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:	Cobh Community Hospital
Name of provider:	Cobh Community Hospital
Address of centre:	Aileen Terrace, Cobh, Cork
Type of inspection:	Unannounced
Date of inspection:	25 November 2021
Centre ID:	OSV-0000558
Fieldwork ID:	MON-0031100

About the designated centre

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

Cobh Community Hospital was established in 1908. The centre provides 24-hour nursing care to people of Cobh and the surrounding areas. It is run by a voluntary Board of Management who provide support to the person in charge, the staff and the large cohort of community volunteers in caring for 44 older adults. The "Friends of Cobh Hospital" are involved in fund raising for the hospital. Medical care is provided by a team of local doctors and a pharmacist is available to residents and staff. Consultant appointments are facilitated. Allied health services can be accessed through referral. Care plans are drawn up with the input of residents and their representatives where appropriate. Advocacy services are accessible. Activities are organised by activity staff who work on Monday and Friday each week as well as a number of externally contracted personnel. There are also volunteers activity providers such as musicians and companions. Pre-admission assessments are carried out prior to a resident coming in to the centre. Visitors are welcome at any time. There is a qualified chef employed who provides a choice at each meal time. Nutritional and dietary advice is available from a dietitian. The older and main part of the hospital is laid out over three floor levels. The ground floor is split into two levels with the upper level accessible via a platform type lift or by a stairs consisting of six steps. Bedroom accommodation on the ground floor comprised four single bedrooms and two twin bedrooms. Bedroom accommodation on the upper level of the ground floor comprises one single en-suite bedroom and one four-bedded en-suite room. Bedroom accommodation on the first floor comprises three single bedrooms, four twin bedrooms and two four-bedded rooms. A new extension accessible through a corridor consists of 12 single en suite bedrooms. The second floor is used primarily as office space but also contains an oratory. The first and second floors are accessible by a lift and stairs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43

How we inspect

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
Thursday 25 November 2021	09:15hrs to 17:30hrs	Mary O'Mahony	Lead
Thursday 25 November 2021	09:15hrs to 17:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

The overall feedback from residents was that Cobh Community Hospital was a nice place to live in and residents felt their rights were respected. Staff promoted a person-centred approach to care and were observed by inspectors to be kind and caring towards residents. Inspectors met and spoke with several residents. Residents said that they were satisfied with the care and service provided. The national pandemic and COVID-19 outbreak had been very challenging. Residents felt that the staff were dedicated to providing quality care in a homely environment and they praised them for their support. Residents appeared well groomed and voiced satisfaction with the time it took to have their call bells answered by staff. Inspectors also met three sets of visitors who were visiting their family members at various times throughout the day.

Inspectors arrived unannounced to the centre and were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the person in charge, inspectors were accompanied on a tour of the premises. Each of the three sections in the centre was named after a flower (Daffodil, Bluebell and Fuchsia). New signage had been put in place which made it easier to navigate through the various levels and units. Inspectors observed that the new flooring, painting, bed screens and newly developed communal rooms had greatly enhanced the environment for staff and residents. This aspect was further discussed under the quality and safety dimension of the report.

Documentation relating to residents' survey results and residents' meetings were reviewed and these reflected the positive comments from residents whom inspectors met during the inspection. The comments indicated a high level of satisfaction with the management team, the staff and all aspects of care. Minutes of residents' meetings and copies of the monthly newsletter demonstrated that a wide range of issues, including the COVID-19 risks were discussed at the meetings, as well as news from the community. Inspectors saw copies of the monthly newsletter in residents' bedrooms. Residents said that they were encouraged to maintain communication with family members throughout the visiting restrictions and were delighted to be able to meet their visitors in person again. Some residents said they were grateful for mobile phones, 'tablets' and other technology which helped them to stay in contact with their families during the restrictions. Residents were seen to use their phones independently and a number of phones were observed to be charging in the bedrooms. Visitors were seen to be appropriately risk assessed on entering the centre and followed the required protocol. Those spoken with praised staff, the management team and the accommodation. One visitor told inspectors that they "would be lost without the hospital". They said that complaints were welcomed and addressed and communication was good during the pandemic.

