



**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

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| Name of designated centre: | Clonakilty Community Hospital |
| Name of provider: | Health Service Executive |
| Address of centre: | Clonakilty, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 October 2020 |
| Centre ID: | OSV-0000559 |
| Fieldwork ID: | MON-0030775 |

About the designated centre

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

Clonakilty Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Clonakilty town. It comprises two buildings which date back to the 1800's. Resident accommodation is spread across five units and the centre is registered to provide long term, respite, transitional care, palliative and dementia care residents. The five units include: Saoirse, a dementia specific unit, this comprises of two single rooms with en suite assisted showers, toilets and hand basins and two 4-bedded rooms. An Graig has one single bedroom and three multi-occupancy bedrooms with four beds each with full en-suite facilities. Dochas has six 4-bedded rooms and one single room. Criorra has seven four-bedded rooms, two 3-bedded rooms and two single rooms with full en-suite facilities. The Transitional Care Unit consists of one 4-bedded room, one 3-bedded room and two twin rooms. There is a café, shop, chapel and well maintained enclosed gardens with extensive car parking in the large grounds. The centre provides 24-hour nursing care with a high ratio of nurses on duty during the day at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents. Psychiatry and Psychology services are also readily available for residents.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 77 |
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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 21 October 2020 | 09:00hrs to 17:00hrs | John Greaney | Lead |

What residents told us and what inspectors observed

The inspector spoke with residents regarding their experience of living in the centre. Due to level five COVID 19 restrictions imposed throughout the country, no visitors attended the centre on the day of inspection and so the inspector was unable to gather information in this way.

As found on the previous inspection, some residents expressed concern at the isolation associated with visiting restrictions due to the pandemic. Most residents spoken to understood the need for restrictions and were adapting to maintaining contact through telephone and video calls.

The inspector observed resident and staff engagement throughout the inspection. It was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff. All interactions were conducted in a caring and respectful manner. Residents spoken with were complimentary of the staff and commented that they were responsive to their requests for assistance.

Most residents confirmed that they felt safe in the centre and that they found staff approachable. Residents stated that they would have no problem in making a complaint and that issues were usually addressed promptly.

Residents appeared to be relaxed and comfortable and this was confirmed through conversation. Some were seen to be relaxing in their bedrooms while others were observed spending time in sitting rooms. It was noted that more residents were spending time away from their bedroom than on the previous inspection.

However, the impact of life lived in multi-occupancy rooms was still apparent. One resident complained that another resident would not let them watch the news on the television on the previous evening, even though they only wanted to watch the television for 30 minutes. Another resident stated that they had to move bedrooms because other residents had the television volume too loud.

Feedback regarding food provided in the centre was positive. One resident reported that they were used to having their main meal at 8pm at home. The inspector asked if they had requested their food later and they said they had not and was happy with current mealtimes. Another resident told the inspector that they really enjoyed the food on offer.

Some bedrooms were significantly lacking in a homely feel. Photographs and memorabilia were usually stored over the head of the bed where it was not possible for residents to see them while in bed. The inspector noted the work underway to reconfigure the multi-occupancy rooms to reflect a reduction in the number of residents living in each room and to improve the living experience of each resident.

Capacity and capability

The person in charge and management team had addressed some of the issues identified on the previous inspection. Issues such as staffing, the statement of purpose and complaints management were satisfactorily addressed. However, further improvements were required in governance and management, particularly in relation to preparedness for a further outbreak of COVID-19 in the centre.

The inspector found that significant improvements were required in relation to the preparedness for a further outbreak of COVID-19, particularly in relation to segregating residents that may be positive for COVID-19 from those residents that are considered close contacts and from those where the virus may be undetected. On the day of the inspection there was one single room set aside in both An Ghraig and Dochas, for isolating residents that may be suspected of COVID-19. A single room in Crionna was occupied by a resident that was isolating due to recently returning from hospital. There was no other accommodation available on that day to effect a timely response to a new outbreak of COVID-19 which would allow immediate isolation and cohorting of residents according to symptoms and test results.

