



**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:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	10 December 2024
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0045391

About the designated centre

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

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. It was originally built in the 1800s as a workhouse and has been a community hospital since the 1990s. It is a two-storey premises but all resident accommodation is on the ground floor. The centre comprises two units 'Cuisle', and 'Dochas'. The former 'Sonas' unit is now an administration block. The centre will accommodate 72 residents when the current renovations are completed. A number of bedrooms have full en-suites attached while the remainder share communal, bath, shower and toilet facilities. Bedrooms include, single, double, triple and four bedded units. The centre is registered to provide care to residents over the age of 18 years but the resident population is primarily over the age of 65 years. There is currently space to accommodate 38 residents with full time, 24 hour nursing care available. A range of meaningful activities are available and the centre is embedded in the local community who organise fund raising on an annual basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
Tuesday 10 December 2024	10:30hrs to 18:15hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Fermoy Community Hospital is a well-established centre, where residents were supported to enjoy a good quality of life. It was evident that there was a good level of satisfaction with the care, and the services which residents received, on this unannounced inspection. Residents, and relatives, spoke extremely positively about their experience of living in the centre, and were complementary about the good communication with staff. The inspector met with the majority of residents living in the centre, and spoke in more detail to six residents, to gain an insight into their daily life and experiences. The overall feedback from residents was that they were happy living in the centre and that staff were professional, and kind. One resident told the inspector that staff were "excellent" and another described staff as "respectful". The inspector found that staff were knowledgeable, regarding residents' individual choices and preferred daily routine.

The centre is located near the town of Fermoy. The inspector noted that there was a warm and welcoming atmosphere generated throughout the day. Inside the entrance, there was a bright foyer, which consisted of administration offices and a large communal sitting area, called the Croi. There were also notice boards for residents in this area, which displayed information such as, how to make a complaint, advocacy services, menus, and the activity schedule. Residents were seen to congregate in the communal rooms during the day, chatting with staff, while undertaking various activities.

There were 38 residents accommodated in the centre on the day of this inspection. The Cuisle section was currently closed, as it was undergoing continuing renovations. The Dochas unit was open to residents, including the new extension of eight, single, en suite bedrooms. The inspector saw that the communal rooms, small relaxation rooms and dining rooms were decorated in a very modern, but homely style. The dining room was nicely set up with table clothes, suitable cutlery and condiments. The sitting rooms and communal rooms were equipped with flat screen televisions, and comfortable furnishings. There was also access to the outdoors from a number of communal rooms. Nevertheless, the inspector observed that some of the beautifully refurbished, smaller, rooms were not in use, such as the visitors' room and the Sonas room, while two of the other newly created rooms were rarely used. Using these, to their full potential, would improve the lived environment, the choices and the privacy for residents, who tended to spend the majority of their leisure time together, in the larger, communal rooms. According to the person in charge this issue would be reviewed, in the context of training on culture change.

The inspector observed that ongoing improvements were scheduled, such as planned upgrades to flooring in the Croi area. Other aspects of the premises which required action, are highlighted under regulation 17. New signage had been sourced, which helped to orientate residents, and facilitated them to move around the building independently. The inspector observed that the corridors were nicely decorated, with pictures and art work and saw that the new extension was spacious

and modern. Residents in these new, large, single rooms told the inspector that they had been encouraged to bring in items of personal furniture, DVDs, books, pictures and memorabilia. They were delighted with the privacy and space which they now enjoyed, and were very impressed with the spacious en suite facilities. One person, who used a specialised wheelchair, spoke with the inspector, about how much more suitable this arrangement was for their specific needs. Overall, the centre was found to be clean, staff were aware of any residents who required infection control precautions, and housekeeping staff had received specialised training, in chemicals, products and processes. Some aspects of infection control, requiring action, were addressed under regulation 27.

