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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:	Clonakilty Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Clonakilty, Cork
Type of inspection:	Announced
Date of inspection:	14 February 2024
Centre ID:	OSV-0000559
Fieldwork ID:	MON-0033690

## About the designated centre

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

Clonakilty Community Hospital is operated by the Health Service Executive (HSE) and is located on the outskirts of Clonakilty town. Resident accommodation is spread across four units and the centre is registered to provide care to 99 residents. The units include: Saoirse, a dementia specific unit, Dochas, Crionna and Silverwood. The centre has a café, chapel and well maintained enclosed gardens with extensive car parking facilities. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	73
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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 14 February 2024	09:30hrs to 17:30hrs	Ella Ferriter	Lead
Thursday 15 February 2024	08:30hrs to 16:30hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This announced inspection of Clonakility Community Hospital was carried out over two days by one inspector. Feedback from residents living in the centre was very positive. Residents told the inspector were extremely happy with their life and they praised the kindness and friendliness of the staff working there. One resident told the inspector that people working in the centre couldn't be nicer to us and they would do anything for us. Another resident described the centre as a "family" where everyone was made welcome and was supported. The inspector met with all residents living in the centre over the two days and spoke in detail with 22 residents, to gain an insight into their lived experience. The inspector also had the opportunity to meet with eight visitors. They all praised the staff and management team and their commitment to the delivery of very good care.

On arrival to the centre, the inspector met with the management team. After an opening meeting, to outline the plan for the inspection, the inspector was guided on a tour of the premises. Clonakility Community Hospital is two storey designated centre located in the town of Clonakility, County Cork. All residents accommodation is situated on the ground floor and there were staff facilities located upstairs. The Chief Inspector had registered an additional 19 beds in the centre in November 2023, three months prior to this inspection. Therefore, the occupancy of the centre had been increased and it was now registered to accommodate 99 residents. There were 73 residents living in the centre on the day of this inspection and there were 16 vacancies.

The centre is divided into four distinct units called Docas, Crionna, Saoirse and Silverwood. The inspector saw that each unit had its own staff complement and sufficient communal space to offer choice. Residents had access to a well maintained internal courtyard with nice planting, paving and seating. On the walk around of the centre the inspector observed that the centre was generally very clean throughout and there was adequate domestic staff employed. However, some residents lockers were cluttered and required attention, which is detailed under regulation 27.

A week prior to this inspection the Silverwood unit had been officially opened which comprises of 16 single bedrooms, with full en-suite facilities. The inspector saw that all bedrooms in this unit were spacious and included a double wardrobe, chest of drawers and lockable storage. Bedrooms were nicely decorated in either a blue or green theme and they each had a window seat, electric blinds, overhead hoists and wall mounted televisions. Residents living in this unit had moved from four bedded multi-occupancy rooms in the centre over the past week. They told the inspector that they loved having their own rooms, more privacy and space. Two residents told the inspector that they loved being able to have visitors in private and another stated that they loved that they could have their pictures hung on the walls and their own personal items of decor. One resident described the it as "a palace". The inspector saw that communal space for residents in Silverwood included two sitting

rooms and two dining rooms. These rooms were seen to be tastefully decorated in a homely style.

It was evident that residents and staff were adjusting well to the new unit. Staff were seen to be checking on residents in their bedrooms frequently and assisting them with mobilising on corridors and with their meals. The inspector observed nice friendly interactions between the staff and residents and residents told the inspector that staff had assisted them to settle into their new rooms and were doing everything they could to make them feel at home. From speaking with staff it was evident that they respected residents rights to choose to live in single rooms and they acknowledged that it was positive that residents had choice of accommodation in the centre.

The inspector spent time on the Docas Unit over the two days. The thirty two residents in this unit were living in four bedded rooms. There were also two single bedroom which could accommodate residents that wish to have a single room as they approach end of life. Residents in Docas told the inspector that they were happy with their living environment. They were particularly complimentary about the communal space in Docas which was called the Lodge. This area comprised of four different communal rooms all decorated in unique styles such as a sea theme and a farming theme. The inspector saw that this area was a hive of activity over the two days. One resident told the inspector that they chose to remain in the Docas unit and not move to a single room as they would miss all the activity and fun in the Lodge. Residents were observed to enjoy numerous activities such as arts and crafts, music sessions and painting around the dining room table. The majority of residents living in Docas spent the day in the Lodge and they were seen to enjoy a lovely dining experience. Decor on the walls depicted the residents range of activities over the past few months including days out of the centre. Staff were seen to supervise residents in this area over the two days and provide support when required.

