



**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:	Bandon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Lane, Cloughmacsimon, Bandon, Cork
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0000557
Fieldwork ID:	MON-0042456

## About the designated centre

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

Bandon Community Hospital, established in 1929, is a single-storey building which had been extensively renovated. The designated centre is a Health Service Executive (HSE) establishment. It consists of accommodation for 25 older adults set out in 21 single en-suite bedrooms and two twin en-suite bedrooms. Communal areas include the day room, dining room, Bandon Suite relaxation area and the quiet room. Residents have access to an enclosed courtyard and an enclosed walkway. The centre provides 24 hours nursing care for long-term, respite and palliative care residents. The centre is supported by the Friends of Bandon Community Hospital who have raised money for the day-room refurbishment and many other aspects of the care setting.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	25
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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
Wednesday 1 May 2024	09:00hrs to 17:30hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

This was an unannounced one-day inspection. The inspector met with many of the 25 residents living in the centre and spoke with 10 residents in more detail to gain an insight into their lived experience. Residents gave positive feedback and were complimentary about the staff and the care provided; they reported that they enjoyed their meals and the quality of food was always excellent; residents said they were very happy in the centre and there was a great atmosphere there. Visitors were complimentary about the care; they reported that staff contacted them with updates on the changing condition of their relative and said that staff were attentive to their relative.

Observation throughout the day demonstrated that the person in charge was knowledgeable about residents' care needs and that she was well known to residents.

Bandon Community Hospital is a modern purpose-built facility on the outskirts of Bandon town. The centre is a single storey building and registered to accommodate 25 residents. The daycare centre and mental health out-patients facility are attached to the designated centre. Within Bandon Community hospital designated centre, residents' bedroom accommodation comprises 21 single rooms and two twin bedrooms. All bedrooms have ensuite shower, toilet and handwash facilities. The inspector saw that residents' rooms were bright, well maintained and personalised with residents' photographs and memorabilia. There was plenty room for storage of residents belongings and each room had a lockable storage space. All bedrooms had over-head hoists to enable ease of transfer from bed to chair, if required. Folders with residents' care documentation were located on the handrail outside their bedroom; this was relocated during the inspection and placed on the rail on the back of bedside lockers to ensure the privacy of residents. The privacy screens in twin bedrooms were difficult to use and when opened out, they did not provide adequate screening to ensure the dignity of residents.

The main entrance, which was wheelchair accessible, had a lovely seating area and visitor toilet facilities. There were several residents' notice boards throughout the centre with information such as the complaints procedure, activities and local news displayed. The hairdressers room near reception, was tastefully decorated, and the hairdresser was on site every week. There was a large dining and recreation room. The inspector saw that this room had beautiful wall paper, curtains, was bright and had views of the main entrance. Some residents were relaxing here and there was appropriate music playing which they said that they enjoyed. The centre also had two smaller communal rooms, one dining/activities room with an adjacent kitchenette. Some of the residents used this room throughout the day to make themselves hot drinks as they wished. The second was a sitting room had a table with two kitchen-style chairs which was used by nurses completing their documentation and was not seen to be in use by residents on the day of inspection. There was an abundance of CDs here, however, there was no CD player for

residents to enjoy the music. There were areas throughout the centre where residents could sit and relax in private with comfortable seating and coffee tables for them to use. The reflection room remained unfit for purpose, nonetheless, the person in charge outlined the quality improvement plans to have this upgraded by 31st May with new wall paper, comfortable seating and soft furnishings. While there was directional signage informing resident and visitors of locations such as day rooms and bedrooms, there was no signage indicating the location of the quiet reflection room; as this was on a side corridor with doors closed, it could be difficult for residents to locate it. Two bedside tables were left on the corridor here; this was an evacuation escape route.

The inspector saw that a number of residents were mobilising independently throughout the centre during the day and residents could access outdoor spaces. On the window sill in the dining room, residents had planted seeds in small pots and a resident explained that they would be planted up in a few weeks time.