The inspector observed interactions between the staff and residents throughout the day, and found that they were warm, respectful and person-centred. It was evident that the three staff, on duty from an external social activity provider, also knew the residents well, and were knowledgeable about the levels of support and interventions that were needed, to engage with residents effectively. Residents appeared well-cared for, neatly dressed and groomed in accordance with their preferences. The most popular room was the hairdressing salon, according to the hairdresser, who was on duty on the morning of the inspection. The salon was observed to be very nicely fitted out and staff said that residents loved to engage in this vital, social activity.

The inspector spent time observing the lunch time meal and it was evident that there was a choice available. Residents told the inspector that they had a choice at each meal and were very complimentary regarding the quality of food provided. The inspector observed that staff provided assistance to residents, who required it, in a respectful and dignified manner. Residents told the inspector that they enjoyed coming to the dining room. From a review of the minutes of residents' meetings, and discussions with staff, it was evident that residents had occasionally requested changes in the menu, and these had been facilitated. Residents also informed the inspector that they had been involved in preparing the Christmas cakes and puddings, with the catering staff. They found this a great opportunity to reminisce, on their previous Christmas baking experiences.

Throughout the day, residents were heard to call staff by name, and the person in charge was observed to be well known, to residents. Some residents were seen to be mobilising independently, while others were observed using mobility aids. Hand rails were in place along all corridors of the centre, and in residents' bathrooms, to enable residents to mobilise safely and independently. One resident told the inspector how they really appreciated the physiotherapy and exercise sessions, which were made available in the centre weekly.

Residents' expressed high levels of satisfaction with the centres' activity programme and team. These coordinators led both one-to-one and group activities, and the social programme was scheduled to run, over the seven days of the week. The weekly programme was displayed in the reception area, and in each resident's room, and included activities like chair aerobics, bingo, art, mass, singing and games. In the afternoon, a lively external musician was seen, playing and singing in

the main communal room and many residents, as well as their visitors, appeared to enjoy this.

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

Capacity and capability

On this inspection, the inspector found that the governance and management arrangements required by regulation, to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well maintained. Nevertheless, some action was required in, staff training and development, regulation 16: premises, regulation 17: personal possessions, regulation 12: and infection control, regulation 27: highlighted in more detail under the relevant regulations, in both dimensions of the report. Additionally, condition 4 of the registration, which had been attached by the Chief Inspector, had not been complied with, and had past its expiry date.

A senior HSE manager was nominated to represent the provider, which was the Health Service Executive (HSE). This manager liaised with the management team and attended weekly meetings, with the person in charge. This manager attended the feedback meeting at the end of the inspection day, via video call. The person in charge had responsibility for the day-to-day operational, and clinical, management of the designated centre. Other managerial supports included, the assistant director of nursing (ADON), a CNM2, and two CNM1s (clinical nurse managers 1 and 2). The management team were supported by an experienced medical team, nurses, health care assistants, catering, household, administration and maintenance staff.

Staffing levels on the day of inspection were sufficient to meet the needs of residents. Nevertheless, while a range of training had been provided to staff in key areas, there were a number of gaps noted, such as, safeguarding, manual handling and responsive behaviour, as highlighted under regulation 16. The person in charge stated that this would be addressed in the near future.

Residents and relatives said they felt assured that their concerns and complaints would be addressed. Records, such as the complaints records, the directory of residents and fire drill reports were made available to the inspector. These were well maintained, for example, the complaints records seen, indicated that complaints had been resolved, to the satisfaction of the complainant. All of the people spoken with, during the inspection, were delighted to be accommodated in their locality, and spoke about the ease of visiting, and the fact that they were known to staff. They told the inspector that this made them feel safe and they felt that it made the transition to care, easier for them.

There was evidence of a good audit system and ongoing monitoring of the service. Results of the audits were addressed in action plans, which were then assigned to the relevant personnel for follow up. For example, care plans audits, and resultant actions, were followed up by the CNM team. Falls, complaints and incidents were trended for improvement by the ADON. The centre was involved in audit of the use of antibiotics, to ensure that antibiotics were used judiciously, and not overused, which may reduce the likelihood of their effectiveness. Minutes of management, and staff meetings, provided evidence that audit outcomes were discussed at management meeting and learning was identified. This meant that findings were used to inform continuous improvement.