The meals were seen to be nicely presented with choice available to residents.

Residents said that their food preferences were known to staff and requests were recorded in the minutes of meetings. A review of these records indicated that the catering team addressed areas for improvement as identified by residents, such as suggestions regarding food choice and meal times. Staff explained that mealtimes were a time when the TV was turned off and everybody became involved in creating a social, enjoyable experience for residents. Inspectors saw that the lunch, dessert and tea served during the inspection appeared appetising and plentiful and appropriate gentle music was playing in the background. Residents spoken with confirmed that food portions were generous and snacks were available between meals and at night time. A volunteer member of staff described how she supported residents to avail of morning and afternoon snacks and drinks. She was seen to prepare a drinks/snacks trolley in the kitchenette while speaking with inspectors.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. Damage from wear and tear continued to impact negatively on the centre for example, some surfaces and finishings were observed to be worn and poorly maintained and as such did not facilitate effective cleaning. There was a lack of storage space in the centre which resulted in the inappropriate storage of equipment and supplies. Barriers to effective hand hygiene practice were also identified. Findings in this regard are further discussed under the individual Regulation 27.

Despite the infrastructural and maintenance issues identified, a good standard of cleaning was observed on the day of inspection. The person in charge explained how supervision of this had improved with daily comfort rounds, to include environmental cleanliness awareness by all staff, throughout the day. A housekeeping supervisor was on duty on the day of inspection. The provider was aware of the infrastructural deficits and was endeavouring to continuously improve current facilities and physical infrastructure through upgrading and ongoing refurbishment plans.

Residents said that staff were supportive and they were thankful for the kind and respectful care they received. Residents informed inspectors that there was attentive medical care available and they felt safe in the centre. Residents spoke about the daily events which kept them occupied. They enjoyed the recent Halloween events and birthdays. Residents said they were excited about the upcoming Christmas celebrations. Inspectors saw that there was a varied activity schedule which included exercise classes, quiz, fortune telling, beauty sessions, music, games and horoscope readings. There was detailed information available in the care plans in relation to residents' previous lifestyles and hobbies to guide staff when planning the activity schedule. Residents told inspectors they were informed about the daily activities and could choose whether to attend or not. A notice board with this information was displayed in each individual bedroom and these were found to be up to date and relevant to the day of inspection. There was a very enthusiastic staff member in the centre employed full time in the role of activity coordinator. Resident were seen in groups and individually enjoying social contact throughout the day. The centre had been gifted a pet dog which was taken to residents' rooms each morning to meet and greet with them. The dog was beautifully groomed and taken

home each night by a member of staff. Staff described how the presence of the dog had helped those who were non verbal or depressed to communicate again and feel more joy in their lives. Inspectors observed that residents had very good levels of social contact with the activity coordinator, the hairdresser, the staff, and their visitors and they were heard to engage and take part in the banter and fun generated by the activities and the conversations.

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 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 defined and clearly set out. The management team had been proactive in responding to findings on previous inspections. Inspectors saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required to ensure compliance with the regulations on training, records, infection control, fire, medicines and premises, some of which were discussed under the quality and safety dimension of this report.

Cobh Community Hospital is a voluntary hospital managed by a board of directors. One of the members of the board of management represents the provider (Cobh Community Hospital) for the processes involved in regulation and registration. The person in charge explained that the centre usually operated at full occupancy and said there was a long waiting list for beds from members of the local community. From a clinical perspective the care and support team in the centre was comprised of the person in charge, two senior clinical nurse managers (CNM2s), a team of nurses and health-care staff, as well as administrative, catering, household, and maintenance staff. There was evidence of regular meetings between the board of management and the nurse management team to promote best practice and improve the service. Complaints management and key performance indicators were reviewed and discussed at these meetings as evidenced in the minutes. Staff handover meetings ensured that information on residents' changing needs was communicated effectively according to staff spoken with. Information recorded in the sample of the daily communications sheets in residents' care plans provided evidence that key information was pertinent to the care needs and was accessible by each member of the team. Contracts were in place for all residents which detailed the fees and the room number of each resident. The annual review of the quality and safety of care had been completed for 2020. Actions from this review were being progressed.