The Saoirse Unit was home to residents with a diagnosis of dementia. This unit had 18 beds and there were 16 residents living here on the days of the inspection. The unit had recently received a therapy dog called Molly and the inspector observed lovely interactions with the dog and residents over the two days. Residents were predominately living in four bedded rooms in Saoirse, however, there had been an addition four single rooms added to the unit in November 2023. These rooms were part of the centres new extension and were seen to be decorated to a high standard. A pre-existing four bedded room had been converted to a sitting room, however, the inspector saw that the decor in this room was not in keeping with a sitting room, this is actioned under regulation 17. Residents appeared content in their surroundings in Saoirse over the two days and staff were observed to sit, chat and give residents time. There was a calm atmosphere with soft music playing and an appropriate amount of staff to ensure residents were supervised.

The Crionna unit was seen to be under some renovation. Normally home to 32 residents there were 16 residents living in Crionna on the days of this inspection. Some residents had moved to the new the Silverwood unit the previous week and these empty bedrooms were being prepared for upgrades to flooring and painting.

Residents in the Cricinna unit were seen to have access to three communal rooms including the Atlantic way room and a room called Cronin's Bar. However, the inspector saw the decoration in a newly registered sitting room for residents living in room 11 had not commenced and this room was therefore not functional. This finding is actioned under regulation 17. The main dining area had a kitchenette and on day one of the inspection residents had enjoyed a baking session with a member of staff. Residents were also seen to be using the exercise bike on the unit and the inspector was informed that these had been purchased for all units of the centre and residents enjoyed them. The inspector met some resident living in Cricinna and they told the inspector that they were satisfied with their rooms and they chose to remain on this unit as they were very happy and settled.

The centre employed homemakers on each unit and there was also people employed externally to provide social stimulation and activities for residents. The inspector saw on each of the four units residents were engaging in a multitude of activities over the two days and there was a nice lively atmosphere throughout the centre. The daily schedule of activities for the residents was displayed in a prominent place in each unit. Residents told the inspector there was always something to do and they enjoyed their days. Within the centre there is also a large chapel. The inspector saw many residents attend the chapel on the morning of day one and other residents independently visit the chapel over the two days. Mass was held weekly in the centre and residents told the inspector that they loved having this service and meeting with the local priest, who always gave them time.

Residents in the centre also had access to other communal rooms such as a family room and a cafe. These were situated close to the entrance of the centre and were used for visits from families and birthday parties. The inspector was informed that a resident had recently celebrated their 100th birthday and had enjoyed a party in the cafe with family, friends and staff. On day two of this inspection over 30 residents attended the cafe for a music session with three local volunteers. They played music and sang songs with residents and one volunteer demonstrated traditional brush dancing. Residents were seen to really enjoy this interaction and were laughing and singing along.

The feedback received in all the units over the two days was extremely positive from residents about the care they received and about their relationships with staff. Residents informed the inspector that their choices were well respected. They explained that they would always speak to the person in charge or one of the nurses if they had any issues or problems. They reported that issues were mainly dealt with in a timely and satisfactory manner, however, some residents told the inspector that they had requested more access to a physiotherapy service and this had not yet been addressed. This is further detailed under regulation 6.

Over the course of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times. Residents who chose to stay in their bedrooms were checked regularly. The inspector had the opportunity to speak with numerous staff over the two days and they were very knowledgeable about residents clinical care needs and residents personal preferences with regards to their food and activities that they enjoyed. It

was evident that staff spoken with wanted the best for residents and were striving to make the centre a place where residents were content and happy with their life.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete to obtain their feedback on the service. In total, eight family members and 41 residents completed the questionnaires. All residents conveyed that they were satisfied with the care they received from staff. Residents described staff as engaging, having high standards, excellent, and compassionate. One resident wrote that they "loved being here" and another described the centre as "one of the best". All residents wrote that they had choice in their life and their rights were always respected. Family members also expressed satisfaction with the care and services being delivered in the centre. Some residents highlighted some areas they would like addressed such as some additional food choices, access to physiotherapy, more outings and additional days out to be arranged. A review of residents meetings evidenced that this feedback had also been provided to management and they were addressing them.