Overall, on this inspection management staff demonstrated a commitment to addressing the findings, and improving the daily lived experience of residents.

Regulation 16: Training and staff development

Not all the required, mandatory, and appropriate, training was up to date:

This was repeat finding:

This included:

- training in safeguarding, 13 staff were beyond their three year timeframe (set by the centre) to do their training
- training in manual handling: three staff were over due their three-year training requirement, (as above)
- training in responsive behaviour (behaviour that occurs because of the effects of dementia or other medical condition effecting the brain) four staff were beyond their two year training requirement
- annual fire training, three staff yet to complete their mandatory annual fire training, including one which had not been done since 2020.

Judgment: Not compliant

Regulation 21: Records

Records were maintained in line with the regulations,;

The records, required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations, were made available to the inspector and they were securely stored.

Judgment: Compliant

Regulation 23: Governance and management

While good monitoring and oversight systems had been developed, further action was required to ensure compliance with the regulations:

In relation to:

- premises: as described under regulation 17, and personal possessions, as detailed under regulation 12
- staff training and development: as highlighted under regulation 16
- infection control: as outlined under regulation 27

In addition, condition 4 of the registration, which had been attached by the Chief Inspector, had not been complied with, and had past its expiry date.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans, as well as an explanation of the types of activity provision.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place.

Residents' complaints and concerns were listened to, and acted upon, in a timely manner, according to conversations with residents and families.

The complaints log was reviewed and documentation indicated that all concerns and complaints were recorded, in line with the regulations.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents living in Fermoy Community Hospital were supported to enjoy a good quality of life and were in receipt of a high standard of care. Residents' needs were being met, through timely access to health care services and good opportunities for social engagement. It was evident that residents received person-centred and safe care, from a team of staff who knew them, were aware of their individual needs and respected their choices.

Residents' nursing and care needs were met to a high standard. Monitoring procedures were in place to ensure any deterioration in residents' health, or well being, was identified without delay. They had access to a local general practitioner, and out-of-hours medical cover was also available. There was evidence of appropriate referral to, and review by, health and social care professionals, where required, for example, dietitian, speech and language therapy (SALT), the occupational therapist (OT), the physiotherapist, the dentist and the chiropodist. A physiotherapist was on-site weekly, to assess and review residents' mobility. Nurses had access to expertise in tissue viability, when necessary. The service also provided multidisciplinary meetings, for expert medical opinion, including referral to a geriatrician.

Residents' needs were appropriately assessed, using validated tools, and individualised care plans were developed and implemented, in consultation with the resident. Records seen, evidenced that families were consulted, when appropriate. There was a low incidence of pressure ulcer formation in the centre, and wound care practices reviewed, were found to be in line with best practice guidelines. A good standard of care was provided to all residents, at their end of life. In the sample of care plans reviewed, it was evident that residents' end of life wishes were discussed with them, and recorded. Detailed information on residents' physical, psychological, social, and spiritual preferences were documented. Additionally, there were adequate arrangements in place to monitor residents, at risk of malnutrition or dehydration. Where specific dietary requirements were prescribed, by the GP or the dietitian, they were seen to have been implemented. This meant that optimal nutrition was offered to each resident, which had a positive impact on their skin integrity and well being.

There was an initiative in place, to reduce the use of restrictive practices in the centre, through ongoing assessment of residents' changing needs. There was evidence that other alternatives to restraint had been tried, or considered, to ensure that the least restrictive form of restraint was used. Where restraints, such as bed-rails, were in use, appropriate risk assessments had been undertaken, and documentation in the care plans included relevant consent forms.

Risk management systems were underpinned by the centre's risk management policy, which detailed the systems to monitor and respond to risks, for residents and those related to the premises. A risk register had been established, to include potential risks to residents' safety. By way of example, the inspector saw that risk

assessments had been completed, for those residents with swallowing difficulties, and those who smoked.