Inspectors found that residents received a good standard of care that met their

assessed needs. While some of the systems, including training, required strengthening the management team on duty on the day of inspection had good knowledge of the systems in place to monitor the quality of the service. Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the person in charge, who was also the designated COVID-19 lead person.

Quality assurance processes had been strengthened since the last inspection and included a comprehensive programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. Audits covered a wide range of topics, including infection prevention and control, falls, care plans and medication management practices. Audits reviewed were seen to be thorough, and any actions that were needed to drive improvement were being progressed. New practices had commenced following audit findings, for example, a daily safety pause had been initiated by the management team where staff stopped at 12md each day and discussed the morning care and any risks identified. Additionally, the person in charge said that an oral hygiene awareness week had just been completed where staff were trained on maintaining oral health for residents. Information about resident's colonisation or infection status was documented in their care record. Quality Care-Metrics were used to monitor compliance with documenting resident's infection status and the appropriate management of invasive devices. The CNM's explained that the centre was a pilot site for a system of quality nursing metrics with the Health Services Executive (HSE). Data, such as falls, infections and behaviour issues was collated and examined weekly to show where improvements were happening. These records were made available for inspection purposes.

The centre had a number of assurance processes in place in relation to maintaining the standard of environmental hygiene. These included cleaning checklists, the use of colour coded flat mops and disposable cleaning cloths to reduce the chance of cross infection. Audits of environmental cleanliness were also completed. Up-to-date infection prevention and control policies and procedures were in place and were based on national Health Protection Surveillance Centre (HPSC) guidelines. The centres outbreak management plan which defined the arrangements to be instigated in the event of an outbreak of COVID-19 had been initiated during the outbreak and this was updated every three months.

Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements and was knowledgeable of the regulations and standards for the sector. She was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels on the day of inspection were suitable to meet the needs of residents.

Night time staffing levels had been increased and there was full time activity coordinator in place.

Judgment: Compliant

Regulation 16: Training and staff development

There were a number of issues to be addressed to ensure compliance with the regulations on training provision.

- Twelve staff were yet to attend updated safeguarding training according to the training matrix made available on the day of inspection.
- Not all staff had attended annual fire safety training.
- Records reviewed found significant gaps in infection prevention and control training: for example there were limited records to indicate that staff had done hand hygiene training or training in donning and doffing personal protective equipment (PPE), as appropriate in the COVID-19 era.
- While inspectors were informed that online infection prevention and control training was completed by all staff, face to face training had not been provided since the onset of the pandemic. This was required to evaluate staffs understanding of the content of training.

Judgment: Substantially compliant

Regulation 21: Records

There were some gaps found in the maintenance of records.

A review of four staff files indicated that the documents required by Schedule 2 of the regulations were not all on file: none of the files seen had photographic identification included and one file had only one of the two references required in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were comprehensive management systems established, further managerial systems and managerial oversight were required to address a number of outstanding issues :

Medicine Management:

- the electronic medicine management system required review to comply with professional guidelines for nursing staff. An immediate action was given in this aspect of care.

Records:

- staff files were not maintained in line with regulatory requirements.

Fire Safety issues:

- an immediate action was issued to the provider to undertake fire evacuation drills simulating night time staffing levels to provide assurance that residents in the largest compartment could be evacuated in a timely manner in the case of fire.

Infection Control Issues:

- the provision of a fully equipped janitorial room, well ventilated and fully equipped sluice rooms and other issues identified under regulation 27.

Premises issues:

- some painting and flooring required upgrading and more storage space was required for commodes, wheelchairs and laundry trollies.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was seen to contain a description of the service and the ethos of the centre. It also described the management structure and complaints procedure.

Judgment: Compliant

Regulation 31: Notification of incidents

Specified incidents had been notified to the Chief Inspector in accordance with the regulations in a timely manner.

These included falls where a resident was hospitalised, or any sudden death.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded.