It was found on the last inspection that during the early stages of a large COVID-19 outbreak in the centre, residents were not appropriately segregated. Later, the Transitional Care Unit was identified as the location for isolating residents that tested positive for COVID-19. Although the inspector was informed that a review of the previous outbreak had taken place a copy of this review was not available in the centre and to date has not been provided to the inspector.

On this inspection the Transitional Care Unit was occupied by residents and was therefore was not available for use as an isolation unit. Instead the current COVID-19 Contingency Plan identified a Day Care unit as a potential location for isolating residents. However, this area had yet to be renovated to be suitable to accommodate residents and was therefore not available for use, nor had the HSE applied for registration of this unit to ensure that it was appropriate to accommodate long-term care residents there. A review of the previous outbreak should be completed and made available to the centre as a matter of urgency in order to ensure that the centre is better prepared to protect residents in the event of a second outbreak of COVID-19.

The Chief Inspector had attached conditions to the registration of this centre requiring a reduction in the occupancy of some bedrooms due to the close proximity of beds to each other and the conversion of one of the multi-occupancy bedrooms in An Ghraig unit to a sitting room, to increase the communal space available to residents. On this inspection it was found the the HSE were now in compliance with

these conditions.

The inspector found that a further reduction in the number of residents living in some of the multi-occupancy bedrooms had occurred following the outbreak of COVID-19 in the centre and the requirement to physically distance.

On this inspection there were no more than four residents accommodated in any of the bedrooms that previously accommodated five, six and seven residents. The process of reconfiguring the bedrooms had recently commenced, which involved repositioning overhead lights, call bells and curtain rails. It also involved the provision of additional furniture such as wardrobes and chest of drawers for individual residents.

This work, however, was only in the early stages and significant work remained outstanding to ensure that the environment was suitable for the number of residents accommodated in each bedroom. Plans were in place to reduce two of the four-bedded rooms in Crionna to three beds. The inspector found that a further four rooms on Crionna Unit were not large enough to accommodate 4 residents and this small number of rooms required further review. The inspector also found that some of the proposed reconfigurations would mean that individual residents would not have access to a chair beside their bed or be able to reach their bedside locker from their bed.

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the needs of the residents living in the centre on the day of the inspection. Most staff had returned to work following the previous outbreak of COVID-19 and the centre was mostly self-sufficient for staff.

On previous inspections it was identified that multi-task attendants (MTAs) were employed for caring and cleaning duties. Significant improvements had been made in this regard and caring and cleaning duties were now completely segregated. Housekeeping staff now had a new uniform so that it was easy to distinguish the role of each staff member. While some MTAs continued to be assigned to caring duties on one day and cleaning duties on another day, there was no crossover of duties on any one day. The provider was in the process of completely segregating the roles but this was a work in progress.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix was in place and it was evident that staff were facilitated and supported to attend training relevant to their role. Improvements were noted in training attendance since the last inspection but there were still some improvements required.

As found on the last inspection there was good participation in COVID-19 related training, such as infection prevention and control, hand hygiene and donning and doffing personal protective equipment (PPE). All staff had now completed safeguarding training.

However not all staff had up to date training in fire safety or the management of residents presenting with responsive behaviours. In the context of a centre with ongoing changes to the physical environment up to date fire safety training and fire drill practice is essential.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the person in charge and management team had satisfactorily addressed some of the issues identified on the previous inspection, further improvements were required in relation to governance and management. For example:

- as a matter of urgency the HSE should conduct a review of the previous outbreak of COVID-19 in the centre and implement the recommended actions from this review
- the current COVID-19 Contingency Plan required review to reflect the current reality of the premises, particularly in relation to the need to identify an area for segregating residents with suspected or confirmed COVID-19
- a small number of rooms require further review to ensure that the size and layout is appropriate to accommodate the proposed number of residents in the context infection prevention and control and to ensure that each resident will have privacy, storage for and access to personal possessions, room for a comfortable chair at the bedside and access to a television

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Significant improvements were noted in the management of complaints. Complaints were recorded and where possible addressed by staff on on each unit. A copy of each complaint was sent the the person in charge, who is also the complaints officer. A review of a sample of complaints indicated that complaints were recorded, investigated and improvements put in place, if required.

