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:	Castletownbere Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Castletownbere, Cork
Type of inspection:	Unannounced
Date of inspection:	07 January 2020
Centre ID:	OSV-0000601
Fieldwork ID:	MON-0024317

About the designated centre

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

Castletownbere Community Hospital was established as a residential centre in 1932. The building is single-storey and it was originally a former coastguard station. It is managed by the Health Service Executive (HSE) and provides long stay, respite, community support and palliative care for the local community. The centre is registered to accommodate 31 residents, male and female aged 18 to 65. The main entrance opens into a small conservatory type sitting room facing out to a view of the harbour. There is a reception office in the hallway and the corridor leads to the bedrooms, toilets and showers, chapel, nurses' station, treatment room, kitchen and staff facilities. Residents are accommodated in three four-bedded rooms, two three-bedded rooms, four two-bedded rooms, and five single rooms. En-suite wash toilets and showers are available in all rooms with the exception of one single room. There is an assisted toilet with wash hand basin and shower located directly across the hall from this room. The external grounds are well maintained with ample car parking facilities. Nursing care is provided on a 24-hour basis and is led by the person in charge who works full time in the centre. She is supported in providing care by a team of nurses, health care assistants and allied health professionals including a medical officer. A range of social and recreational activities are provided for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

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
Tuesday 7 January 2020	09:20hrs to 17:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The inspector met all twenty residents present on the day of inspection. They were complementary about the staff, reporting that they were extremely kind and they had great a sense of humour. Residents said they felt safe and well cared for, and told the inspector the staff always came if they needed them. They knew the staff by name, and stated they work exceptionally hard and were dedicated to their jobs.

Residents expressed satisfaction with the food provided to them and the availability of choice everyday. The inspector noticed mealtimes were particularly early and many of the residents ate by their bed due to the lack of a dining room facility. Residents were observed enjoying bingo on the afternoon of the inspection. Staff interacted well with residents during this activity and were responsive to their needs. Residents told the inspector they were happy living in Castletownbere Community Hospital because they were treated with respect and staff were extremely caring.

Capacity and capability

This was a one day unannounced inspection carried out to monitor ongoing compliance with the regulations. There was an extensive refurbishment to Castletownbere Community Hospital being undertaken on the day of inspection, with building contractors on-site and bed capacity reduced from 31 to 21 since October 2019. The Chief Inspector had placed a restrictive condition on the registration of this centre, after the previous inspection of February 2018. This condition stated that the physical environment in the designated centre must be reconfigured. This was to ensure that the premises could meet the needs of residents, and that all existing and future residents are afforded appropriate dignity and privacy, through the provision of adequate personal space. This was in particular in relation to lack of dining space, communal space and rooms to receive visitors. Plans were submitted to the Chief Inspector on 6 March 2018 and a commitment given to work being completed by May 2020.

The inspector was informed that although initiation of the refurbishment had been delayed, and had not commenced until October 2019, it was projected that works would be completed as planned by May 2020, and the full compliment of 31 beds would be reopen. This would give residents access to a recreation room, a sitting room, a private visitors rooms, an overnight family room and would also involve some refurbishment of the remainder of the premises. The work was challenging for both residents and staff, as there were increased noise levels and disturbances. However, there was evidence that residents and families were consulted about this planned work, staff did their best to alleviate disturbance and

both residents and staff were enthusiastic about the additional space that would be afforded to them in May 2020.

The Registered Provider of the centre with responsibilities under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 is the Health Service Executive (HSE). Although the Registered Provider Representative (RPR) visits to the centre were found to be limited it was evidenced that the person in charge meets with the RPR on a monthly basis, off site for management meetings, which address the day-to-day operational management of the centre. There was also additional support of a clinical development coordinator. The person in charge also attends monthly quality and patient safety meeting chaired by the RPR and attended by nursing manager colleagues working in other Cork/ Kerry Community Hospitals. This was a forum for sharing ideas and learning from each other to improve quality of care delivery.