A review of the complaints book indicated that issues were proactively addressed.

There was an appeals process in place and contact details for the ombudsman and an independent advocacy service were available.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures, as required under Schedule 5 of the regulations, were in place and up to date.

Infection control policies and COVID-19 related policies were live documents which were updated according to any new HPSC guidelines.

Judgment: Compliant

Quality and safety

Overall, residents in Cobh Community Hospital were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and social engagement. Findings on this inspection were that the provider had made efforts to bring the centre into compliance in the quality and safety dimension and had addressed a number of the

findings from previous inspections. Notwithstanding the positive findings, further review and improvement under regulation 27: infection control, regulation 17: premises, regulation 29: medicines and regulation 28: fire safety, was required.

The centre had experienced a COVID-19 outbreak in January 2021. A total of 54 confirmed cases had been identified (26 residents and 28 staff members). A significant amount of work was undertaken by the provider in implementing multiple measures to manage the outbreak. Discussion with staff and review of documentation showed that daily management meetings were convened to oversee the management of the outbreak. Senior management reported that they had acted to implement Public Health and Health Services Executive (HSE) recommendations at the time. These included but were not limited to the implementation of transmission based precautions for residents with confirmed or suspected COVID-19 and the allocation of dedicated staff to care for residents with confirmed COVID-19. While a review of the management of the COVID-19 outbreak to include lessons learnt to ensure preparedness for further outbreaks had not been completed to date, lessons learned were seen to have been discussed at a staff nurse meeting. Key challenges identified were, the multi occupancy rooms and the building infrastructure.

Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. The vaccination uptake in the centre was good and the majority of staff and residents within the centre were fully vaccinated against COVID-19. The associated benefits of full vaccine uptake among residents had led to changes in some public health measures, including visiting. Individual COVID-19 visiting plans had been developed for each resident.

However, some infection prevention and control practices in the centre required review and improvement. The totality of the findings on the day of the inspection did not assure the inspectors that the provider had taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Details of issues identified are set out under Regulation 27.

Improvement were found in the premises overall:

- For example;a large section of the floor coverings including on the stairs had been replaced, this had been funded by the local community who had raised money for the hospital.
- the hallways had been painted in bright fresh colours
- a room for clean and sterile supplies had been provided on Daffodil unit
- kanban units had also been provided for the storage of clinical supplies such as needles and syringes
- a family room had been refurbished
- an additional clinical room had been created
- a new snug had been developed: this was newly painted and floored

- an external visiting hub had been created
- new radiator covers had been installed
- the four bedded room had also been reconfigured, painted and floored since the last inspection
- wipeable concertina type, solid privacy screens had been purchased for all shared rooms, for which money had been raised by the local community
- "dani-centres" for the storage of PPE had been installed
- an area had been identified for the development of a new janitorial room for housekeeping staff.

The fire safety system conformed with the required standard for such equipment. Daily, weekly and three monthly checks were carried out. A suitably qualified person had serviced the fire extinguishers, the emergency lighting and the fire alarm system within the required time frames. Weekly fire drills were carried out on which further work was required however, for assurance as to their effectiveness and the availability of records which indicated improvements and learning at each drill. This was highlighted under regulation 28 in this report.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were taking place in line with the current HPSC guidance. Visits were encouraged with appropriate precautions to manage the risk of introduction of COVID-19. Visitors were required to wear a suitable mask and show their COVID-19 vaccination record or other proof of immunity prior to entering the centre.

Judgment: Compliant

Regulation 13: End of life

Inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the service provided to residents and their families.

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes.

Residents had been afforded the opportunity to outline their wishes in relation to care at end of life.

Examples of kind hearted, exemplary practices during the COVID-19 pandemic were described by the person in charge.

Judgment: Compliant

Regulation 17: Premises

Inspectors identified a number of issues, some of which are highlighted under regulation 27, in relation to the premises that required action:

Woodwork, that is doors and skirting, and some walls required repainting and resurfacing.

Flooring required replacement in some rooms.

Judgment: Substantially compliant

Regulation 20: Information for residents

An information guide was made available to residents which contained information similar to the statement of purpose.