Residents told the inspector that they were happy with the quality and choice of food available to them. The inspector observed residents dining experience on each of the units and found that the food served appeared wholesome, nutritious and appropriate to residents' dietary needs. The dining experience was seen to be a social occasion for residents with nicely set tables and menus available. There was choice of three main courses available to residents and residents requiring assistance with meals were provided with this in a discreet and sensitive manner.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This announced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Findings of this inspection were that Clonakilty Community Hospital was a good centre where there was a focus on ongoing quality improvement. The management team were proactive in response to issues as they arose and there were management systems in place to ensure that residents were supported and facilitated to have a good quality of life. Some actions were required in training and staff development, the premises, fire precautions, healthcare, staff training and care planning and these will be detailed under the relevant regulations of this report. An application to renew the registration of this centre had also been submitted to the Chief Inspector and this inspection would inform part of the decision making process.



The registered provider of this centre is the Health Service Executive (HSE). There was a defined management structure and all staff were aware of this structure and their reporting relationships. The person in charge worked full-time in the centre and was supported by two assistant directors of nursing, clinical nurse managers on each unit and a team of nursing, health care, household, catering and maintenance staff. On each unit there was also a homemaker employed, who had responsibility for the provision of activities, supervision of residents in communal rooms and ensuring residents were offered drinks and snacks throughout the day.

The person in charge reported to a General Manager for older persons in the HSE. This person had been appointed to this role since the previous inspection and the management team informed the inspector that they were available for consultation and support on a daily basis. The service is also supported by centralised departments such as human resources, finance, fire and estates and practice development.

The inspector found that there were adequate staffing levels provided for the size and layout of the centre and to meet the assessed need of residents. However, the provider had not allocated sufficient resources to complete all necessary fire work and work to the premises which had been identified on the previous inspection. This is further detailed under regulation 23.

The inspector found that there were governance systems in place to guide good practice. For example, a suite of policies and procedures, in line with the requirements of Schedule 5 of the regulations were in place. These policies and procedures were reviewed regularly in line with the requirements of the regulations. However, the implementation of one policy with regards to the management of residents funds when deceased, had not been followed, which is actioned under regulation 4. Systems were in place to ensure that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes, which had improved since the previous inspection.

Regular management and staff meetings were scheduled. Issues such as staffing, risk management, incidents and infection control issues were discussed and documented. A daily safety pause meeting was held every morning and in the middle of the day to communicate any on-going risks or pertinent care issues relating to residents. Staff training records evidenced that staff had access to mandatory training. Although some improvements were noted since the previous inspection in compliance with mandatory training, further action was required as training had expired for some staff. The process in place to ensure nursing staff employed were appropriately inducted to their role was reviewed by the inspector. The inspector found that action was required to ensure there was adequate oversight by management of this process. These findings are detailed under regulation 16.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. There were many volunteers from the local community who attended Clonakility Community Hospital which was

positive for residents. They each had a vetting disclosure in accordance with the National Vetting Bureau (Children's and Vulnerable Persons) Act 2012, prior to commencing this role. However, they were required to have their roles and responsibilities set out in writing, as per the regulations.

Complaints in the centre were welcomed and used to inform quality improvement and these were discussed at management and staff meetings. The complaints policy had been updated to reflect the regulatory changes of March 2023 and the complaints procedure was displayed in the centre. However, although all complaints were recorded, some had not been responded to in line with regulatory requirements, which is actioned under regulation 34. Incidents were being recorded and there was good oversight of these by the management team. All incidents had been reported to the Chief Inspector as required by the regulations.

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

The application for registration renewal was submitted to the Chief Inspector and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications, as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service. The person in charge was well known to residents and their families and displayed good knowledge of the residents' needs and a good oversight of the service.

Judgment: Compliant

#### Regulation 15: Staffing

On the days of the inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff, catering, housekeeping, administrative and management staff.

Judgment: Compliant

## Regulation 16: Training and staff development

As per the findings of the previous inspection for some staff training was out of date in accordance with the centres training policy. Specifically;

- Sixteen percent of staff were due training in managing behavior that is challenging.
- Eight percent of staff were due training in safeguarding vulnerable adults.
- Fifteen percent of staff were due fire training refresher, which was booked for two weeks following this inspection.
- Three staff were due people moving and handling training.

The arrangements in place to induct and orientate staff and to ensure staff were appropriately supervised required strengthening. On review of two staff members induction documentation it was evident that one did not have documents available for review and the other did not have all competencies signed off, prior to being allocated responsibilities. The inspector also found that there was not a medication competency assessment framework for newly recruited nurses to ensure they could safely manage and administer medication in line with the policy of the service. This posed a risk to residents.