There was a clearly defined management structure in the centre, that identified clear lines of authority and accountability. There was a new person in charge since the last inspection. She was managing the centre since September 2018. She was well supported in her role by a full time Clinical Nurse Manager II, a team of nursing, care and kitchen staff. The service was appropriately resourced on the day of inspection, with adequate numbers of nursing and care staff to meet the needs of the residents on a daily basis. All staff spoken to were aware of their roles and responsibilities. Feedback in relation to staff was all positive, residents describing them as kind, polite, caring and responsive to their needs. Staff were observed by the inspector interacting with residents in a dignified manner. They were respectful, kind and patient. Staff spoken to told the inspector they enjoyed working in Castletownbere Community Hospital, and many of them had worked there for over ten years.

Staff were supported to attend training and all had recently completed safeguarding vulnerable adults training and fire safety. However, training in the management of responsive behaviors and dementia had expired for all staff. This was very relevant as records indicated that a substantial number of residents had a diagnosis of dementia. The majority of Registered General Nurses were also due Basic Life Support training and infection control training. Training was also found to be an area that required attention on the previous inspection. The person in charge informed the inspector that it can be difficult to access training due to the centres remote location.

Records were well organised and stored securely. Written polices and procedures that were required to be maintained in the designated centre were available to staff and updated three yearly. Incidents were recorded using the National Incident Management System (NIMS) and reviewed by the person in charge. However, on review of incidents occurring in 2019, it was evident that not all incidents were reported to the Chief Inspector as required by legislation. Complaints were the responsibility of the person in charge. There was a complaints policy on display in the centre, which addressed the process for making a complaint and an appeals procedure. Records were reviewed and it was apparent that not all complaints

included details of the investigation and outcome of the complaint.

There were systems in place to monitor the quality and safety of the service for residents. Key clinical performance indicators were being collected monthly to measure and monitor quality in relation to pressure ulcers, documentation, care planning, restraint and medication management. There was evidence of an extensive audit programme to monitor infection control, falls, medication and documentation. The Clinical Nurse Manager II was in the process of introducing a computerised audit system which had recently become available to the service. Although key performance indicators and audit findings were clear and informative, there was no system in place to communicate findings with staff, feedback occurred opportunistically during the safety pause. There was no evidence of regular staff meetings being scheduled or taking place. There had been an annual review completed which included findings from an audit on the quality of care from the residents perspective which addressed respect, care delivery, food and staff care.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre who had been in post for over a year. She had the relevant experience in nursing the older adult and management to undertake the role. She had completed a post registration management qualification and was well supported by a Clinical Nurse Manager II and experienced team of staff. She demonstrated good knowledge regarding her role and her responsibilities as per the regulations.

Judgment: Compliant

Regulation 15: Staffing

All residents spoke positively about staff stating they were kind, caring and always responsive to their needs. Good interactions were observed between residents and staff. There was an adequate staff compliment and skill mix working on the day of inspection having regard to the individual needs of the twenty residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received training in relation to safeguarding vulnerable adults and fire safety. However, for all staff, training in managing responsive behavior and infection control had expired. The majority of nurses employed were due basic life support

training. There was a Registered General Nurse receiving induction on the day of inspection. From speaking with her and from review of documentation, it was evident that a comprehensive induction and orientation was provided.

Judgment: Not compliant

Regulation 21: Records

Records requested on the day of inspection were made available to the inspector. They were securely stored and were well maintained. Staff files contained information as per Schedule 2 of the regulations. The person in charge assured the inspector that staff did not commence employment in the centre without Garda vetting in place.A sample of residents records were reviewed and it was evident that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Records required as per Schedule 4 were also maintained in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that clearly identified lines of authority and accountability. There were management systems in place to ensure the service was effectively monitored. However, there were inadequate resources to meet the needs of the residents, such as the provision of occupational therapy and speech and language therapy services.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents occurring in the centre were documented using the National Incident Management System (NIMS) and reviewed by the person in charge. It was noted on day of inspection that not all incidents and allegations had been reported to the Chief Inspector in writing as required under the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in a prominent position in the centre, along with a suggestion box inviting areas for improvement. There was a complaints policy in place and an independent appeals process. Complaints could be made to any member of staff and the person in charge was the named designated complaints officer. On review of the complaints log it was evident that although complaints were documented they was not evidence of them being investigated and an outcome recorded.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All policies and procedures on the matters set out in Schedule 5 where available to staff. They were updated three yearly in line with best practice.