Judgment: Compliant

Quality and safety

Overall, some improvements were noted in the quality of life of residents living in the centre since the last inspection. In particular the HSE was focused on ensuring that the centre was compliant with regulation 17 and schedule 6 of the regulations in advance of the deadline of 31 December 2021. To this end the number of residents accommodated in the centre had reduced and reconfiguration of aspects of the physical premises was under way. This was most notable in An Ghraig and Dochas units, where residents now had improved access to communal space and many were seen to spend time away from their bedrooms in these areas.

Work had commenced on reconfiguring bedrooms throughout the centre to accommodate the proposed number of residents in each room. As part of the reconfiguration ceiling hoists were being installed in each bedroom. Additional furniture is also being provided to residents, such as bedside lockers and wardrobes.

The following improvements were also noted

- Saoirse, the designated dementia unit, now accommodates 10 residents in two 4-bedded rooms and two single bedrooms. Previously the 2 four bedded rooms had accommodated six and seven residents respectively. This change significantly improves the quality of life for the residents living there.
- An Ghraig now has a sitting room, an addition which has considerably enhanced the quality of life of residents living in this unit. In addition the number of residents living on this unit has reduced from 21 to 13 with the five bedded rooms reduced to a maximum of four residents and reconfiguration of the rooms underway.
- Similarly in An Dochas unit all multi-occupancy rooms now accommodate a maximum of four residents rather than the five residents who previously lived in each room. This had the knock on impact of improved access to communal space as the the number of residents who shared the available day space was reduced from 31 to 25.

The inspector noted that the limitations of the physical premises of the Transitional Care Unit persist and that it is unsuitable to accommodate long-term care residents.

The HSE has been advised to consider de-registering this part of the designated centre as it is currently used to accommodate post-operative patients and patients who require medical care rather than long-term care.

In addition bedroom numbers 1, 3, 5 and 7 in Crionna Unit require review, as the current plan to accommodate four residents there may not be appropriate. The size and layout of these rooms may not be suitable for this number of residents, particularly since previously these rooms did not accommodate this number of residents.

Notwithstanding the required improvements in relation to preparedness for a possible further outbreak of COVID-19, improvements were noted in infection prevention and control practices. In particular, improvements were noted in the day to day cleaning practices in the centre. The centre was generally clean and bright. Cleaning and caring duties were segregated and there was good oversight of cleaning practices.

Issues identified on the last inspection in relation to fire safety were predominantly addressed. There were adequate procedures in place in relation to risk management, however, the risk register required review to ensure it accurately reflected arrangements for cohorting residents in the event of a suspected or confirmed outbreak of COVID-19.

Staff were observed to engage with residents in a kind and caring manner. The quality of life for residents had improved due to the increased availability of communal space. More residents were observed to be spending time away from their bedrooms and many were seen to enthusiastically engage in activities that were facilitated by staff.

Regulation 11: Visits

Following the last inspection and prior to the new restrictions, that were implemented in response to advice from NPHET, visiting had been increased. There was an appointment system in place and visiting slots were available, including out-of-hours. There was a designated area set aside for visiting.

However in line with the Public Health advice at the time of this inspection, visiting restrictions were in place and no visitors were allowed except in exceptional circumstances on compassionate grounds. There was WiFi coverage throughout the centre and each unit had access to electronic tablets and residents were facilitated by staff to have video calls with their relatives.

Judgment: Compliant

Regulation 12: Personal possessions

There were adequate procedures in place for residents to have their clothes laundered and returned to them. It was identified on previous inspections that the majority of residents were accommodated in multi-occupancy bedrooms which afforded little space, privacy or room for personal storage. The occupancy level in many of these bedrooms had been reduced in response to the pandemic and now there were no more than four residents accommodated in any bedroom.

As found on the last inspection, improvements were underway in relation to providing additional storage for residents' personal property and possessions. A number of double wardrobes and chest of drawers had been purchased to allow residents have more storage space for their clothes. However, as yet not all residents had access to improved personal storage.

