residents were looking forward to the building works being completed and a number of residents had even selected their own rooms from the plans on display in the centre. During the inspection, there was minimal noise from the ongoing building works and residents told the inspectors that they didn't experience any disturbance from it.

The inspector saw that the railings outside the reception to the centre were decorated with hanging baskets that the residents and staff had created. However while a secure outdoor space had been created and recently power washed, it needed suitable furniture so that residents could sit outside if they so wished.

The inspector observed interactions of staff and residents, and saw that residents were treated with kindness and respect. Staff knew residents' preferences and routines and these were facilitated in a caring manner. Staff were seen to be supportive of residents communication needs and were observed listening to residents and giving them time. Residents spoke very positively about staff, reporting they were kind, caring and respectful. Staff were observed assisting and attending to residents in a friendly and respectful manner throughout the day. Residents looked well cared for. The inspector heard staff asking residents what they would like to wear and how they would like their hair done. The inspector met with a physiotherapist and a GP who were both onsite to review residents on the day of inspection.

The inspector observed residents being served their lunch in the dining room, sun room and in their bedrooms. Residents told the inspector that they were offered choice at mealtimes. The inspector saw that residents who required assistance were attended to by staff in a dignified and respectful manner. Meals were observed to be appetising and nutritious. Residents and staff chatted together in the dining room about local news and current affairs. Due to the size of the dining room, it was not possible for all residents in the centre to dine in this room together.

There was a member of the care staff allocated to activities. The inspector saw that a daily schedule of activities was displayed near the sun room in the centre. Available activities included arts and crafts, reminiscence and newspaper readings. Daily mass was streamed every day in the centre and the residents told the inspector they loved saying the rosary together with staff and it was important to them. On the morning of inspection, residents and staff were able to watch the funeral of a recently deceased resident who was dear to staff and residents alike. In the afternoon a number of residents participated in a lively bingo session followed by a sing song led by a staff member. During the inspection, the inspector heard a group of residents discuss a planned outing from the centre that the acting person in charge was organising. Visiting indoors had resumed as per national guidelines. The inspector met with a visitor who was very complimentary of the care provided to their relative.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to monitor compliance with regulations, and to follow up on the actions from the previous inspection of July 2021. It was evident to the inspector that the registered provider, management and staff provided a high standard of care to residents living in the centre. However, the inspector found that improvement to resources and management systems was required to improve the safety of residents. In particular, the systems in place with regard to premises, personal possessions, infection control and fire safety.

St. Joseph's Community Hospital is a designated centre for older persons that is owned and managed by the Health Service Executive, who is the registered provider. In the weeks preceding the inspection, the person in charge had resigned from the centre and an acting director of nursing was in position in their absence. As per regulatory requirements, the provider had submitted a notification to the Chief Inspector to put them forward as the person in charge, however, they did not meet the requirement of the regulations, which is discussed under regulation 14: Person in charge. Nonetheless, the acting person in charge was working to bring the centre into compliance with the regulations and it was evident to the inspector that she had initiated a number of quality improvements in the weeks since her appointment.

The acting person in charge was supported in her role onsite by a team of staff nurses, care staff, household staff and an administrator. The clinical nurse manager position in the centre was vacant and therefore there was nobody in position to deputise in the absence of the person in charge. The acting person in charge reported to a general manager, who represented the provider. The person representing the provider was in regular contact with the centre. Governance meetings such as quality and patient safety meetings and director of nursing meetings were held regularly with the other HSE centres in the area. Records of these management meetings provided to the inspector showed that issues were discussed, and corrective actions were implemented as required. There was also the additional support of a clinical development coordinator and an infection prevention and control specialist to staff working in the centre. The provider had management systems in place to monitor the quality and safety of care through a regular schedule of audit and close monitoring of risks to residents such as falls and risk to skin integrity. Staff used a safety pause to promote awareness of any risks to residents and to ensure they were communicated at each handover.

The inspector discussed the staffing levels and skill-mix of staff with the person in charge who provided assurances that the staffing levels were appropriate to meet the assessed needs of residents considering the size and layout of the centre. The

inspector saw that staff responded to residents call bells promptly and that residents did not have to wait to have their needs attended to. However action was required to improve oversight of fire safety, premises and personal possessions as outlined under the relevant regulations as outlined under Regulation 23: Governance and Management.

The acting person in charge had undertaken a review of staff files to ensure they met the requirements of the regulations and the inspector found good compliance with Schedule 2 of the regulations in a review of a sample of files.