Judgment: Compliant

Quality and safety

Residents of Castletownbere Community Hospital had timely access to medical care with a general practitioner service five days per week, and as required at weekends and out-of-hours. There was evidence of regular medical review in residents records. Nursing care was to a high standard and found to be evidenced based. There was a low incidence of pressure ulcer development and residents presented well cared for. The physiotherapist visited the centre twice weekly and was present on the day of inspection. A dietitian attended the centre twice a month and there was evidence that residents weights were closely monitored. There was inadequate access to allied health care. The inspector was informed that there was currently no access to occupation therapy (OT) services for the residents through the Health Service Executive. Referrals to the OT via the local HSE primary care team were not accepted, and therefore not being made. The last record of an OT visiting the centre was in mid 2018 for one day. On this occasion funding was secured for a private OT to review residents. The person in charge informed the inspector that there was also no access to a speech and language therapist (SALT) due to staffing shortages and the centres remote location on the Beara Peninsula. Residents requiring review for conditions such as dysphasia (difficulty swallowing) could not access this service. This was concerning and seen as high risk as there were currently eight residents with an active swallow care plan living in the centre. Arrangements were in place for access to pharmacy, chiropody, tissue viability, podiatry, psychiatry of old age and

palliative care as required.

As identified in previous inspections, management and staff were constrained by the design and layout of the premises. This was particularly in relation to the lack of recreational space, location of sluicing facilities, inadequate dining facilities and the absence of safe external grounds suitable for residents. The inspector was assured that current building works due for completion in May 2020 would address the lack of facilities for residents. The current premises was clean and suitably decorated. Some residents had personal possessions around their bed space however, in some bedrooms this space was limited particularly in the two twin bedrooms that accessed the centres sluicing facilities.

The inspector viewed a number of residents' records, and found that care delivered was based on a comprehensive nursing assessment, completed on admission, involving a variety of validated tools. There had been a new care planning documentation introduced in July 2019 in which all staff had received training. Feedback in relation to this change was positive and nurses reported it being informative and user friendly when compared to previous systems. Care plans were developed based on the residents assessed needs and regularly reviewed and updated. Overall, care plans were found to very comprehensive and person centred.

Residents expressed satisfaction with food provided to them. There was a four week roll over menu which offered residents choice on a daily basis. Residents nutritional status was monitored by the use of a malnutrition screening tools and monthly weights. Referrals were made to dietetics as required. Similar to findings on previous inspections of Castletownbere Community Hospital, there was evidence that practices in the centre such as mealtimes, were led by routine and staffing levels as opposed to being person centred. Times of meals were set by staff rather than residents which was institutional practice. Breakfast was served particularly early at 07:00/7:30am by staff on night duty, dinner was at 12:00 midday and tea at 16:30. There was no evidence of consultation with residents in relation to these times.

There were systems in place to manage risks and the person in charge was responsible for the maintenance of a risk register which documented both clinical and non-clinical risks. Some risks noted on the day of inspection were not assessed or addressed such as the unavailability of therapists for over a year and staff training deficits. Fire safety equipment was serviced regularly and all residents had a personal emergency evacuation plan, identifying the most appropriate means of evacuation in the event of fire. However, there were no fire drills being undertaken at the centre, which did not give assurances that an evacuation could be completed in a timely manner, if a fire were to occur. Improvements were required in the management of infection control practices which included staff training, replacing equipment that had rusted and accessing sluicing facilities through bedrooms.