A monthly newsletter was seen in residents' bedrooms and each resident had a white board on the bedroom wall with the day, date and daily activity clearly outlined.

Minutes of the residents' meetings indicated that residents' opinions were sought and any issues raised were addressed. They were informed of any developments in the centre and were consulted in many aspects of the running of the centre. For example, their views had been gathered prior to the completion of the annual report and they were seen to have been informed individually of the COVID-19 virus and the vaccinations required.

Judgment: Compliant

Regulation 26: Risk management

The risk register and risk assessment policy were up to date. Relevant risks for each section of the centre had been assessed as well as individual risks for residents.

Judgment: Compliant

Regulation 27: Infection control

A number of issues which had the potential to impact on effective infection prevention and control measures were identified during the course of the inspection.

Infection prevention and control practices in the centre required improvement. For example;

- Open, unused portions of wound dressings were observed in two units. Reusing partially used wound dressings is not recommended due to risk of contamination.
- There was adequate access to PPE however gloves and aprons were observed to be worn inappropriately by three staff members.
- Tubs of alcohol wipes were inappropriately used in some areas for cleaning small items of equipment and frequently touched sites.
- Chlorine releasing agents were inappropriately used for routine cleaning. This product is only recommended for cleaning during outbreaks/ where transmission based precautions are in place.
- Inspectors were informed that resident's daily wash-water was emptied down clinical hand wash sinks in residents' rooms. This practice increases the risk of environmental contamination and cross infection.
- Coverings on two commodes required repair, breaks on the coverings impeded effective cleaning

A number of infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example:

- Some surfaces and finishes were worn and poorly maintained and as such did not facilitate effective cleaning.
- The 'dirty' utility rooms were small sized, poorly ventilated and did not facilitate effective infection prevention and control measures. For example there were no sluice hoppers or equipment cleaning sinks available in the 'dirty' utility rooms.
- Some toilet and shower facilities in the areas inspected required upgrading. For example, a bedpan washer disinfector was located within a toilet cubicle where there was an open partition separating it for the adjoining toilet.
- Storage space was limited. As a result there was inappropriate storage of equipment including wheelchairs, commodes and used linen trolleys throughout the centre. for example, clean and sterile supplies were stored within an unlocked cupboard in the hairdressing room.
- There were no dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment.

Hand hygiene facilities required improvement. For example;

- There was a limited number of hand wash sinks in the centre and many were dual purpose used by both residents and staff. The stainless steel sinks in the dirty utility rooms did not comply with current recommended HBN 00-10 Part

C specifications. Sealant between several of the sinks and walls was not intact which did not facilitate effective cleaning.

- Sensor operated alcohol hand gel dispensers did not deliver the expected volume of alcohol handrub to appropriately cover hands. Repeated uses of some alcohol hand gel dispensers were necessary to provide enough hand rub to effectively perform hand hygiene.
- There were three different types of alcohol gel dispensers available. Some dispensers were insufficiently labelled. Alcohol gel dispensers and soap dispensers were located at the majority of hand wash sinks. There is the potential that alcohol hand rub may be inappropriately used instead of liquid soap for hand washing in such circumstances. Inspectors found that alcohol gel was dispensed from one moisturiser dispenser. A risk assessment should be undertaken regarding the appropriate placement and design of alcohol gel dispensers.

Judgment: Not compliant

Regulation 28: Fire precautions

An immediate action was required in relation to maintaining comprehensive records of fire safety evacuation drills, in particular a complete, detailed record of each drill undertaken was not available. A report of the evacuation of the largest compartment with night time staffing levels contained limited details and was not comprehensive. The existing records did not provide sufficient detail to provide assurance on effectiveness, improvements, learning and that all staff had attended a fire evacuation drill. Not all staff spoken with were easily able to identify the compartments on the maps displayed in the corridors and all staff were not familiar with the number and size of compartments.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

An immediate action was required in this aspect of care provision:

While there was a new electronic medicine system in place assurance was required that staff nurses were administering medicines for which there was a prescriber's signature available on the system.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors found improvements in care planning since the previous inspection.