Judgment: Not compliant

## Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

## Regulation 23: Governance and management

The following required to be addressed pertaining to the governance and management of the service, as per the findings of this inspection;

- resources had not been allocated to complete work to the premises, in particular the two sitting areas for residents, as detailed under regulation 17.
- resources had not been allocated to address all of the findings of the previous inspection, in relation to fire safety. This was contrary to commitments made in the compliance plan submitted to the Chief Inspector which stated that all works would be completed by October 2023.
- the management systems in place to oversee staff training, staff induction and care planning required strengthening to ensure the safe delivery of the service, as detailed in the relevant regulations of this report.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose, as per regulatory requirements and it contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

Action was required to ensure that all people that attended the centre on a voluntary basis had their roles and responsibilities outlined, as per regulatory requirements.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, as per regulatory requirements, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

Action was required to ensure that all complainants received a written response informing them if the complaint was upheld, reason for that decision, any improvements implemented and details of the review process. This is a requirement of the regulation.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The following required to be addressed to ensure compliance with this regulation:

- the policy in relation to the management of residents finances had not been implemented. Although residents money was retained securely and there were robust monitoring systems in place by the provider evident, for two residents monies had been retained in the providers account for longer than the policy indicated.
- the complaints policy required updating to reflect the change in legislation relating to complaints management, specifically it was required to identify the named review officer.

Judgment: Substantially compliant

#### Quality and safety

Findings of this inspection were that residents were in receipt of a high standard of care in Clonakilty Community Hospital by staff that were responsive to their needs. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe in their home. Some actions were required in relation to the premises, fire precautions, healthcare and care planning, which will be detailed under the relevant regulations.

Resident's had access to a wide range of health and social care services, such as general practitioners, community palliative care, speech and language therapists, psychiatry of old age, and dietitians. Records evidenced that referrals were sent promptly and if a resident's needs changed and where a specialist practitioner prescribed treatments, these were implemented by nursing staff. However, there was limited access to a physiotherapy service in the centre to review residents mobility and provide additional expertise post falls and with manual handling equipment. This is actioned under regulation 6. Residents' weights were seen to be closely monitored and where required, interventions were implemented to ensure nutritional their needs were met. There was a low incidence of pressure ulcer

formation amongst residents and wound care practices were seen to be carried out in line with current recommended practices.

Pre-admission assessments were conducted by a nurse manager, in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed on admission using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. On review of a sample of care planning documentation, however, the inspector found that for some residents care plans were not updated four monthly or when the needs of residents changed, which is a regulatory requirement. This and some further findings are actioned under regulation 5.

Based on the observations of the inspector there were generally good procedures in place in relation to infection prevention and control. The centre was observed to be clean throughout. Staff were observed to abide by best practice in infection control and good hand hygiene. Effective housekeeping procedures were implemented and there was good oversight of these. There were infection prevention and control leads within the centre and they were knowledgeable about safe practices. Some actions were required to comply fully with regulatory requirements, which are detailed under regulation 27.

There was an up to date policy on safeguarding residents from abuse and staff had access to relevant training. Staff spoken with by the inspector were knowledgeable of what to do in the event of suspicions or allegations of abuse. The provider was pension agent for ten residents living in the centre, and there were robust arrangements in place the management of these finances with the support of the centralised HSE accounts department. Records were audited on a regular basis by an external company. Restrictive practices, such as bedrails, were managed in the centre through ongoing initiatives to promote a restraint free environment.

The provider had fire safety precautions in place which included regular staff training and a comprehensive range of fire safety checks. There were personal emergency evacuation plans in place for all residents detailing the optimal mode of evacuation by day and night and support required in the event of a fire. There was a programme of preventive maintenance of fire safety equipment including the fire alarm, emergency lighting and fire extinguishers. Simulated fire evacuation drills were completed and included learning outcomes, areas for improvements and the time taken to evacuate a fire compartment. The provider had addressed a large proportion of the findings pertaining to fire precautions identified on the previous inspection of May 2023. However, some actions remained to be addressed and will be detailed under regulation 28.

Resident's choices were respected within the confines of the centre. The centre had established an activities programme. Regular resident meetings and informal feedback from residents informed the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were laundered off site and issues with laundry services in the past had been appropriately addressed by management.

