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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:	Cobh Community Hospital
Name of provider:	Cobh Community Hospital
Address of centre:	Aileen Terrace, Cobh, Cork
Type of inspection:	Announced
Date of inspection:	04 September 2024
Centre ID:	OSV-0000558
Fieldwork ID:	MON-0041517

## About the designated centre

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

Cobh Community Hospital was established in 1908. It is run by a voluntary Board of Management and cares for 44 older adults. The "Friends of Cobh Hospital" are involved in fund raising for the hospital. Medical care is provided by a team of local doctors and a pharmacist is available to residents and staff. The older and main part of the hospital is laid out over three floor levels. The ground floor is split into two levels with the upper level accessible via a platform type lift or by a stairs consisting of six steps. Bedroom accommodation on the ground floor comprised four single bedrooms and two twin bedrooms. Bedroom accommodation on the upper level of the ground floor comprises one single en-suite bedroom and one four-bedded en-suite room. Bedroom accommodation on the first floor comprises three single bedrooms, four twin bedrooms and two four-bedded rooms. A new extension accessible through a corridor consists of 12 single en- suite bedrooms. The second floor is used primarily as office space but also contains an oratory. The first and second floors are accessible by a lift and stairs. The centre provides care to residents with all dependency levels. There is 24 hour nursing care supported by care, household, activities and maintenance staff.

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

Number of residents on the date of inspection:	39
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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 4 September 2024	09:00hrs to 17:00hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the registered provider supported residents to have a good quality of life. Residents who spoke with the inspector were very happy living in the centre. The inspector spoke with most residents throughout the day of inspection and spoke with six residents in more detail. A number of residents spoke about the centre as their home. One resident described the centre as "home from home", while another resident said the centre "home sweet home". Visitors that spoke with the inspector were also happy with the service provided.

Cobh Community Hospital is located in the town of Cobh and can accommodate 44 residents. The centre was fully occupied on the day of inspection. The centre was in the process of having 22 beds in the centre as short term care beds, with the remaining 22 beds providing long term care to residents.

Bedroom accommodation was laid out over two floors and a mezzanine level. Bedrooms were seen to be personalised. The centre was seen to be furnished with good quality curtains, blinds, pictures and ornaments throughout. Directional signage was well designed and helped residents to locate their bedrooms and communal rooms. There were a number of communal rooms seen to be in use in the centre such as, a large sitting, a dining room, a visitor's 'parlour' room and a room called the snug.

Residents were seen to be engaged with the activity coordinator in the day room, with the activity coordinator providing 1:1 with residents in their own rooms also. A full activity schedule was in place with an extra activity coordinator in place to provide activities on Saturdays for the residents. Residents were seen to have positive interactions with the activity coordinator on the day. The residents enjoyed a coffee morning with volunteers from the local area who came in to spend time with the residents.

The inspector observed that there had been ongoing works to the premises with some areas being painted, flooring being replaced and bathrooms being upgraded. Storage in bathrooms had been improved, with only items needed in the bathrooms stored there. The outdoor garden had suitable space for the residents to use in finer weather, there was a large outdoor area and a smaller patio area outside a conservatory. The conservatory was a large space, which had been cleared of storage that was present on the last inspection and could now be used as a suitable space for residents. Further action in relation to premises was still required and is discussed later in the report.

There was a variety of food on offer for the residents. Staff were aware of the preferences and choices of residents regarding meal times. The dining areas allowed for social interaction between residents. Residents were supported when required by

staff and staff interacted respectfully with residents during meal times. Snacks and drinks were available to residents throughout the day of inspection.

Throughout the day of inspection, the inspector observed staff and management interacting in a positive and respectful manner with residents. Residents spoken with held the staff in high regard and one said that "nothing was too much trouble for them". Staff and management in the centre were also seen to interact in a positive manner with visitors that attended the centre.

This was an announced inspection and as part of this, residents and visitors were provided with questionnaires to complete, prior to the inspection. The aim of this was to obtain their feedback on the services provided and the care they received. There was a poster on display, in the entrance hallway, to let people know that the inspector would be present on the day of inspection. Seven questionnaires were handed to the inspector on the day of inspection and one was returned by post. Half the surveys returned were completed by the residents themselves, while the other surveys were completed with help of family or staff. All residents that completed the questionnaires were very happy overall with the service and activities available to them. One resident commented that "we at Cobh Community Hospital are fortunate to live there".

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

The governance and management of the centre was well organised and well defined. The management team was committed to ongoing quality improvement. Overall, staff were knowledgeable of the standards and regulations for the sector. Management systems were found to be comprehensive.

Cobh Community Hospital is a voluntary hospital managed by a board of directors. One of the members of the board of management represents the provider (Cobh Community Hospital) for the purposes of regulation and registration. Evidence was seen of regular meetings between the board of management and the nurse management team to promote best practice in meeting residents' needs and addressing financial and maintenance issues. The person in charge had responsibility for the day-to-day operational management of the designated centre. The person in charge was now supported by an assistant director of nursing which was a new role to enhance the management team in the centre. There were two clinical nurse managers to provide more oversight and support staff. The management team was supported by a team of nurses, health-care assistants, catering, household, administration, volunteers and maintenance staff. There was 39 residents in the centre on the day of inspection.

