



**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:	Kanturk Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Kanturk, Cork
Type of inspection:	Unannounced
Date of inspection:	04 September 2024
Centre ID:	OSV-0000572
Fieldwork ID:	MON-0044638

About the designated centre

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

Kanturk Community Hospital is a designated centre located on the outskirts of Kanturk town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 29 residents. It is a single-storey building set on a large mature site. Kanturk Community Hospital has a range of single en-suite bedroom accommodation divided into four areas over one floor. The four areas each have a breakout space and are easily accessible to both the sitting rooms and dining room. Each area is a distinctive colour theme and this allows residents with cognitive impairment locate their area. Kanturk Community Hospital provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 September 2024	09:20hrs to 17:50hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and discussions with residents, staff and visitors, it was evident that residents living in Kanturk community Hospital were supported to enjoy a good quality of life, where their rights were respected by a team of staff, who were kind and caring. The inspector met with many of the 25 residents and spoke with six residents in more detail, to gain an insight into their experience of living in the centre. The inspector also met with four visitors. Residents and visitors gave very positive feedback, regarding the staff and service provided to them.

Kanturk Community Hospital is a single storey building, situated on a large site, which also accommodated the ambulance bay, mental health day services and community physiotherapy outpatients. A new purpose built part of the centre was registered to accommodate 29 residents in single ensuite rooms, since December 2023. The two bedrooms that were not registered at the time of opening of the new part of the centre, were registered as offices, while remedial construction work was underway in the offices. The main entrance was secured off, while these works were underway and an alternative entrance near the centre's dayroom was accessible by keypad lock. Construction work was also underway in the older part of the building which had previously been multi-occupancy rooms, where residents had lived before the newer part of the centre opened. The inspector saw that there was appropriate warning signage in place with regard to the ongoing works.

The design and layout of the premises met the individual and communal needs of the residents. The new part of the centre was a purpose built facility with bright single rooms and plenty communal spaces for residents. All bedrooms had televisions and many were personalised with residents' personal photographs, possessions and memorabilia. Some of the residents' rooms also had pictures of significance to residents such as farming, or sporting themes. Residents told the inspector that their rooms were kept "spotlessly" clean. The inspector saw that residents' wardrobes were maintained in a tidy fashion. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment were seen in residents' bedrooms.

Two bedrooms in the centre were designated for residents who were end of life, and receiving palliative care. The inspector saw a carved wooden sign, using the hospice symbol, was discreetly placed outside the bedroom door, where a resident was end of life, to ensure staff and visitors were aware of the residents' needs. Visitors who spoke with the inspector described, how they received an excellent service in the heart of their community, when their loved ones were end of life. They outlined the relief at not having to travel, for palliative care services, at this difficult time for families.

There were a number of communal and private spaces throughout the centre, where residents could sit and rest, or enjoy some time in their own company.

Communal spaces comprised a large day room, a large dining room, a family room, a visitors meeting room and a second smaller day room that opened out into the courtyard. The inspector saw that residents could easily access this outdoor space that also was furnished with tables and chairs for residents' use.

The communal areas were spacious, with lovely warm furnishings and old style décor, that gave the centre a homely feel. Tea making facilities were available in one of the rooms for families to use. The inspector saw that storage in the centre required review as furniture and beds, from the part of the centre under construction was stored in two registered bedrooms, which meant these rooms could not be offered for residents who required admission. Storage of wheelchairs in communal bathrooms was also observed.

The inspector saw that there was choice available for the lunch time and evening meal and the menu for each meal was displayed on both the dining room tables and on a notice board in the dining room. Overall, feedback from residents was that the food was good and they had plenty snacks and drinks during the day. Residents who required assistance, were provided with it, in an unhurried manner. The inspector saw that the textured modified diets were not well presented and appetising, This is discussed further in the report.

There were visitors coming and going on the day of inspection and visitors confirmed that there were no restrictions on visiting their relatives in the centre. Residents were supported to go on days out with their families if they wished. The centre had a designated bus and on the day of inspection, a resident was taken on a trip home, to visit family, and returned later to the centre on the bus.