Judgment: Compliant

## Regulation 17: Premises

Some areas of the premises did not conform to the matters set out in Schedule 6, specifically;

- a bedroom in the centre had been decommissioned in November 2023. The provider had applied to register this as a sitting area for three residents use as it was adjoined to their room. However, it had not yet been decorated and it was not functional on the day of this inspection.
- the decor in the communal sitting/dining facility in the Saoirse unit required to be addressed. This room had previously been operating as a bedroom for four residents in the centre. Although some new furniture had been purchased since the previous inspection the room appeared clinical in nature and lacked a homely feeling as the walls had not been redecorated and the bed spaces remained visible.
- the flooring in some bedrooms in the Crionna Unit was damaged.
- walls in some bedrooms and door frames in the centre required painting.
- the walls around a hand wash basin in the sitting room of the Crionna unit were damaged and therefore could not be cleaned effectively.

Judgment: Substantially compliant

## Regulation 27: Infection control

Some actions were required in infection prevention and control practice in the centre to ensure it was in line with the national standards. For example:

- there was inappropriate storage found on some residents bedside lockers. Therefore, these areas were cluttered and could not be effectively cleaned.
- there was some inappropriate storage in a sluice room of electrical equipment and vases, this increased the risk of cross contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had addressed the majority of the findings of the previous inspection of May 2023 which found fire precautions as non compliant, however, the following remained outstanding:

- the means of escape from the chapel required to be addressed. There was only one direction of escape from the chapel, as this route exceeded the travel distance limits for escape in one direction. If this exit was obstructed by fire, the residents and staff would not have an alternative escape route.
- there were some fire risk rooms in the Mercy centre which were not fitted with fire rated doors, such as the staff tea room. This was an auxiliary building and therefore did not accommodate residents.
- bed evacuation was the adopted evacuation strategy in place. The door to one bedroom in Crionna was narrow and the inspector was informed that it was a tight fit to manoeuvre the bed from the room.
- there was evidence that the fire alarm system and emergency lighting system were being serviced at the appropriate intervals, however, the service reports were not available for inspection or retained on the premises.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While some care planning documentation reviewed demonstrated comprehensive knowledge of residents' individualised needs and person-centred care, this was not consistent and action was required to comply with regulatory requirements. For example:

- one resident who requires specific eye and ear treatment did not have this recorded in their care plan.



- some care plans were not updated four monthly, as per the requirements of the regulations.
- a mood and behavior care plan did not give sufficient detail with regards to a residents responsive behaviours to outline strategies in use and to direct care.
- some end of life care plans were generic and not specific to the resident, therefore, they could not direct care delivery.

Judgment: Substantially compliant

### Regulation 6: Health care

There was limited availability of a physiotherapy service to residents in the centre. The inspector was informed that there was currently a vacant post in this role awaiting to be filled. Residents had been requesting additional services for over six months had expressed their views in residents meetings and via complaints to management. Dependency and frailty levels within the centre were high and many residents had limited mobility. Therefore, additional professional expertise would be advisable with regards to maintaining residents mobility, falls prevention, post fall reviews and manual handling assessments.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. There was evidence of appropriate risk assessments and care plans in place for all uses of restraint in the centre. These included multidisciplinary and general practitioner (GP) input, evidence of regular reviews in consultation with the residents and measures to control the risks of restraint use, including documented monitoring and scheduled release of the restraints as required.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse. There was a policy in place that covered prevention, detection, reporting and

investigating allegations or suspicion of abuse. All allegations of abuse had been appropriately investigated and notified to the Chief Inspector.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents and that opportunities for residents to participate in meaningful group and individual activities were facilitated. Staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers, telephones and the Internet. Residents also had access to an advocate who attended the centre one day a month.

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	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0033690