Staffing was sufficient for the needs of the residents on the day and for the layout of the centre. Staff were well supervised as there was a good level of staff at managerial level on the day of the inspection. Mandatory training was provided for staff, this was up to date and a plan was in place for staff to complete refresher training subjects relevant to their role.

Records were made available to the inspector and were easily accessible. Records were stored in a correct manner and securely. Evidence of appropriate insurance for the centre was provided to the inspector. The contracts for provision of services for residents were viewed and contained the information required by the regulations. A number of staff files were viewed and action required is discussed later in the report.

From an examination of the log of incidents it was evident that notification of these incidents were submitted appropriately. The complaints log was viewed and complaints were managed and dealt with. The outcomes of the complaints and the satisfaction levels of the complainant were also recorded.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. They held the required qualifications under the regulations. They were well known to staff and residents, and were aware of their responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles. The training matrix viewed provided evidence that staff members had up to date training completed in mandatory areas. There was a comprehensive plan and schedule for training

throughout the year provided to staff for new staff to attend and for other staff to refresh their knowledge on the relevant topic.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files were viewed. Two of the files only contained one reference from a previous employer. The Schedule 2 of the regulations requires two references to be present in staff files.

Judgment: Substantially compliant

### Regulation 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre and up to date.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance and management arrangements in place and clear lines of accountability in the centre. Management systems in place enabled the service to be consistently and effectively monitored, to ensure a safe and appropriate service. An annual review had been completed for 2023, which complied with the regulations.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.



Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre. The statement of purpose had been reviewed in the previous 12 months and contained the recent changes in the management structure.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspector was satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints policy was in place. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre who could assist on the complaints process.

Judgment: Compliant

## Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health-care and well-being needs being met by the provider. The inspector found that the premises could be enhanced to improve the residents' experience in the centre.

Residents had adequate space for their personal possessions in the centre. The premises had been improved since the previous inspection but required further

action to decorate and replace flooring throughout the centre. This is discussed under regulation 17.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian and speech and language, as required. Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. A sample of care plans viewed by the inspector were generally comprehensive and person-centred. Residents' care plans were generally sufficiently detailed to guide staff in the provision of person-centred care.

The centre was clean and there was good systems of cleaning in place. There were two new fully compliant clinical hand wash sinks available to staff. A member of the management team was now the infection prevention and control lead in the centre.

In relation to fire safety, the inspector reviewed fire safety management and the physical premises. Internal escape routes were kept free and available for use. Floor plans were displayed, highlighting escape routes. Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspector. Personal emergency evacuation plans for residents were in place and available for staff to use in case of an emergency.

Information for residents was available in the centre. Residents with communication difficulties had this identified in their care plans and systems were put in place to assist with these difficulties.

Residents rights were protected in the centre with choice available at meal times and for activities. Residents views were sought on the running of the centre through residents meetings where relevant issues such as dining menus and activities were discussed. Management and staff promoted and respected the rights and choices of residents. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from.

## Regulation 10: Communication difficulties

Residents with communication difficulties were supported by information in their care plans. Communication devices and aids were provided for residents that required them.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate space for their personal possessions and laundry was managed well and was returned to residents regularly throughout the week.

Judgment: Compliant

## Regulation 17: Premises

Action was required, which was acknowledged by the registered provider, to further improve the premises for residents use in the following areas:

- areas of flooring required action for example, there was parts of flooring damaged in a residents bedroom and other areas throughout the centre were worn
- areas of the centre required repainting to keep the decor up to date.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The resident information guide contained the details required by the regulations including the arrangements for complaints and advocacy services in the centre. This was in the format of a brochure which was available to residents.

Judgment: Compliant

## Regulation 27: Infection control

The centre was clean and there was good systems of cleaning in place. The centre now has a infection prevention and control link practitioner in place. Two new clinical hand wash sinks were available to staff in different locations in the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

The fire safety management folder was examined. Fire door that were checked operated correctly. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans reviewed found that care plans were comprehensive and used validated risk assessments to assess clinical risks. Care plans were person centred, reviewed in a timely manner and gave detailed information on the care provision for the centre's residents.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to general practitioner (GP) services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. Residents were reviewed regularly and as required by the GP.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel present to facilitate this. Formal residents' meetings took place regularly, with the assistance of a residents' advocate, where relevant issues were discussed and actions taken to address these issues was evident.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cobh Community Hospital OSV-0000558

Inspection ID: MON-0041517

Date of inspection: 04/09/2024

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: References have since been placed in the HR folders as they were in a Recruitment email on day of inspection. All HR files to be audited quarterly and any new starters a list of required docs to be visible in HR file prior to commencement of role	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Premises is largely dependant on community funding as CCH is a Section 39 hospital. Ongoing programmes of work are being carried out with many new additions noted since last inspection; handwash sinks HBN -002, overhead hoists, new bathrooms and enhanced areas throughout the building. The building itself is almost 200 years old, so ongoing painting is carried out but will be an ongoing project.	



## 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 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	
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	