Training records and staff spoken with confirmed a good level of ongoing training was provided and encouraged in the centre. On the day of inspection, the clinical development coordinator was onsite in the centre to provide training and support to nursing staff with care planning documentation and had attended the centre the previous week to provide further training for staff.

There was a comprehensive record of incidents and accidents that took place in the centre and where required by the regulations had been notified to the Chief Inspector. Both compliments and complaints were recorded in the centre and the inspector saw that there were a lot of letters and cards received from residents' families complimentary of the high standard of care provided to their loved ones. There was a very low level of complaints in the centre but these were actioned in line with the centre's policy.

There was evidence of consultation with residents in the planning and running of the centre. The acting person in charge had held a recent resident meeting and had sought residents views on improvements required in the centre.

A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents.

Regulation 14: Persons in charge

The appointed person in charge had recently resigned from the service and the provider had appointed an experienced nurse and manager in his absence. The interim director of nursing was knowledgeable of residents' needs and was working to improve the service. However, the appointed interim director of nursing did not meet the requirement of the regulations as a post-registration management qualification in health or a related field is required.

Judgment: Not compliant

Regulation 15: Staffing

Based on the observations of the inspector and a review of the staff roster, there were adequate numbers and skill mix of staff to meet the needs of residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff were appropriately supervised in the centre. Staff had access to training appropriate to their role. From a review of the training matrix and from speaking with staff and management, it was evident to the inspector that staff were up to date with mandatory training and were knowledgeable of residents' needs.

Judgment: Compliant

Regulation 21: Records

A sample of three staff files reviewed showed that they met the requirements of Schedule 2 of the regulations. Garda vetting was in place for all staff prior to commencement of employment in the centre.

Judgment: Compliant

Regulation 23: Governance and management

- Management systems in place required action to ensure that the service provided was safe appropriate, consistent and effectively monitored especially the systems in place to ensure good oversight of premises, fire safety and personal possessions.
- The provider needed to ensure the appointment of a person in charge that met the requirements of the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector saw that contracts of care contained details of the services to be provided and the number and occupancy of the room assigned to residents

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of the regulations in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern and make a complaint at the centre. The centre's complaint's procedure was displayed in the reception area and in the dining room. There was a very low level of complaints recorded in the centre and those that were recorded were managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

The inspector found the care and support provided to the residents living in this centre to be of a good standard. However, the inspector found that while some action had been taken since the previous inspection by the provider to address areas of non compliance, significant action was required in the management of personal possessions, premises, infection control, and fire safety to promote residents' safety at all times.

The inspector was assured that residents' health care needs were met to a good standard. From a review of a sample of care plans, it was evident that residents had a comprehensive assessment undertaken on admission using validated tools and care plans were developed based on these assessments. The inspector saw that care plans were person centred and detailed to provide good guidance on the care

needs of residents.

Residents had good access to medical care and records indicated that residents were reviewed regularly. A local GP attended the centre two days a week or more frequently as required. Residents also had good access to allied and specialist services such as dietetics, physiotherapy, occupational therapy and speech and language therapy. A physiotherapist was onsite on the day of inspection and a dietitian attended the centre weekly.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meal appeared varied and wholesome. However action required to improve residents dining experience is outlined under regulation 18: Nutrition and Hydration.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 as the centre had experienced its first outbreak in the centre during March 2022 that impacted a number of residents and staff. During the outbreak, the centre had engaged with the local public health team for support and advice. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives. The acting person in charge was the infection control lead for the centre and there was a contingency plan in place should the centre experience a further COVID-19 outbreak. The centre and equipment in use was observed to be clean on the day of the inspection. Ample supplies of personal protective equipment (PPE) were available. The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included the use of colour coded flat mops and cleaning cloths in line with the area of the environment/function for which they were intended. This reduced the chance of cross infection. However some actions required in relation to infection control are discussed under regulation 27; Infection Control.

Residents told the inspector and the inspector observed that staff were kind and caring when interacting with residents and treated them with dignity. Resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. However as found on the previous inspection, residents required more wardrobe space to store and retain control over their own clothes as outlined under regulation 12; Personal possessions.

Visiting was facilitated in the centre in line with national guidance during the COVID-19 pandemic and residents and visitors told the inspector that they were happy with the arrangements in place.

While the centre was warm and clean throughout, the inspector observed that a number of issues regarding the premises required action, such as improving the

social and recreational room and storage along with other findings are outlined under regulation 17; Premises.