The inspector observed the dining experience at lunch time. Some residents had their main meal in the dining room, while others chose to remain in their bedroom. The lunch time meal appeared appetising, including textured meals and residents had menu choice. There was enough staff available to provide assistance with residents who required it. The inspector saw assistance was provided to residents in a dignified and respectful way. Tables in the main dining were set out banquet-style with four square table together and a circular table as each end. Tables were set with cutlery, glasses, condiments and serviettes before meals. Residents explained that this was how the tables were for Christmas and they asked could they be kept this way as they said it was much more sociable. The inspector saw that residents were greeted by their friends as they came to the dining table; everyone chatted and were included in the conversation, including a visitor. Some residents were seen to enjoy a glass of red wine with their meal; other residents explained that they preferred a 'drop' of whiskey during the evening time. Following the meal, some residents stayed at the table, enjoying a cup of tea, reading the newspaper and discussing current affairs.

There was a varied schedule of activities available for residents to enjoy in the centre; these were facilitated by both external activity personnel and the centre's own staff. On the morning of the inspection, a group of residents enjoyed mass live-streamed from the local church; one-to-one interaction was seen and the staff providing refreshments mid-morning and mid-afternoon called to residents' bedrooms, and chatted about local news as well as the racing in Punchestown; one resident requested the newspaper to review the racing to pick horses to have a 'flutter'; there was lively banter regarding betting and spending with the 'undoubted' winnings. Chair yoga was facilitated in the afternoon and many residents attended this session. Following this, one HCA saw that the weather had improved and asked residents if they would like to go into the enclosed courtyard where she offered them ice-cream, which was followed by an impromptu sing-song. A local priest attended the centre to celebrate mass every Tuesday and the residents were joined by attendees from the adjacent day care centre; this enabled continuity of relationships with their friends in the community. Some residents spoken with explained that they preferred to stay in their bedrooms and their wishes were

respected. Those residents who could not communicate their needs appeared comfortable and content.

The inspector saw that residents were dressed to their own style. The inspector observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices.

The inspector saw that the centre was generally clean and that there were adequate hand hygiene facilities throughout the centre and available to staff at point of care. Sluice rooms were securely maintained to prevent unauthorised access. In the sluice room, the handwash sink was situated right next to the sluicing hopper. In the household cleaners' room, floor mops were stored on the floor; there was an electronic ear-piece device charging on the waste bin. The surface to the kitchenette in the smaller dining room was quite marked. In the main kitchen, storage units and cleaning equipment were visibly unclean.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, to follow up on the findings of the previous inspection, and to inform the registration renewal of the centre. The inspector found that in general, the governance and management arrangements, required by regulation, to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. On this inspection, some improvements were required in relation to infection prevention and control, fire precautions, staff training, and care planning.

Bandon Community Hospital is operated by the Health Service Executive (HSE), who is the registered provider. On the day of inspection, while there were clearly defined management structures in place to enable accountability and responsibility for the service, the management post of clinical nurse manager remained vacant for some time. The General Manager represented the registered provider, and the person in charge reported to the provider representative. The management team in the centre was also supported by the HSE facilities and estates, practice development, infection prevention and control, human resources staff and maintenance. The person in charge was appointed in December 2023. The provider notified the office of the Chief Inspector of her appointment in line with regulatory requirements.

Regarding the application to renew registration of the centre, the provider representative submitted updated information outlining the number of buildings

associated with the application; in addition, the statement of purpose required updating to reflect the current layout of the building with the accurate purpose and function of each room; floor plans required updating to reflect the above details.

Overall, this was a good service that promoted a rights-based approach to care delivery. There were systems in place to monitor the service. Key quality indicators in aspects of resident care such as weights, antimicrobial usage, restrictive practices, pressure ulcers and falls were collated and monitored by the person in charge. Falls were analysed to identify any trends or areas for improvement. The provider had a schedule of audits in place and audits were completed in areas such as fire safety precautions, infection prevention and control, end of life care, medication management, food and nutrition, and care planning documentation. The person in charge had identified several of the issues highlighted in this report, and had developed action plans to address these issues, including providing on-site training for staff, requesting the fire safety officer to the centre to review fire precautions, and initiated refurbishment of the quiet reflection room for example.