In general, residents' rights were promoted and respected, in the centre. This was evidenced through conversations with residents, comments from relatives, survey results, minutes of meetings, and observations, throughout the two days. Recent activity included, musical entertainment, summer parties, animal visits and choirs, Christmas baking, art and crafts, Sonas, knitting, bingo, physiotherapy, reminiscence, hairdresser, and shopping, among other personal celebratory events. A gardening tutor was in place, as part of an ETB scheme, and residents greatly appreciated the wreath-making classes and other gardening skills, in which they participated. Residents said they felt safe and had access to advocacy services. Residents had entered their crafts and photographs, in the Charleville agricultural show, and had won prizes for these.

They felt that they could raise concerns about any aspect of care, and they told inspectors that they felt their opinions and concerns would be listened to. They confirmed that the social programme was interesting and stimulating and they praised the managers, the staff and the facilities provided, which supported them to continue to enjoy meaningful and interesting lives.

Some issues related to lack of privacy and dignity were addressed under regulation 9.

Regulation 10: Communication difficulties

The provider had taken steps to ensure that all residents could communicate effectively:

Relevant care plans seen, included strategies for staff, to ensure effective communication with residents.

Staff informed the inspector that sensory activity sessions, such as "Sonas" (communication activation, through the senses), were used to enhance communication with certain residents.

The inspector observed that residents, who were under 65 years old, had access to an expert person in the HSE, to assess their specific needs, and provide innovative communication devices, such as exploring the use of "Eye gaze", a device that can be used to aid communication using eye movements.

Judgment: Compliant

Regulation 12: Personal possessions

There was not sufficient space in a number of rooms, to ensure residents had adequate space to maintain personal possessions:

The single style wardrobes were seen to be packed tightly, in some cases, and could not be closed, if a resident wished to have a full array of personal clothes for their use, in particular, outdoor clothes.

Staff said that, in most cases, family members would take away clothes each season, and leave some seasonal items. However, this meant that residents did not have choice, in relation to keeping a sufficient selection of personal clothing items, in an accessible place, as part of their personal possessions.

In a number of bedrooms, personal items, such as, books, toiletries and ornaments, were stored on bed tables, window sills and locker tops, adding a cluttered look to the rooms. Laundry, waiting collection by families, added to the excess. This was stored in bags, hanging on hooks on the wall, next to each bed, as there was no room to store it in the personal wardrobe, or locker, of each resident.

These issues were particularly impactful, in the four-bedded rooms.

Judgment: Substantially compliant

Regulation 17: Premises

Areas to be addressed pertaining to the premises, to ensure it complied with Schedule 6 of the regulations, included the following:

- These was not sufficient space for a chair by each bed in the four bedded rooms, as required by the regulations. If such a chair was made available, it would either block the locker or wardrobe access.
- Some twin and four-bedded rooms had little space for privacy, and personal items such as, photographs, small items of personal furniture or a suitable chair.
- The leads, associated with the electric, pressure relieving, mattresses, were seen to be extending out at the end of the beds, presenting a trip, or entanglement, hazard.
- The flooring, in the CROI area, required attention, as it was scuffed from wear and tear.
- There were two ceiling tiles out of place, in the lower hallway.
- An old fridge, and a range of other items, were stored in the newly developed, "Sonas" relaxation room, meant for residents 'use. This indicated a lack of suitable storage space.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was an information guide available:

The centre had developed an information guide for residents, in accordance with the regulations, containing information on complaints management, residents' rights, social activities available, medical care, and independent advocacy information.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27: Infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by HIQA, were implemented:

There were insufficient, easily accessible, clinical hand-wash sinks, for staff use.

Cleaning of the housekeeping room, and associated sinks in that room, was required. In addition, the floor brushes were not suitably stored, up off the floor.