The inspector reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting. Annual fire training was completed by staff and staff who spoke with inspectors were knowledgeable as to actions to take in the event of a fire. The inspector was provided with records of evacuation of compartments with night time staffing levels that had been undertaken in the centre. The provider assured the inspector that these simulations would be undertaken with all staff to ensure they were competent and confident with evacuation procedures. However improvements in relation to fire safety such oversight of the integrity of fire doors required action. This is discussed under regulation 28; Fire precautions.

Regulation 11: Visits

Visiting was facilitated in line with the most recent national guidance. Visitors were guided through infection control precautions by a staff member. Visiting for residents in shared rooms was facilitated in Mushera Room, the Social and Recreational room.

Judgment: Compliant

Regulation 12: Personal possessions

The space provided for residents personal possessions in all the multi-occupancy rooms required action as the wardrobes provided were small and in some rooms, wardrobes were shared between residents. This meant that residents did not have adequate space to store and maintain their clothes. Residents' clothes were also stored in the laundry due to the lack of space for them in their bedrooms. Storage space assigned to residents clothes in the laundry room was also cluttered and packed with residents clothes which led the inspector to conclude that residents did not have adequate control and access to their clothing. This was also found on previous inspections of the centre and had appropriate action has not been taken.

Judgment: Not compliant

Regulation 17: Premises

The premises did not currently conform to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013) which included the following:

- inadequate storage space, which resulted in equipment such as hoists and specialised chairs being stored inappropriately on corridors and communal spaces
- Musher room which was allocated as a communal space for residents since the last inspection required action to ensure it met residents' needs. Two privacy screens were secured to the wall which were not required in the room for its current purpose and the décor did not give the room a homely appearance and make it an inviting place for residents to sit and relax in.
- there was inadequate personal storage space in bedrooms
- some flooring required repair in residents' bedrooms
- while an outdoor space had been designated since the last inspection, this space was not easily accessed by residents and furniture available for residents' use in this area was broken and unsuitable
- wires were hanging from a wall in one of the corridors, this was immediately actioned by the person in charge.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector observed that the mealtime experience for residents required action:

on the day of inspection, while seven residents enjoyed their lunchtime meal in the main dining room, a number of residents ate their meal from bedtables in the sunroom or in their bedrooms. This did not facilitate residents to have a choice of a proper dining experience where they could sit at a dining table and socialise with other residents.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had a risk management policy in place that met the requirements of the regulation. The provider had a plan in place to respond to major incidents likely to cause disruption to the essential services at the centre.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control in the centre and required action. For example,

- chemicals used in the centre for cleaning required review, as for example a chlorine-based product was inappropriately used for routine environmental cleaning
- nebulisers were stored in shared rooms and were not covered which was a risk of cross infection
- the cleaning trolley was inappropriately stored in one of the dirty utility rooms which had the potential for cross contamination; this was immediately addressed on the day of inspection
- the laundry work flow required review to ensure there was segregation of clean and dirty processes.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire, for example;

- a review of fire doors in the centre was required as gaps were seen around some doors that would allow the spread of smoke to protected escape routes and deficiencies were noted to a number of fire doors and they were not closing correctly
- while in house weekly fire safety checks were undertaken, they were not identifying fire safety risks observed by the inspector.
- the provider assured the inspector that these risks would be immediately addressed on the day of inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plan documented. Care plans were found to contain the detail required to guide care, in a person-centred manner. Care plans were reviewed every four months or more frequently, as required. These were supported by clinical risk assessments using validated tools and were seen to

contain sufficient detail to guide staff.

Judgment: Compliant

Regulation 6: Health care

There was a good standard of evidence based health care provided in the centre. General practitioners routinely attended the centre to assess and treat residents as required. A general practitioner and a physiotherapist was onsite on the day of inspection to review residents. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and physiotherapy as required. There was access to palliative care, psychiatry of old age and a geriatrician. Medical records reviewed included detailed notes of residents' care. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector saw that over 70% of residents living in the centre had bedrails in place. While the inspector saw that some alternatives such as sensor mats were in use, action was required to reduce the level of restraint in use to comply with national guidance on the use of restraint.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were up to date with safeguarding training and staff who spoke with the inspector demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. The inspector saw that the provider was a pension agent for five residents. There were robust systems in place for the management and protection of residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

The following was required to be addressed to ensure residents rights to access to media were upheld;

as found on the previous inspection, access to televisions required review in multi-occupancy bedrooms due to the location and accessibility for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Community Hospital OSV-0000575

Inspection ID: MON-0036890

Date of inspection: 27/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The person in charge is currently undertaking a QQIL6 Management qualification. Assignments will be submitted by 14/10/2022 qualification will be completed by 29/09/2022. (Completed 30/10/2022)</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The person in charge is currently undertaking a QQIL6 Management qualification. The person in charge will have received the qualification by October 30/10/2022</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>New wardrobes are currently being sourced for Millstreet Community Hospital to best suit resident's needs so that each resident would have own individual storage area (Expected Completion by 30 11 2022)</p>	

In the interim the care staff in collaboration with the residents have reviewed the resident's personal lockers and storage area, same have been cleared to include only personal items. Out of season clothing are now stored in the Laundry.