The inspector saw that residents were well dressed in accordance with their preference. Residents were complimentary regarding the laundry service provided in the centre and how well their clothes were maintained. The inspector observed interactions with staff and residents during the inspection and saw that staff provided care in a respectful manner. It was evident that staff were aware of residents' likes and dislikes, in relation to their appearance, and how they liked to spend their day. Residents described person-centred and compassionate care. Those residents who could not communicate their needs, appeared comfortable and content.

The inspector saw that residents had access to facilities for occupation and social stimulation in the centre. There was two staff members assigned as activity co-ordinators and they facilitated a schedule of varied activities over seven days of the week. Residents who spoke with the inspector were aware of what activities were available and they could choose when to attend, the ones they liked. The schedule was displayed on a notice board in the centre. On the morning of the inspection, a local priest celebrated mass with many of the residents and the residents sang hymns with the priest, while one resident assisted with bell ringing. Following the mass, the priest accompanied by a staff member, visited residents who wished to receive a blessing, or receive holy communion in their rooms. A resident told the inspector that it was a great comfort to them to be able to celebrate mass and their faith in the centre. Two therapy dogs also visited residents in their rooms and day

room and residents appeared to love the interaction with them. The day room was a hive of activity during the day, with residents enjoying a sing-song with staff and a game of skittles and chats. Visitors were also participating in activities, with their relatives in the dayroom if they wished. Residents' views on the running of the centre were sought through regular surveys. From a review of these, feedback was very positive and residents were full of praise for staff. Residents meetings were also held to seek residents' views on the running of the service.

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

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to follow up on the findings of the previous inspection. The inspector found that the governance and management arrangements, required by regulation, to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out.

Kanturk Community Hospital is operated by the Health Service Executive, who is the registered provider. There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager and a staff team of nursing, health care, household, catering, activity and administrative staff. The person in charge reported to a General Manager in the HSE, who was available for consultation and support on a daily basis. The service was also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication between the provider and the onsite management team, whereby regular quality and patient safety meetings were held, to discuss key aspects of the service.

There were regular management meetings between the general manager, the director of nursing and other directors of nursing of community centres in CHO4 to enable sharing of information and learning between the services.

There were sufficient resources available to ensure that safe and effective care was provided to the residents. The number and skill mix was adequate to meet the assessed needs of the 25 residents living in the centre. There was a schedule of mandatory training which was delivered through both face-to-face and online

formats for staff. The person in charge monitored the uptake of mandatory training by staff.

The inspector saw incidents were recorded in the centre and the management team were submitting the required notifications to the Chief Inspector, within the required time frames.

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. These were reviewed at intervals not exceeding three years, as per regulatory requirements.

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 as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted an application to vary condition 1 in April 2024 to reflect that rooms 15 and 16 were to be used, as administrative offices, while construction work was carried out in the director of nursing and administration offices. The correct information was provided to support the application, which was granted.

Judgment: Compliant

Regulation 15: Staffing

From review of the roster and from speaking with staff and residents, it was apparent that the number and skill mix of staff was sufficient to meet the care needs of the 25 residents living in the centre, on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and mandatory training was up-to-date for all staff. Staff were appropriately supervised in their roles as the clinical nurse manager and the person in charge were supernumerary to the nursing complement in the centre.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files and saw that gaps in employment was not accounted for, in one file reviewed. The person in charge agreed to review all staff files to ensure that they met the requirement of Schedule 2 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

It was evident that there were sufficient resources available to ensure residents were provided with safe and effective care.

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents.

A comprehensive annual review of the quality and safety of care provided to residents in 2023 had been completed by the person in charge.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector saw that each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. While these contracts outlined the occupancy of the room, to reflect that they were all single occupancy, the room number was not recorded, therefore, the contracts did not include the terms relating to the bedroom to be provided to the resident as required in the regulation.