The activities programme for the centre was the responsibility of the nursing and care staff. Care staff also had responsibilities for cleaning the centre and serving meals. West Cork Arts for Health visited the centre twice a week. As highlighted in

previous inspections staff were limited in the range of activities they could do with residents due to the lack of communal space. The inspector reviewed the weekly activity schedule and spoke to staff, it was clear that the programme of activities was not sufficient to occupy residents meaningfully throughout the day. For example the activity scheduled for every evening for the previous four weeks was ''walks and cards''. The majority of residents remained in their bedrooms until after lunch. If staff had time, one-to-one sessions were facilitated with residents beside their beds such as reading, nail care, touch therapy and crosswords. A residents satisfaction survey in relation to activities had been carried out in October 2019, findings were that residents really enjoyed interaction with staff and requested more activities particularly at weekends. Although there was some evidence of residents being consulted via surveys on the dining experience and activities, there were no regular residents meetings taking place. The last recorded meeting was in August 2019 to inform residents and families of the commencement of the refurbishment.

Residents reported they felt safe living in the centre and were complimentary about the care provided by staff. This was supported by observations of the inspector of positive interactions between staff and residents. Staff spoken to were aware of what to do if they had suspicions of abuse or if they had abuse reported to them. Where restraint such as bedrails were in use there was evidence that appropriate assessment and consent had been obtained. The centre maintained day-to-day expenses for a number of residents and the inspector saw evidence that financial records were well maintained. There was also oversight of financial transactions by the HSE Patient Private Property Account Project who visited the centre, and could also access accounts remotely. Residents had access to independent advocacy service and information pertaining to this service was clearly displayed in the centre. There was evidence of this service being used and offered to residents. .

Regulation 12: Personal possessions

There were adequate procedures in place for residents to have their clothes laundered and returned to them. Some bed spaces were personalised and all residents had a wardrobe to store and maintain clothes and personal possessions. The two twin bedrooms did not afford residents adequate space for their personal possessions, as they were also serving as an access corridor to sluicing facilities.

Judgment: Substantially compliant

Regulation 17: Premises

As per the findings on the previous inspections the premises did not currently conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulations 2013. This was in particular in relation to the following not being provided on the premises:

- Adequate private and communal space for residents
- Rooms of suitable size and layout for the needs of residents
- Adequate sitting, recreational and dining space other than a residents private accommodation
- Suitable storage for equipment
- External grounds which are suitable and safe for residents
- An assisted bath
- Appropriate sluicing facilities

Judgment: Not compliant

Regulation 18: Food and nutrition

Improvements were required to ensure that residents needs in relation to food and nutrition were met as it was noted:

- There was no access to a speech and language therapy services to assess or review residents. On the day of inspection eight residents had active swallow care plans and required modified diets or textured diets.
- Meals were not served at a reasonable time. Breakfast 07:00/07:30, dinner 12:00, tea at 16:30 hrs. There was no evidence of consultation with residents in relation to this.
- Dining facilities were inadequate, resulting in residents eating beside their beds and not being afforded the option of a dining experience.

Judgment: Not compliant

Regulation 26: Risk management

The person in charge was responsible for the maintenance of a risk register that included both clinical and non clinical risks. For each risk identified, it was clearly documented what the hazard was, the level of risk, measures to control the risk and the person responsible for taking action. However, risks noted on inspection that were deemed to be high risk were not identified and assessed in the risk register including;

- The unavailability of an OT service to the residents, the last recorded review of residents by an OT being 2018 which involved funding being provided for a private OT for one day, to review residents. Records indicated that 16/20 residents were of high dependency.