There were regular management meetings between the general manager, the director of nursing and other directors of nursing of community centres in CH04 to enable sharing of information and learning between the services. From a review of minutes of these meetings, it was evident that infection prevention and control (IP&C) specialist nurse also attended to share advice and expertise at these meetings. While recommendations were made regarding IP&C upgrades to the centre in sluice rooms and the kitchen, these upgrades remained outstanding. Regular staff meetings were also held in the centre with catering staff, nursing and care staff.

There were more than sufficient resources available to ensure that safe and effective care was provided to the residents. The staffing levels and skill-mix were more than adequate to meet the needs of the 25 residents living in the centre. The HSE CH04 area had an additional seven new trainers for the CH04 area; the person in charge explained that this was welcomed and it would help ensure that mandatory training remained current. The registered provider provided other training to enable professional development; staff in the centre could avail of training appropriate to their individual roles through a combination of online and in-person training sessions.

The inspector saw incidents were well managed in the centre and accurately recorded. The person in charge correctly submitting the required notifications to the Chief Inspector, within the required time frames.

While the annual review of the quality and safety of care provided to residents had been prepared for 2023, it did not contain the information as set out in SI 628 of 22 relating to complaints managed in the centre.

## Registration Regulation 4: Application for registration or renewal of registration



The registered provider applied to re-register Bandon Community Hospital. This application was timely submitted; the associated fees were paid and the specified documentation submitted.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was appointed in December 2023 and was full time in position. She had the necessary experience and management qualification as required in the regulations. She demonstrated good knowledge regarding her role and governance and management and oversight of the service.

Judgment: Compliant

### Regulation 15: Staffing

A review of the staffing rosters and the staffing levels on the day of the inspection demonstrated more than adequate staffing levels to meet the assessed needs of the 25 residents, and for the size and layout of the building, as follows:

#### **Person in Charge**

##### **Nurses**

8 – 8 x 2

8 – 4:30 x 1

Night duty – 8 – 8 x 2

##### **HCA's**

8 – 8 x 2

8 – 5:30 x 1

Night duty – 8 – 8 x 1

##### **Catering staff**

Chef – 8 – 6pm x 1

Kitchen assistant – 8 – 6pm x 1

**Household**

8 – 5:30pm x 1

**Administration**

8:30 – 2pm x 1

09:30 – 2pm x 1

**Activities** – when the external activities provider was not on site, the roster showed that a HCA was rostered from 08:30 – 5:30pm.

Judgment: Compliant

Regulation 16: Training and staff development

While training was scheduled for the weeks following the inspection, the following staff training remained outstanding:

- manual handling and lifting x 4 staff
- safeguarding x 12 staff
- responsive behaviours x 24 staff
- restrictive behaviours x 5 staff
- one staff last completed 'Children First' mandatory training 21/08/18.

In addition to this, despite the registered provided scheduling regular mandatory training, and staff scheduled to attend the training, one member of staff consistently did not attend training provided.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents; this was separated into long-stay and short-stay residents. Both were seen to be comprehensively maintained and included the requirements of paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that some of the management systems in place required action as follows:

- the complaints policy did not reflect the updated Statutory Instrument (SI) 628 of 2022. This SI supersedes previous SIs of 2004 and 2006, however, the HSE national policy has not been respectively updated,
- oversight of infection prevention and control required action as outlined under Regulation 27, Infection control
- the post of CNM was sanctioned and nurse appointed, however, due to the staffing embargo, the CNM could not take up post, so there was a deficit in the proposed governance structure as detailed in the statement of purpose
- while an annual review was completed for 2023, it did not contain the information relating to complaints as specified in SI 628 of 2022.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose required updating as follows:

- arrangements for the management of the centre where the person in charge is absent from the centre as deputising arrangement were not included
- residents for whom it is intended that accommodation will be provided
- clarification regarding exclusion criteria relating to admission to the centre
- an accessible format complaints procedure
- review the document from the point of view of the resident whereby the onus is on the centre to provide information to residents, rather than the resident needing to request publications such as the residents' guide and inspection reports for example,
- room descriptors to reflect the purpose and function of rooms as they are in the centre and the outline of the designated centre to reflect the building associated with the centre
- inclusion of the separate day services attached to the centre.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints records were reviewed and these showed follow up and thorough review by the person in charge to ensure the complainant was satisfied with the outcome of the complaint and measures put in place to ensure it would not reoccur. For example, several issues were raised regarding residents' laundry; following investigation, the laundry provider was changed and residents are much happier now with the standard of laundry care. [Issues relating to the policy regarding complaints are discussed under Regulation 4: Written policies and procedures.]

Judgment: Compliant

### Regulation 4: Written policies and procedures

Action was required to ensure that policies and procedures as specified in Schedule 5 were available, as

- a policy relating to the temporary absence and discharge of a resident was not in place
- the policy relating to complaints required updating to be compliant with SI 628 of 2022.

Judgment: Substantially compliant

## Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in Bandon Community Hospital, where the person in charge and staff promoted residents' rights. There was evidence that residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found that some improvements were required in relation to infection prevention and control, assessment and care planning and fire precautions as discussed under the relevant regulations.

Residents received a good standard of health care and services were provided in line with their assessed needs. There continued to be a very low use of restrictive practices in the centre and a register was maintained to monitor these practices. Residents had timely access to general practitioners, who visited the centre four times a week. Residents had good access to allied health professionals such as physiotherapy, dietitian, speech and language therapy and occupational therapy. Validated risk assessments were available to assess various clinical risks, however, these were not comprehensively completed to inform the care planning process. This and other issues identified regarding residents' care records are outlined under Regulation 5, Individual assessment and care plan.

From discussions with the person in charge, she had good oversight of resident-related multi-drug resistant organisms (MDROs) and healthcare associated infections (HCAIs). Controlled drugs were maintained in line with professional guidelines, however, gaps were seen in residents' administration records of regular medications.

There were sufficient staff available at mealtimes to assist residents with their meals. The inspector saw that the dining experience for residents was pleasant and enjoyable and comparable to a normal dining experience.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. Most communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. However, the quiet reflection room required upgrading and was proposed to be completed by the end of May to enable residents to enjoy it. Laundry was segregated at source; laundry services for residents' bed linen and personal laundry was outsourced, with collection and delivery of laundry every Tuesday, Thursday and Saturdays.

Emergency evacuation floor plans were displayed; they had a secondary escape route detailed, but a primary escape route and a primary escape exit were not detailed. Nonetheless, an external fire safety consultant was on-site during the morning of the inspection, marking-up new drawings of the layout of the building, emergency evacuation routes, exits and location of fire fighting equipment; he gave a commitment that the updated plans would be displayed the week following the inspection. The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Fire safety drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels only as part of the fire safety training; some of these records showed that evacuations took prolonged times to complete the evacuations.

Residents were provided with opportunities to participate in these activities in accordance with their interests and capacities. There was a schedule of activities available seven days a week that were facilitated by external providers and the centre's own staff. The inspector saw the activity staff provide one-to-one activities

for residents who choose to stay in their rooms and that residents' choices were respected in the centre.

### Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw many visitors attending the centre on the day of inspection; they were welcomed by staff who actively engaged with them.

Judgment: Compliant

### Regulation 17: Premises

Action was necessary to ensure the premises conformed with the aims and objectives of their statement of purpose, as follows:

- the privacy screens in twin bedrooms were difficult to use and when opened out, they did not provide adequate screening to ensure the dignity of residents
- upgrading the quiet reflection room to ensure it was fit for its intended purpose as items were stored here; seating and layout was not conducive to relaxation and quiet reflection,
- there was no signage indicating the location of the quiet reflection room; as this was on a side corridor with corridor doors closed, it could be difficult for residents to locate it.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The dining experience for residents was social and friendly where resident were seen to enjoy each others company, chat about local news and events. Meals were served appropriately and residents were offered choice. Some resident enjoyed a glass of red wine with their meal.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The transfer letter of a resident being transferred to acute care on the day of inspection was reviewed. This was completed comprehensively to enable the receiving facility care for the resident in accordance with their current care needs.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was available and it had the risks as specified in the regulations. The risk register was updated with recent identified risks, for example, the risk associated with fire safety.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). The following findings required action:

Regarding the kitchen -

- practices in the kitchen did not assure that food safety precautions had been fully implemented as most of items in the fridges and freezers were not labelled or dated; some were not covered,
- the handwash sink was not free of items as the domestic waste bin was up against it and the sweeping brush and dust pan were stored against it
- the sweeping brush and dust pan were visibly unclean
- the open storage unit for cutlery was visibly unclean
- there were several large disposable bags with disposable bottles inappropriately stored under one of the sinks; a floor mop was stored on the floor here.

Records -

- While commodes were to be cleaned on a daily basis, records reviewed showed that this was not done as there were several gaps in records seen, for example, one set of notes indicated that the commode was not cleaned from 13 – 21 March and 18 – 22 March for example.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The following issues required action in relation to fire safety in the centre:

- fire safety drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels only as part of the fire safety training and not done routinely in line with their policy; some of these records showed that evacuations took prolonged times to complete the evacuations
- while staff routinely checked fire doors as part of their daily routine to ensure escape routes were clear, corridors leading to escape routes were not routinely checked to ensure they remained unobstructed.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Action was required relating to medication management as follows:

- there were gaps in administration records of residents so it could not be assured that residents received medications in line with their prescription to ensure better outcomes for them.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, the inspector found that residents care records were not consistently updated in line with the requirements of the regulations and were not always updated when residents' care needs changed, and these findings may impact the provision of residents' care:

- one resident's breathing and circulation assessment only had their observations of respiratory rate, temperature and oxygen saturation; while the resident had a significant cardiac history detailed in their medical notes, none of this information was recorded in their assessment; their blood pressure was not recorded,
- the assessment tool for malnutrition was not completed accurately so it could not be determined whether residents were losing weight outside normal parameters; body mass index (BMIs) were not calculated or recorded to inform this process,



- the self-medication assessment for one resident was last completed in August 2021
- the formal evaluation to be completed every four months minimum, was last completed December 2022,
- some daily flow sheets to indicate resident care delivered were blank, for example, on 2, 15, 16, 17 and 31 March did not have information indicating care delivered, the social interaction or status of the resident.

Judgment: Substantially compliant

### Regulation 6: Health care

There was a good standard of evidence based health care provided in the centre. Local general practitioners attended the centre four days a week to assess and treat residents as required. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatry as required. Resident's notes showed that residents had reviews by allied health professionals and community services with effective oversight of residents' condition.

Judgment: Compliant

### Regulation 9: Residents' rights

Regular residents' meeting were facilitated in the centre. On a three-monthly basis, an external activities company held meetings; in addition, the person in charge held meetings in-between times to be assured that residents' voices were heard. Following these meetings, changes were implemented, for example, resident preferred to have dining tables set out in a banquet-style; they reported to the inspector that this worked really well over Christmas and they asked that it would be maintained as it was much more sociable. Their feedback was also sought regarding updating the quiet reflection room; this was in the process of being completed at the time of inspection with new wallpaper and proposed pictures with inspirational reflections.

Plans for the outdoor garden area were discussed as part of residents' meetings. Funds are available for this project and the person in charge showed the proposed sensory garden being developed for residents enjoyment.

Judgment: 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Bandon Community Hospital OSV-0000557