The centre had an issue with flies, and in one bedroom a ceiling mounted fly-catcher was seen to be in use, which did not provide a solution to the issue. A related complaint was made in September 2023, and a fly screen was proposed for the windows, which had yet to be installed. The person in charge stated that this was an ongoing issue, in that section of the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some action was required, to ensure adequate precautions against, and protect residents from, the risk of fire, for example;

- There was insufficient evidence made available that the required weekly check of the fire alarm system (including setting off the fire alarm), was completed and there was a large gap noted, between June 2024 and November 2024, in the records made available to the inspector.

- Records of the most recent fire evacuation drill, led by staff in the centre, were not sufficiently detailed to inform future drills and to signpost any learning from the drill operation. A detailed evacuation drill report, led and carried out by staff, was submitted following the inspection.
- Some fire containment works, on the upstairs staff area, as required following the last inspection, were still outstanding.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans had been developed to inform residents' care and welfare:

A sample of care plans reviewed on the day of inspection were personalised, updated four monthly, as well as, following a change in residents' assessed care needs. Care plans detailed the interventions in place to support residents and manage identified risks, such as, the risk of malnutrition, impaired skin integrity and falls.

The inspector saw that there was sufficient information in the sample of care plans reviewed, to guide staff in the provision of health and social care to residents, based on their individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents' health and well-being was promoted, and residents had timely access to the general practitioner (GP) services.

Residents had access to a range of professional expertise, such as the dietitian and the speech and language therapist (SALT), the physiotherapist, the chiropodist, the occupational therapist (OT), the pharmacist, dental and optical care, and palliative and wound care experts. This meant that care issues were quickly identified and addressed, which led to improved health care outcomes for residents.

Weights and observations were completed monthly, or more regularly, if required.

Residents, with weight loss, were referred to a dietitian or speech and language therapist (SALT). The MUST tool (Malnutrition Universal Screening Tool) was used to identify those at risk, and the recommended steps were seen to have been followed, to improve nutritional intake, where necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence to show that the centre was working towards a restraint-free environment, in line with the centre's policy and national policy.

The person in charge ensured that, in general, staff were provided with up-to-date knowledge and skills, to respond and manage responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) in a supportive manner. Where there were gaps in training, this was highlighted under regulation 16.

The provider had systems in place to monitor, and review, environmental restrictive practices, such as bedrails and sensor mats, to ensure that they were appropriate and necessary.

Residents were encouraged and supported to optimise their independence where possible and were seen to have free access to the local town and community events.

Judgment: Compliant

Regulation 8: Protection

The provider had taken steps to ensure that residents were protected from abuse:

A safeguarding policy was in place and this provided guidance to staff, in relation to recognising and responding to any suspicion, or allegation, of abuse.

Staff demonstrated an appropriate knowledge and awareness of their responsibilities, in this key aspect of maintaining residents' rights, wellbeing and autonomy.

Where there were gaps in this mandatory training, it was highlighted, and an action given, under regulation 16.

Judgment: Compliant

Regulation 9: Residents' rights

While in general, residents were happy in the centre, and they felt that their rights were respected and promoted, the inspector found that there were aspects of privacy and dignity which could not be adequately protected in the multi-occupancy rooms.

By way of example:

There was limited privacy in the four-bedded rooms, particularly when some residents were seen to be in bed, and others had visitors present in the room. Staff said that it was particularly challenging at times of personal care, and stated that relatives would be asked to leave at these times. However, that approach did not alleviate the lack of privacy and dignity for each person, as it would be apparent to visitors, and others, which residents required personal, intimate care at that time.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0045391