- The unavailability of a SALT service to the residents taking into consideration that 8/20 residents had active swallow care plans.
- The difficulty in accessing staff training and substantial deficits in training as a result of this.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were required in relation to infection control practices such as:

- Training in infection control for all staff was out of date, this was also found on previous inspections.
- The inspector observed shower chairs in four shared bathrooms rusted, new chairs had been delivered to the centre and the inspector was assured that these would be replaced immediately.
- The location of two sluice rooms posed an infection control risk as the only access was through residents bedrooms

Judgment: Not compliant

Regulation 28: Fire precautions

Appropriate fire safety checks were taking place and fire safety equipment was serviced regularly. Records were well maintained. All residents had personal emergency evacuation plans which identified their individual needs in the event of an evacuation. There was no evidence of fire drills taking place to provide assurances that a successful evacuation could be completed in a timely manner especially when there is reduced staffing.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were robust procedures around the management of medication in relation to storage, disposal, continuous education, liaison with pharmacy and auditing. Five nurses working in the designated centre were Registered Nurses Prescribers. The residents had access to a local pharmacy service who reviewed medications weekly. The Clinical Nurse Manager II had responsibility for auditing medication practice. Controlled drugs were stored in accordance to best practice guidelines, and nurses

were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with one of the nursing staff, which accorded with the documented records.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

New care planning documentation had been introduced in the centre in the Summer of 2019. Assessments were carried out 4 monthly, or prior to this if care needs changed. Care plans were individualised and person-centred and provided sufficient information to guide the delivery of care.

Judgment: Compliant

Regulation 6: Health care

The residents had access to appropriate medical care and were regularly reviewed. There was a high standard of evidence based nursing care delivered. Nursing documentation supported care delivery. There was a low incidence of wounds. Deficits in the availability of SALT and OT services have been acknowledged in Regulation 18 and 26.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with staff and observations of the inspector there was evidence that residents who presented with responsive behaviors were treated with dignity and respect. The inspector observed there was a consistent proactive approach to residents with significant communication needs. Responsive behavior care plans were person centred and informative. Residents using bedrails had risk assessments, alternatives trialled, and consent obtained . However, training in managing responsive behaviors and dementia had expired for all staff working at the centre.

Judgment: Substantially compliant

Regulation 8: Protection

Residents conveyed that they felt safe in the centre and said staff were kind and caring. Staff had received training in safeguarding and were informed as to what to do if they witnessed abuse. There were robust systems in place to manage residents finances. The inspector reviewed a sample of records of monies handed in for safekeeping. Money was securely locked away and all lodgements and withdrawals were documented in a ledger, and a running balance was maintained. All entries were signed by the resident where possible and checked and signed by two staff.

Judgment: Compliant

Regulation 9: Residents' rights

There were insufficient occupational and recreational opportunities available to residents due to the lack of communal space and a limited programme of activities. A survey of residents views on activities had recently been completed which indicated they enjoyed interaction with staff and some would like more activities particularly at weekends. The inspector observed the majority of residents were in their bedroom until after lunch. There was no structured procedures in place for consulting with residents in relation to the day-to-day operation of the centre. The last recorded meeting had been in August 2019. This was called to inform residents and families of the commencement of the building work on the premises, had been attended by three residents and had been the only topic discussed. Improvements were required in relation to ensuring residents rights and choices are being upheld and respected, for example mealtimes being led by routine and staffing levels as opposed to residents choice.

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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Castletownbere Community Hospital OSV-0000601

Inspection ID: MON-0024317

Date of inspection: 07/01/2020

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
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Action Plan

Infection control:
Training has been arranged for 25th March and 20 staff are booked to attend.

Responsive Behavior:
Training 19th February, 19 staff are booked to attend and on the 4th March are 20 staff booked to attend.

Basic Life support :
Training is being organized and will be completed by June 2020

Compliance Date: June 5th 2020

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
There is a clearly defined management structure within the centre and within Cork Kerry

Community Healthcare. The Registered Provider representative has a well- resourced support team including Clinical Development Facilitator, Project Manager and Clinical Support Manager to provide ongoing clinical support, education and training to Castletownbere Community Hospital. Other operational and management supports include a Business Manager, Health and Safety Manager, Estates Manager and Quality and Patient Safety Advisor.