Care plans were well maintained and reviewed four monthly. They were seen to reflect the assessed needs of residents. Members of the multi-disciplinary team had also inputted advice for staff in providing best evidence-based care. Care plans were seen to be personalised and residents had been consulted in their development. They were found to reflect residents' daily experience and medical and social care needs.

New admission documents had been developed for respite admissions. Staff reported that these proved very effective in the COVID-era as they included a requirement to have a negative COVID-19 test prior to admission. Each residents' GP was involved in the planned admission process and the public health nurse provided pertinent information to enable staff to assess if residents' needs could be met.

Judgment: Compliant

Regulation 6: Health care

There was a good standard of evidence-based health care provided to residents in this centre. Residents were regularly reviewed by their GP. There was evidence of access to health and social care professionals such as, the physiotherapist, dietitian, palliative care, psychiatry and occupational therapist (OT). Residents who had skin wounds had appropriate care plans in place and dressings were carried out in accordance with advice from the tissue viability nurse (TVN).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff identified residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of these care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident. Residents had access to psychiatry of older age also.

Throughout the day inspectors observed that staff demonstrated knowledge and

skills when supporting residents experiencing responsive behaviours, in a manner that was least restrictive. For example, this included talking with residents, engaging them in activities and 'dog therapy' and walking with them, to create distraction and comfort.

Judgment: Compliant

Regulation 8: Protection

Staff who communicated with inspectors, were aware of how to identify and respond to alleged, suspected or actual incidents of abuse. Residents reported that they felt safe within the centre.

The provider had taken all reasonable measures to ensure residents were protected from abuse.

A vetting disclosure, in accordance with the National Vetting Bureau (Children And Vulnerable Persons) Act 2012, was in place for all staff. The majority of staff had received training in safeguarding vulnerable residents.

Judgment: Compliant

Regulation 9: Residents' rights

On the day of inspection an external advocacy group had come to the centre to meet with residents. This was a routine arrangement and residents were happy to have an independent agency to record their wishes and concerns. Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were made aware of any changes in the centre. Residents felt that their rights were respected and that the above advocacy service was accessed to provide additional support where a resident was experiencing challenges which impacted on their happiness or on other residents' rights.

Residents said that their choices were respected in relation to visits, meals, bedtimes, to access outdoor activities, personal newspapers and mobile phones. A human rights-based approach underpinned the ethos of care in the centre and this approach was evident in how residents were spoken with and about, and how they were facilitated to engage fully in life in the centre. A number of staff had completed training in human rights-based care.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented.

Visitors said that there was very good communication with staff about their relatives

throughout the COVID-19 pandemic and residents were appreciative of staff efforts to keep them safe and nurse them through the outbreak. Community involvement was evident, fund raising was constantly being undertaken and staff said the local community were very supportive during the pandemic. Volunteers were present during the inspection and were seen to support and help residents with hobbies and to access drinks.

Residents were seen to wear their choice of clothes, their reading glasses and hearing aids which were labelled, to prevent loss.

Survey results described staff as very kind and helpful and one person living there said that the centre was like "heaven on earth..it makes life worth living..pains and aches are believed and comforted".

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not 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	Compliant

Compliance Plan for Cobh Community Hospital OSV-0000558

Inspection ID: MON-0031100

Date of inspection: 25/11/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Infection and Control training for all staff took place on the 7th and 16th December via an external education Centre via Zoom conference call from 9am to 1230pm. Annual fire training continues, next session to include outlying staff is dated for 18th January. Fire simulation drills will be taken in as part of training. Training is face to face for this. Training matrix updated to reflect same. Safeguarding training updated on matrix also, new staff have completed their training on HSE land. These staff attended a session with Principal Social Worker in SGVA office who did face to face session in November. Outliers have been informed the urgency to complete refresher training on same. Responsive behaviours training is due for refreshing in New Year, External company to provide same in late January for all staff.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Full audit taken place on all files post inspection, all photos have been replaced in files that were missing. References in question were emailed to DON office but had not made it to the hardcopy file. Same entered accordingly so file intact at present.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Medication management- as the system is still in pilot, meeting with pharmacy and IT, prescribed medications are placed on system by GP or pharmacist via unique personal Identifier Number(PIN) which cannot be overrode by any other user. Therefore, electronically prescribed with the GP name attached to same for administration. In addition to this, the system now has a secondary upload system to ensure all GMS which have a GP signature attached are uploaded to each resident file for crosscheck to ensure nursing staff are licensed to administer medications as per ABA guidelines.