Additionally, while the number of residents accommodated in a number of the bedrooms had been reduced, areas around the bed spaces had not been reconfigured, such as the repositioning of over bed lights or the repositioning of curtains around each bed.

A further review was required of the layout of bedrooms in Cricinna Unit to ensure that residents had access to their locker while in bed and could move freely and safely around their bed space.

Judgment: Substantially compliant

Regulation 17: Premises

Improvements were underway in the centre, but given the baseline the centre was coming from, significant work was still required. Construction had commenced on new communal areas for both An Ghraig and Dochas units. Construction was also underway for a new wing in the centre made up of single bedrooms and communal areas.

There was a new sitting room in An Ghraig, which was created by the conversion of a bedroom to a sitting room. This was seen to be used by residents on the day of inspection and it was obvious that it enhanced the quality of life of the residents accommodated in that unit. While the sitting room was not decorated to its planned final state, it was evident that efforts were being made to make the room homely and inviting for residents. Residents in Dochas unit had access to the recreation corridor adjacent to the unit and was now being used by residents for dining and activity purposes.

As found on previous inspections, the majority of residents are accommodated in multi-occupancy bedrooms. While the number of residents accommodated in these bedrooms has been reduced from seven, six and five residents to a maximum of four per room, a significant majority of residents continued to live in 4-bedded

rooms.

As stated above, construction had commenced on the construction of a new wing adjacent to existing premises, with a proposed completion date of December 2021. This wing would consist mainly of single room accommodation. However, the current plan is that the remainder of the centre would comprise of 4-bedded rooms. The HSE has previously been advised that the reliance on such a large number of multi-occupancy rooms is likely to impact on the quality of life of residents and regulatory compliance. For example, due to the limited number of single bedrooms in the centre, it will always be a challenge for staff to provide residents with privacy as they approach end of life.

The inspector acknowledged the work in progress to renovate the existing premises, however, until such time as this work is completed the premises remains non-compliant for the following reasons

- multi-occupancy bedrooms did not support residents' privacy and dignity due to the number of residents in each room and the proximity of beds to each other
- the proximity of beds to each other may not support physical distancing of residents in order to minimise the risk of the transmission of COVID-19 should a resident in one of these bedrooms test positive for the virus
- not all residents have adequate storage space for personal property and possessions at their bedside

Judgment: Not compliant

Regulation 26: Risk management

The Safety Statement and Risk Register were updated to reflect the COVID-19 pandemic. This included risks associated with accommodating residents in multi-occupancy bedrooms and the risk associated with reduced staffing. The risk register did not, however, reflect the absence of a designated area for cohorting residents that may test positive for the virus.

Judgment: Substantially compliant

Regulation 27: Infection control

This centre was subject to a significant outbreak of COVID-19 but was now COVID free. It was found on the previous inspection that, during the outbreak, the centre did not follow HPSC guidelines with regard to the isolation of residents during the outbreak. This was predominantly due to the limitations of the physical environment

of the designated centre.

Some improvements were noted on this inspection. The role of housekeeping staff was now segregated and staff were no longer carrying out caring and cleaning duties on the one shift. This was supported by the designation of a uniform for staff while they were carrying out the housekeeping role. On the day of the inspection there was a person supervising cleaning practices. The centre was found to be generally clean and tidy. Staff were provided with training on the use of various cleaning products and their correct reconstitution. Guidance was contained in a laminated booklet that also identified how the cleaning cart should be laid out.

In the report following the last inspection the HSE were requested to undertake a review of the management of the outbreak of COVID-19 and ensure that processes are in place to adhere to national HPSC guidelines in the event of a further outbreak. Such a report was not available in the centre on this inspection.

Findings on this inspection indicated that adequate measures were not in place to manage another outbreak, should one occur. On the day of this inspection there were only two single bedrooms available for the purpose of isolating residents. Given the large number of residents that were accommodated in multi-occupancy bedrooms, this was not adequate. In addition, there was no designated area within the centre identified for cohorting a group of residents that may test positive for the virus. In the Contingency Plan, an area in an adjacent day centre was identified as the cohort area. However this area had yet to be renovated to accommodate residents and therefore their Contingency Plan could not be implemented.