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

An accessible and effective complaints procedure was in place. The inspector saw that there was a very low number of complaints recorded. Residents' complaints and concerns were listened to and acted upon in a timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in Kanturk Community Hospital, where management and staff promoted residents' rights. There was evidence that residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found that some improvements were required in relation to individualised assessment and care plan and food and nutrition as outlined under the relevant regulations.

Residents received a good standard of health care and services were provided in line with their assessed needs. Residents had timely access to general practitioners, who visited the centre five days a week. Residents had good access to allied health professionals such as physiotherapy, dietitian and occupational therapy. Validated risk assessments were completed to assess various clinical risks including risks of malnutrition, pressure ulcers and frailty. Based on a sample of care plans viewed while appropriate interventions were in place for some residents' assessed needs, some care plans reviewed, required improvements as outlined under Regulation 5; Individual assessment and care plan.

Residents hydration and nutrition needs were assessed and regularly monitored. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration or malnutrition had appropriate access to a dietitian. However, it was reported that there could be delays in accessing speech and language therapy for residents who may present with swallowing difficulties. Residents had access to snacks and drinks as required throughout the day. However, aspects of the serving of textured modified diets and access to speech and language therapist required action as outlined under Regulation: 18 Food and nutrition.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Safeguarding training was provided for all staff. The centre was a pension agent for some residents living in the centre, at the time of this inspection and there was evidence of systems in place to manage residents' finances.

There was a low use of restrictive practices in the centre and a register was maintained to monitor these practices.

The recently added extension of the premises was a beautiful, purpose built centre that was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. The centre was very clean, homely and warm throughout. However, storage in the centre required action as outlined under Regulation 17; Premises.

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff. A sample of fire doors, checked by the inspector, appeared to close effectively. The inspector saw that staff were provided with a colour coded aide memoir outlining the compartments in the centre as they layout of the building was relatively new for staff. While fire drills were completed in the centre, they were not carried out with minimum staffing levels of four staff to provide assurance that staff could safely evacuate residents in the event of a fire. This is outlined under Regulation 28; Fire precautions.

Residents were provided with opportunities to participate in activities in accordance with their interests and capacities. There was a schedule of activities, available

seven days a week, that were facilitated by the centre's own staff. Residents had access to advocacy and their views were sought on the running of the centre through regular residents' meetings and surveys.

Regulation 10: Communication difficulties

The inspectors found that residents who required assistance with their communication needs were supported by staff and their requirements were reflected in care plans reviewed.

Judgment: Compliant

Regulation 11: Visits

The inspector saw a number of visitors coming and going to the centre during the inspection. Visitors and residents told the inspectors that there was no restrictions on visiting and they were satisfied with the arrangements in place.

Judgment: Compliant

Regulation 13: End of life

Residents' care preferences for their end of life were discussed with them and recorded in their care plan. A good standard of care was provided to residents at their end of life. Detailed information on physical, psychological, social, spiritual preferences were recorded. The centre had two rooms allocated to accommodate residents at end of life. A family room was available, to support families who wished to stay with their loved ones nearing the end of life.

Judgment: Compliant

Regulation 17: Premises

Storage throughout the centre required action; as two registered bedrooms could not be used, as they were full of stock such as beds, lockers and wardrobes. These items were not in use, while building works were ongoing in the older part of the building. wheelchairs were observed to be stored in a communal toilet.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While it was evident that residents had a choice at meal times, the inspector saw that meals served to residents who required texture modified diets were not presented in an appetising manner. While residents had timely access to dietetic services, this was not the case for residents who required speech and language assessments as there were reported delays of up to three weeks for these services for residents. This meant that they residents may not receive the required assessments in a timely manner.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer template was used, when residents were being transferred out of the centre, with information to enable residents to be care for in accordance with their assessed needs and daily routines. Transfer letters, when residents were transferred back into the centre, accompanied residents providing updated information regarding diagnosis treatment and medications following hospitalisation.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26. There was a serious incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that overall there were effective structures in place to ensure that practices in the centre were consistent with the National Standards for infection

prevention and control in community services (2018). A nursing staff member had completed an infection prevention and control link nurse course and was the nominated lead for infection control for the centre. There was good resources to ensure bedrooms and communal spaces were cleaned every day and deep cleaned regularly. There was good monitoring of implementation of standard precautions through regular audit. The inspector saw that hand hygiene signage was not in place over clinical hand wash sinks in the centre and this was addressed by the person in charge during the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required in relation to fire precautions as evidenced by the following;