• Records: as above in Reg 21 compliance plan

• Fire Safety: Records are kept of weekly drills, but what was evident on day of inspection was the records were not detailed enough in relation to Compartment evacuated and comments on how staff coped, how many staff were involved, although the fire drill sheet does have a comprehensive staff sign in sheet attached which all staff involved sign weekly as attended. Improvements are needed and drill records are being upgraded to ensure that simulation drills which take place are well documented and described. Simulation drill of largest compartment took place post inspection to ensure time management and that night staff compliment could manage in a real evacuation. Plan for minimum of three monthly fire compartment evacuation drills are now in place

• Infection Control Issues: plans for a new janitorial room for cleaning equipment and mop trolley storage are planned for early January 2022. This space was identified prior to inspection as described in report. Bathroom refurbishments are planned also on projects list for 2022.

Regulation 17: Premises	Substantially Compliant

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

Upgrades are ongoing, budget is based on community fundraising initiatives. Once monies are raised works and improvements are implemented. Planned projects are listed above, but are subject to budgetary allowances. Kitchen appliance upgrades are due to occur in 2022 also. Storage space is a problem in an old building. Ergonomic assessments will be carried out to see how we can come into compliance with Regulation. Flooring works are ongoing with 60% of the hospital having received new flooring. Maintenance upkeep in relation to painting ongoing in line with a programme of works.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Alcohol Gel dispensers: post inspection,risk assessment was carried out and post this, dispensers were all changed on floors to be uniform, and are manual gel dispensers. All sinks areas have been refashioned to include only soap dispensers and handtowels dispenser. Alcohol dispensers are available at exit/entry areas to resident zones.
• Hand wash sinks and sink hoppers will be taken into consideration with ergonomic assessment on bathroom refurbishments using HBN 00-09 Infection control in built environments as reference. Maintenance will address all sealants on sink areas to ensure effective cleaning
• Housekeeping/Janitorial room: plan as described in Reg 23 compliance
• Storage space: ergonomic assessment in relation to better storage ideas will be carried out in January 2022
• All household staff have been refreshed on the use of detergents and chlorine releasing agents and when they are both required.
• Alcohol wipes: detergent wipes were not delivered which are usually used, and therefore, staff used alcohol wipes until detergent wipes were delivered. All alcohol wipes are removed as they can be corrosive to small equipment and can be harsh on mattresses etc. detergent wipes easily accessible to all on floors.
• Staff are receiving ongoing training and refreshers on proper use of PPE at safety pauses daily.
• Wound dressings once opened are discarded, all staff aware.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• New signage to go alongside compartment maps has been placed throughout centre to enable staff to easily identify Compartment areas.
• Fire Drills-more comprehensive record of evacuation drills formatted and drills scheduled three monthly to simulate night time duty cover arrangements.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

• Medication management- as the system is still in pilot, post a meeting with pharmacy and IT, prescribed medications are placed on system by GP or pharmacist via unique personal Identifier Number(PIN) which cannot be over written by any other user. Therefore, electronically prescribed with the GP name attached to the medication prescription for administration. In addition to this, the system now has a secondary upload system to ensure all GMS which have a GP signature attached are uploaded to each resident file for crosscheck to ensure nursing staff are licensed to administer medications as per ABA guidelines.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2022
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	31/03/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/01/2022
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/03/2022

	systems are in place to ensure that the service 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.	Not Compliant	Orange	31/03/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a	Substantially Compliant	Yellow	20/01/2022

	resident catch fire.			
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.	Not Compliant	Orange	22/12/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	22/12/2021