Inspection ID: MON-0042456

Date of inspection: 01/05/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• Manual handling training x 4 staff</li> </ul> <p>Action – 3 staff completed on 8th of May, 1x staff member is on sick leave will complete prior to return to work.</p> <ul style="list-style-type: none"> <li>• Safeguarding x 12 staff</li> </ul> <p>Action – staff will complete on HSELand by end of July 24</p> <ul style="list-style-type: none"> <li>• Responsive Behaviours x 24 staff and Restrictive Behaviours x 5</li> </ul> <p>Action - staff training planned for July 11th and further dates will be arranged as needed.</p> <ul style="list-style-type: none"> <li>• Staff member updated Children first on 31st of May 2024</li> <li>• The staff member who consistently did not attend the scheduled training</li> </ul> <p>Action - issue addressed with staff member and all training is now updated and reflected in records since 15th of May 2024.</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> <ul style="list-style-type: none"> <li>• Manual handling training x 4 staff</li> </ul> <p>Action – 3 staff completed on 8th of May, 1x staff member is on sick leave will complete prior to return to work.</p> <ul style="list-style-type: none"> <li>• Safeguarding x 12 staff</li> </ul> <p>Action – staff will complete on HSELand by end of July 24</p> <ul style="list-style-type: none"> <li>• Responsive Behaviours x 24 staff and Restrictive Behaviours x 5</li> </ul>	

Action - staff training planned for July 11th and further dates will be arranged as needed.

- Staff member updated Children first on 31st of May 2024
- The staff member who consistently did not attend the scheduled training

Action - issue addressed with staff member and all training is now updated and reflected in records since 15th of May 2024.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- Statement of Purpose updated as recommended on 14.05.24

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- The policy relating to the temporary absence and discharge of a resident will be available by 30 th June 2024.
- The policy relating to complaints will be updated with SI 628 of 2022 will available by end of June 2024.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Privacy of the residents in one of the twin bedrooms was addressed immediately and additional user friendly mobile screens were obtained to provide secure privacy.
- Removed all unnecessary stored items from the reflection room, updated with new nature print 3D image wall paper and soft furnishings and accessories suitable for a quiet reflection room- this was completed on 30/05/2024.
- New signage for the reflection room is in place to highlight its availability and usage by residents and families.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The cleaning schedule was reviewed with the chef on 02.05.24 and issues were addressed immediately. Relocated the bins and sweeping brush, identified designated areas for the cleaning equipment and a separate roller door cabinet to keep cleaning items.</li> <li>• Meeting held with chef and kitchen staff on 02.05.24, reviewed all the food hygiene and cleaning practices in the kitchen, a plan is in place to spot check by the chef and management weekly.</li> <li>• All catering staff updated HACCP on 20th May, which improved their knowledge and practice in infection control and food safety.</li> <li>• Commode cleaning schedule reviewed and RGN's to ensure documentation is updated, this was highlighted in our staff meeting on 22.05.24 and safety pause meetings.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• New fire maps with color coded compartments signs in place, as per this plan each compartment is comprised of max 4 beds to evacuate, which significantly reduced the evacuation time, previously it was 8 beds to evacuate from each compartments.</li> <li>• The table on the fire escape route was removed on the day of inspection. This is a link corridor and these doors will now be kept opened so the staff can visibly see the escape routes are unobstructed at all the times. Continue to monitor all the fire exit routes, to conduct spot checks by senior member of staff on duty on a daily basis.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• Issue discussed with staff nurses at recent management/staff meeting 22.05.2024.</li> <li>• All nurses to review medication management policy and confirm with signature.</li> </ul>	

• Additional DDA usage ViClarity audits will be conducted in June, July and August to monitor compliance.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Care plan highlighted on the day of inspection has been updated.
- Monthly documentation audits for review by DON and areas of non-compliance will be discussed and actioned by the assigned nurse.
- Care plan training for all nurses planned, to be completed by 15th July.
- BMI tool circulated and displayed in nurses station for easy access.
- MUST training highlighted with all staff nurses on HSELand for completion by end of August 2024.
- Nurses meeting held on 22.05.23 and focused on all issues raised at inspection, will be continued to remind at handover and safety pause meetings. All staff aware of the importance of the documentation and daily flow sheets. This will be stressed on care plan training



## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2024
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.	Substantially Compliant	Yellow	30/05/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/07/2024

Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/05/2023
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	17/05/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/05/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	31/07/2024

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/05/2024
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	14/05/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/07/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any	Substantially Compliant	Yellow	31/07/2024

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/07/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/07/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Substantially Compliant	Yellow	31/07/2024

	consultation with the resident concerned and where appropriate that resident's family.			
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