- While fire drills were being undertaken on a regular basis, the inspector was not assured from these drill records that the centre's largest compartment, could be evacuated in a timely manner, when staffing levels were at there lowest. The provider is required to regularly undertake these drills with all staff to ensure they are competent to carry out a full compartmental evacuation, when staffing is at its lowest.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The following required action with regard to care planning records to ensure care plans were appropriate to the assessed needs of residents.

- A resident's care plan was not updated to include recommendations made by the physiotherapist.
- Skin integrity care plans had not been updated for residents who had wounds that required management.
- While a wound care management plan indicated that the wound was to be photographed every month for assessment, this was not consistently recorded by nursing staff.

These may result in errors in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services whereby a GP visited the centre every day. One of the local general practitioners(GP) was in the centre, reviewing residents who required it, on the morning of inspection. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including physiotherapy, occupational therapy and dietetics. There was good access to community palliative care services when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Restrictive practices were monitored by the management team and there was evidence of use of alternatives to bed rails such as low beds and crash mats in use in accordance with best practice guidelines. There was a low use of bedrails in the centre.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

The provider acted as a pension agent for a number of residents living in the centre. Arrangements were in place to support residents to access, and manage their finances, in line with the guidelines published by the Department of Social Protection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were supported and promoted by management and staff working in the centre. Residents had access to independent advocacy. Residents had access to a varied programme of activities that were available seven days a week. These were led by two activities co-ordinators. These included arts and crafts, exercises , story telling, quizzes, skittles and pet therapy and singing. Two therapy dogs were in the centre visiting residents in their rooms and in the the day room during the day. A local priest came to celebrate mass with many of the residents in the day room once a week. Residents were consulted in the running of the centre through regular residents' meetings and surveys. A national patient advocacy team member had been invited to the centre during the year to explain the service they offered to residents.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kanturk Community Hospital OSV-0000572

Inspection ID: MON-0044638

Date of inspection: 04/09/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • Kanturk CH is conducting an ongoing review of all staff records and any gaps identified are being communicated to staff involved and filled, aim to complete same by 10.10.2024. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none"> • Since 05.09.2024 Contracts of care are now issued with the corresponding room number for all residents. Previous contracts of care have been reviewed and updated with this information.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • An appropriate storage area for all extra equipment is being sought at present with a proposed date of 15.10.2024. • A storage area adjacent to Duhallow Room, has been identified for resident’s wheelchairs and is now in use. 	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • A review of textured diets was carried out on 05.09.2024 by the DON, the CNM2 and the chef in conjunction with the residents. Changes to the presentation of textured diets have been implemented since the 05.09.2024, residents have responded positively to the changes. This will be reviewed at all resident's meetings and feedback to date is very positive. • Scoop plates for residents with modified diets, have been ordered and will be trialed in the coming weeks. • 70 % of staff are currently trained in dysphasia management and all residents requiring a modified diet have SLT Care Plans in place. A choking assessment will be completed for any residents presenting with swallowing difficulties. • There is ongoing engagement with North Cork Primary Care re delayed assessments of residents following referrals to SLT. 	
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"> • Fire drills have been reviewed and a drill has taken place in the largest compartment with night staffing levels on 10.09.2024. • Fire drills from the largest compartment with the smallest number of staff will now form part of the ongoing fire training and evacuation programme. 	
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"> • Monthly audits and ongoing Care Plan training is being provided to all staff by the CNM2 and DON. This is supported by the Clinical Development Coordinator. 	

- Monthly audit results are shared with staff and action plans to address any areas of non-compliance are reviewed monthly in team talks with staff.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/10/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/10/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by	Substantially Compliant	Yellow	10/10/2024

	the Chief Inspector.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	25/09/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/09/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	10/10/2024

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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