Date of inspection: 15/02/2024

## 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	Not 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>• Responsive Behavior Training was conducted onsite on 20/2/24</li> <li>• Safeguarding Training was conducted on 21/3/24</li> <li>• Fire Training was conducted on 29/2/24</li> <li>• Moving and Handling Training was conducted on 5/3/24 and 14/3/24</li> </ul> <p>There is ongoing monitoring of all staff training on a continuous basis.</p> <ul style="list-style-type: none"> <li>• Two senior managers to attend “Train the Trainer” course in April and May 2024 – this will allow for additional on-site training by in house Instructors.</li> <li>• The Staff training policy is currently being reviewed and updated by Clinical Development Co Coordinator in conjunction with DoNs and clinical teams from Community Hospitals. The updated policy will be circulated to all staff once completed.</li> <li>• A review of staff training and orientation will be conducted in conjunction with Clinical Development Co Coordinator.</li> <li>• Additional Induction Training for new Nurses was conducted on 26/2/24.</li> <li>• CNMs completing Medication audit tool on all new nurses.</li> <li>• All staff have been communicated with in relation to the requirements of their mandatory training- at staff meeting 2/4/24. Staff training requirements to be discussed with staff during Performance Development Plans in 2024.</li> <li>• Additional onsite staff training has been booked for the next few months in 2024.</li> <li>• Careplan training for senior managers in CCH scheduled for 9/4/24</li> </ul>	
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>• Request for funding for the necessary fire improvement works will be re-requested via the Fire Officer and via The Non-Routine Expenditure (NRE) process.</li> <li>• Areas for consideration are: the hospital Chapel, the Mercy Centre and the widening of the door of the single room in Dochas.</li> <li>• The ADoN has enhanced the induction programme for the new nurses – new Orientation pack is now being used for new staff.</li> </ul>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <ul style="list-style-type: none"> <li>• All CCH volunteers have been sent a letter highlighting their roles – snet 1/4/24</li> <li>• Volunteer Policy for Review in 2024.</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The Complaints officer will ensure that a written response to a complaint will be provided to the complainant within the specified time frame as per regulatory requirements.</li> <li>• Reply sent to family in relation to the Complaint received re lack of Physiotherapy services on 16/2/24.</li> </ul>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> <li>• The Complaints policy has been reviewed in conjunction with the Clinical Development Co Coordinator. Updated signage on display throughout the facility.</li> <li>• The policy in relation to Management of Residents Finances has been updated and</li> </ul>	

actioned on in in Clonakilty Community Hospital.  
 There were two significant debts – one has been settled with the next of kin and the second case is with the solicitor – expected to be finalized shortly.

- All schedule 5 policies are currently under review in conjunction with the New Clinical Development Co Coordinator.
- All staff will be encouraged to read and sign the updated policies as they are approved.

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

- Room 11 in Crionna was decommissioned in Nov 2023. Management will re liaise with the Maintenance department in relation to the completion of the structural work in this room 11 in Crionna and its conversion to a resident’s sitting room. This section of Crionna is currently not in use.

This work requires the removal of a ceiling hoist and this work is not scheduled by the company until the end of April 2023.

- Nursing management will re submit a Non Routine Expenditure (NRE) form for approval for funding for the improvement work required in the dining room in Saoirse. The aim is to remove the ward related items and create a more homely environment for the residents.
- Work is currently underway to repair the substandard flooring in Crionna.
- Work is currently underway to paint the bare door frames throughout the hospital.
- Work is currently underway to touch up substandard paintwork within the facility.
- The damaged wall around the wash basin in Crionna dining has been repaired.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- CNMs have been asked to remind staff about the importance of keeping residents bedside lockers clean and uncluttered.
- Sluice rooms have been cleaned out and decluttered.
- CMS to monitor these IPC issues in their units.

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>• We will re liaise with the Fire Officer to try to obtain funding for the additional fire escape to be created in the Hospital Chapel.</li> <li>• We will re liaise with the Maintenance department to review the plan to upgrade the fire doors in the Mercy Centre, in particular the staff tearoom.</li> <li>• We will re request funding via the Non Routine Expenditure (NRE) process to obtain funding to widen the door of Buttercup room in Dochas.</li> <li>• The service reports for the Fire Alarm and emergency lighting system are stored on site.</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• Comprehensive Training on Care Planning is scheduled for 9/4/24 for CCH senior managers.</li> <li>• CNMs to audit the care planning process at ward level to ensure that compliance is achieved.</li> <li>• Viclarity auditing of care plans has been increased since March 2024 to ensure ther eis closer observation of the Care Plans.</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• Since 4/3/24 there is a new Physiotherapist providing physiotherapy services within the facility five days a week (mon-fri) from 9 am to 12 midday. The Physiotherapy department is operational and additional advanced exercises classes are taking place with residents.</li> <li>• Since February 2024 there is a new Physio Assistant providing exercise classes and support for residents three days per week.</li> <li>• There is a proposal from the Physiotherapist to purchase an additional motormed exercise machine for the new unit Silverwood – application to be submitted for funding.</li> </ul>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/07/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/06/2024
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	30/06/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	30/06/2024

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/08/2024
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	31/08/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Substantially Compliant	Yellow	30/06/2024

	persons in the designated centre and safe placement of residents.			
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	31/05/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	31/05/2024
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	30/09/2024

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 consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/04/2024