The Registered Provider Representative monitors nursing KPI's, metrics in relation to operational issues and Quality and Patient Safety Issues. There are regular meetings with the Person in Charge, at least monthly where all incidents are reviewed and trends monitored.
Standing items for review are complaints, safeguarding issues, Infection Control, GDPR, Health and Safety and any other current clinical and operational issues of significance.

Occupational Therapy and Speech Therapy will be accessed on an individual resident request basis

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The regulator found that not all incident and allegation have been reported to Chief Inspection in writing.

Action

All Incidents and notifications will be submitted to the regulator as per regulatory requirements

Date of Compliance: Complete

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Action

The Person in Charge will ensure that all complaints are recorded, investigated and

outcomes recorded as per centre and organizational policy.

Date of Compliance January 2020

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The regulator found there were adequate procedures in place for residents to have their clothes laundered and returned to them. Some bed spaces were personalised and all residents had a wardrobe to store and maintain clothes and personal possessions. On completion of refurbishment works this issue will be addressed comprehensively with enhanced personal spaces and storage for all residents
Timeframe: End of November 2020

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The issues identified are currently being addressed in the current refurbishment programme .The refurbishment will be completed November 2020

Regulation 18: Food and nutrition	Not Compliant

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

Speech and language therapy will be provided on a referral basis to residents in the centre

Date of Compliance: January 2020

Action

Meals will be reviewed in line with the resident's wishes. To move Breakfast from 8.00 to 08.30am, Dinner to 1pm and tea to 17.15pm unless it is clearly documented that the resident has requested an earlier or later breakfast. Date of Compliance : March 20th 2020	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Occupational Therapy and Speech and Language Therapy will be accessed on a resident referral basis. A programme of Fire Evacuation drills (monthly) will be put in place by the Person in Charge. The Person in Charge will ensure that regular Residents Forum's will take place to allow residents to participate in decisions relating to the management of the centre A review of training needs is being undertaken by the Person in Charge and any deficits will be addressed Date of Compliance June 2020	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • Training deficits in infection control practices are being addressed by the Person in Charge. • Shower chairs are being replaced immediately. • The re-location of two sluice rooms will be addressed on completion of the current refurbishment works (November 2020) Compliance: End of Q4 2020	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Action
Fire training for all staff is mandatory, fire evacuations are undertaken under the close supervision of the fire officer to ensure compliance with all fire regulations.
Quarterly Evacuation fire drills to be carried out and documented as to the time, place, recognition of where fire is, alerting emergency services and evacuating effectively, safely and within an agreed time limit.

Date of Compliance: March 2nd 2020

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:
Training for responsive behavior is booked for February 19th and March 4th 2020. All staff will have received up to date training following these sessions

Date of Compliance : March 4th 2020

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Action
A review of the activities list will take place and staff will ensure that a comprehensive programme of activities are provided to residents including at weekends. Residents will be asked to help plan the new roster for activities for March 2020 this will involve the resients prefered time to attend.
Date of Compliance : March 31st 2020
Action:

Residents meeting will be held quarerly starting in March 2020

Staff will ensure that resident’s individual televisions are only turned on at the request of the resident and that the channel that the resident chooses is the correct one.
New building work will ensure a larger communal space ie Sitting Room/Dining Room where activities will take place.

Date of Compliance : March 31st 2020/November 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 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 and other personal possessions.	Substantially Compliant	Yellow	30/11/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	05/06/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Not Compliant	Orange	30/11/2020

	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.	Not Compliant	Orange	20/03/2020
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Not Compliant	Yellow	20/02/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard	Substantially Compliant	Yellow	30/06/2020

	identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/06/2020
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.	Not Compliant	Yellow	31/12/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	02/03/2020

Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	17/02/2020
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	Yellow	31/01/2020
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	04/03/2020
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and	Not Compliant	Yellow	31/03/2020

	recreation.			
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	Yellow	31/03/2020
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Yellow	31/03/2020
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Yellow	31/03/2020