The Laundry has been decluttered and tidied. The person in charge has reviewed the laundry area and maintenance will plan for improvement works – enhancing storage area and care areas for resident's clothes.

The new building currently in progress will allow for additional storage for residents possessions. The intended wardrobe size is 800 wide x600 deep and 1800mm high for the extension. The extension will allow for additional space and storage.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The person in charge has arranged with the general foreman HSE maintenance department for the repainting of the corridor, areas where paint was missing, ceilings where paint was flaked, the single room and Mushera room. (Completed:05/09/2022)

The person in charge have requested new floor covering for the single end of life room.(Expected Completion: October 2022)

Mushera room has been fully converted into a social area for residents and now meets the social/dining space requirement. The privacy screens present at time of inspection have been removed. Refurbishment of Mushera ward has resulted in a homely positive environment and is now an inviting place for residents and visitors to sit and relax in. (Completed: 30/08/2022).

The person in charge reviewed the outdoor seating area for residents the furniture will be replaced with safe suitable furniture. Flowerpots with seasonal flowers have been added.

New wardrobes are currently being sourced for Millstreet Community Hospital to best suit resident's needs so that each resident would have own individual storage area (Expected Completion by 30 11 2022)

In the interim the care staff in collaboration with the residents have reviewed the resident's personal lockers and storage area, same have been cleared to include only personal items. Out of season clothing are now stored in the Laundry.

All wires hanging inappropriately and unnecessarily have been managed appropriately by maintenance

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Capacity has been increased for residents to avail of a proper dining experience with the addition of an extra dining room table. Residents are offered to enjoy their meals in the dining room, front porch or Mushera ward under staff supervision.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The laundry work flow was reviewed and practice put in place to ensure segregation of the clean and dirty process as per IP+C guidelines.(Completed: 17/08/2022)</p> <p>The use and storage of nebulizers within the centre has been reviewed. As per policy all nebulizers are now covered in a zip bag to reduce the risk of cross infection. (Completed: 28/07/2022)</p> <p>Cleaning trolley is now stored in designated area. Cleaning staff have been re-educated in the appropriate use of all cleaning products. (Completed: 29/07/2022)</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>HSE Maintenance department has carried out a check of all the fire doors in the centre the integrity of the fire doors, closure check, operate releases and were adjusted accordingly. Report available. This essential check was completed on 28 07 2022</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant

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

The nursing team have commenced a review of bedrail usage and alternatives within the centre to further reduce the level of bedrails used. This process was undertaken in collaboration and consultation with the residents residing in the centre. Currently there is a reduction from 70% to 52% while maintaining safety for the residents. (initial review completed by the 30th September and ongoing)

The nursing team reviewed the use of security bracelet worn by cognitively impaired residents and the usage of alternatives. The use is reduced from 16% to 5.26%

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Currently there is one television in the multi occupancy rooms. The person in charge discussed with the other residents residing there the feedback was they either don't watch television or watch television in the front porch or in Mushera ward.(Completed:11/08/2022 and ongoing).

Other media options which residents enjoy are also available. Many residents enjoy reading. The Examiner is delivered daily. Ireland's own magazine is delivered monthly. The person in charge buys the Kerryman on Wednesday's, the Corkman and Kerry's eye on Thursday's these are local papers.

Local and national news is discussed daily between residents and staff.

Some residents enjoy listening to the radio in their bedroom and the front porch.

Daily mass at 10am and other church events are live streamed from the local church and residents look forward to tuning in for these.

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 12(a)	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 particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	30/10/2022
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 particular, that he or she has adequate space to store and maintain his or her clothes	Not Compliant	Orange	30/10/2022

	and other personal possessions.			
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	30/10/2022
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	30/11/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	12/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	30/10/2022

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	12/09/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	28/07/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/07/2022
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	Substantially Compliant	Yellow	30/09/2022

	to time.			
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	12/09/2022