Date of inspection: 10/12/2024

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"> • Training in Safeguarding has been organised for all 13 staff for 11.02.2025. • Manual Handling training has been booked for staff for February 2025. • Training in Responsive Behaviour for 4 staff has been organised for February 2025 and staff members are completing training as facilitators for the National Clinical Guidance 21 Appropriate Prescribing of Psychotropic Medication for Non Cognitive Symptoms of Dementia and will introduce an onsite training programme. • Annual fire training has been organised for 3 staff for 29.01.2025. <p>By Q2 all mandatory training will be addressed and up to date.</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"> • In relation to the floor space surrounding the resident's bed, this meets the current regulations of not less than 7.4m². Regular engagement with the residents is ongoing to ensure the satisfaction of the resident. This will be a standing agenda item at the resident's meetings going forward. • Staff review the position of the leads at regular intervals during the day and this is monitored by the CNM or Nurse in Charge at the daily safety pause. • The flooring in the Dochas-Croi is due for replacement and completion by end of Q2. • The ceiling tiles were put back in place on the day of inspection. • The old fridge was removed in December, 2024. 	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • The single style built in wardrobes are reviewed with the residents to see the impact of the space restrictions where applicable. The service is engaging with the service user on a regular basis through our residents meeting and the issue has never been highlighted as a complaint. The option of wall mounted shelves will be explored. • In relation to the cluttered look that was noted, engagement has taken place with the resident. • We acknowledge the issues raised regarding the floor space available to the resident in the 4 bedded rooms, this is being addressed at the resident's meetings going forward. Residents in this room have been offered single rooms on multiple occasions and have refused same because of the community/ social atmosphere in the 4 bedded rooms. • Staff review the position of the leads at regular intervals during the day and this is reminded to all at the daily pause. • The ceiling tiles have been put back in place on the day of inspection. • The flooring in the Dochas-Croi is due for replacement and completion by end of Q2. • The old fridge was removed in December, 2024. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • In relation to the space surrounding the resident's bed, this meets the current regulations of 7.4m² and regular engagement with the residents is ongoing to ensure the satisfaction of the resident. This will be addressed at the resident's meetings going forward. • In relation to the cluttered look that was noted, the resident's like to have their items on display, this in turn can appear cluttered. • Staff review the position of the leads, at regular intervals during the day and this is reminded to all at the daily pause. • The flooring in the Dochas-Croi is due for replacement and completion by end of Q2. • The ceiling tiles were put back in place on the day of inspection. • The old fridge was removed in December, 2024. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: here were insufficient, easily accessible, clinical hand-wash sinks, for staff use</p> <p>Hand hygiene can generally be supported by having a clinical hand wash sink within easy walking distance of each room together with appropriate access to alcohol-based hand rub. As a guide, there should be approximately 1 clinical hand wash sink for every 10 resident rooms -</p> <p>Infection Control Guiding Principles for Buildings Acute Hospitals and Community Healthcare Settings July 2023</p> <ul style="list-style-type: none"> • The is Alcohol Based Hand Rub available at resident’s point of care to ensure staff comply with the WHO 5 moments of hand hygiene.. • Signs clearly identify the purpose of the sinks for handwashing only. • At least 11 single rooms are ensuite and have a Clinical Wash Hand Basin available for staff • Each multioccupancy room has a clinical wash hand basin • The twin rooms have a clinical wash hand basin • The Dirty utility & Clean utility & Treatment room. • In total there are 22 compliant clinical wash hand basins available for staff • The housekeeping room has been addressed and will be reviewed daily at the daily safety pause. Additional Environmental Audits will be conducted by the IPC Link Nurse to ensure compliance and any issues raised will be addressed. The Manager of the Cleaning contract has been informed. • All new windows will be replaced in the original Dochas Ward and installed with fly screens in Q3. 	
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"> • Records of dates of the fire drills (including fire alarm checks) and weekly fire alarm checks have been submitted to the regulator. • A scheduled fire check will happen every week on Wednesdays at a scheduled time and evidence of completion will be made available on request. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• Some residents have been offered single rooms on occasion and have refused same because of the community/ social atmosphere in the 4 bedded rooms.• During periods of care residents will be removed to the bathroom for same when suitable and agreeable to the resident, respect for the resident is a priority in Fermoy Community Hospital and their dignity and wishes are always paramount in any decisions made re their care.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/09/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/06/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	30/09/2025

	which conform to the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2025
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	30/09/2025
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	30/09/2025
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/09/2025

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	20/01/2025