There were procedures in place for monitoring residents and staff for signs and symptoms of COVID-19, such as monitoring temperatures and ascertaining if they were symptomatic. There was a large screen at the main entrance to the centre that could record the temperature of persons entering the centre. There were wash hand basins and hand gel dispensers located at suitable intervals throughout the premises.

As found on the last inspection, there were hoist slings stored on the arm of a hoist in a manner that would promote cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Issues identified on the last inspection in relation to fire safety were predominantly addressed. Fire doors were seen to be unobstructed and the warning tape on cross corridor fire doors was removed. Some improvements, however, were still required. For example:

- while some additional staff had attended fire safety training since the last inspection, there continued to be staff that were overdue attendance at

refresher training

- the fire door at the entrance to the café on the recreation corridor would not close properly as it gets caught on the floor
- the door to bedroom 4 in An Ghraig was held open with a chair
- the smoke seal on one fire door was noted to be damaged

Judgment: Substantially compliant

Regulation 9: Residents' rights

On this inspection it was found that more residents were spending time away from their bedrooms than found on previous inspections. This was especially noticeable in An Ghraig unit. Residents were seen to participate in activities in the new sitting room and some residents commented that the room was a great addition to the unit. The new communal areas on the recreation corridor in Dochas was also in use for dining and activity purposes.

Staff in each of the units were seen to engage with residents in a familiar but respectful manner. There were activities ongoing in each of the units, mostly facilitated by staff that were in the role of "homemaker". These staff were mainly responsible for supervising residents and facilitating activities in communal areas.

Despite these improvements, it was evident that the multi-occupancy nature of the bedrooms had a negative impact on the quality of life of residents. One resident told the inspector that he had wanted to watch the news on television the previous evening but was told by another resident that he couldn't do so as he didn't like television. The resident also complained that he was told by another resident that he was disturbing him as he was coughing too much. Another resident complained that he was in a room with two other residents and he didn't like it as they had the television volume too high. Both of these issues were addressed through the complaints process and involved a change in bedroom with the agreement of the residents.

As already stated in this report, a review is required of the bedrooms to ensure that the rights of each resident are protected and that residents have the right to self determination in relation to daily activities and recreation. As found on previous inspections:

- the multi-occupancy nature of bedrooms does not support residents to receive personal care in a manner that protected privacy and dignity. These screens provided little or no protection from the noise and odours that a resident might experience in multi-occupancy accommodation
- while there were televisions in each of the bedrooms, the design and layout of the bedrooms meant that some residents did not have a view of the television screen

Judgment: Not 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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0030775

Date of inspection: 21/10/2020

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 |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff advised of mandatory training requirements • All staff aware of HSE land and encouraged to access when time permits • E learning zone has been set up beside the training room • Monitoring of staff training on training matrix and reminding staff when they need to review and renew certificates • Safety Pause at ward level to remind staff of necessary training • Notices and contact staff via What’s App to inform staff of upcoming study days • E rostering induction to commence which will record and highlight staff individual training records • Staff training needs analysis completed in Dec 2020 to guide training. • Staff training will be reviewed during the completion of staff professional development plan. • Fire training, CPR training and manual handling training being conducted safely on site in line with Covid 19 safety guidelines. • New Health and Safety representative just trained. • Infection control link nurse in training. • In house instructors in CPR and Manual Handling • 2 Staff undergoing the higher diploma in gerontology 2020-21 | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and</p> | |

management:

- Review conducted into Covid 19 outbreak in April 20 by Public Health. A local review of the outbreak was conducted by the management team and GPS in October 2020.
- Work has been completed on the transition of the Day care centre into a Cohorting unit to be used in event of further confirmed Covid 19 outbreak within the hospital. The area is now prepared and ready for use with adequate PPE, sanitisers and all necessary equipment
- Staff have been informed about the use of the cohorting unit in the event of a Covid 19 outbreak at staff meetings and also this is covered in the Covid 19 management plan.
- Covid Committee in place with Lead Worker Representative.
- 2 New CNM2 appointed from the national panel. Temporary posts at present.
- Regularization process has commenced for senior managers.
- Rooms 1, 3 and 5 in Crionna – the sinks have been relocated from the residents bed areas to the entrance of the rooms- 4 residents in these rooms. This has provided the residents with more personal space.
- Room 7 in Crionna has been reconfigured with 4 beds.
- Double wardrobes and dressing tables provided throughout the hospital to enhance resident’s personal space. The dressing tables give the residents a space to display their personal possessions.
- The reconfiguration of beds has provided more personal space for residents.

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| Regulation 12: Personal possessions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- Further delivery of lockers, dressing tables and wardrobes received in December 2020 – and distributed to the wards to enhance the resident’s personal space.
- Families advised to bring in photographs and memorabilia that may be of sentimental value to residents
- Encourage residents to personalize own bed areas – resident choice sought and respected.
- Refurbishment of all wards underway.
- Crionna ward is complete: all rooms in Crionna have had the ceiling hoists installed, all rooms have been painted, due to the reduction in bed numbers residents have more space in the majority of the wards and they have been provided with the additional furniture. Resident’s choice was respected in Crionna in relation to choosing the decors ie curtains, names of the new single rooms, pictures etc.
- Dochas upgrade planned for March 2021 in conjunction with the refurbishment of the rooms. Pictures and soft furnishings sourced in conjunction with Dochas resident’s feedback for recreational corridors and bedrooms.
- Residents meetings to ensure all residents happy with environment and to gain feedback.

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| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A new day room and dining space have been introduced in An Ghraig and refurbishment of An Dochas is on-going.
- Building work in process to build the 20 single room extension at the back of the hospital.
- The main entrance has been upgraded in line with planning requirements.
- Previous staff room in Crionna renovated to provide an additional single room for Crionna .
- The maximum occupancy in any ward is 4 residents .All excess beds have been removed from the rooms.
- A significant number of handwashing sinks have been relocated form within the wards to inside the doorways :

Saoirse – the sinks have been relocated to inside the door in the male and female rooms.
Dochas- the sinks in wards 1, 2 and 3 were relocated to inside the door.

- Upgrading the environment in Saoirse the Dementia unit.
- The main hospital stores is being upgraded and items stored in each unit have been streamlined due to Covid 19 requirements.
- An Ghraig new sitting room in use.
- Designated visiting areas with shelter provided for the visitors and internal speakers to ease communication.

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|--------------------------------|-------------------------|
| Regulation 26: Risk management | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 26: Risk management:

The Hospital safety statement has been updated and is on display throughout the hospital. The names of the Health and safety representatives and Covid Leads are indicated on this updated document.

The Hospital Risk Register is in place, regularly updated and includes the latest risks (ie risk of staff not being vaccinated)

The risk of residents in multi occupancy rooms has been reduced as bed occupancy reduced from 7 to 4, and 5 to 4. A maximum bed occupancy of 4 residents per room throughout the hospital is now in place and surplus beds have been removed allowing additional personal space per resident.

The daycare unit has been converted to a temporary Covid 19 Cohorting unit with the ability to have 7 residents isolated there in the event of a Covid 19 Outbreak. This designated area is available for residents that may test positive for the virus. To date this area has not been required for us.

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

- Infection Control Link Nurse in training.
- Uniform policy in place and scrub suits available on site in the event of a Covid 19 outbreak.
- All staff facilities segregated and upgraded to meet Covid 19 Requirements.
- Currently requesting the implementation of a Cleaning supervisor role for CCH-business case has been submitted.
- Review and introduction of improved cleaning schedules – in process.
- Specific grey uniform and separate roster for cleaning staff.
- Hand sanitizer units at the end of the beds in the main wards – staff in the dementia unit – use the small hand sanitizers attached to their pockets.
- Induction and training on all cleaning products and equipment -formulated Cleaning standards have been augmented.
- Audit of cleaning standards being done.
- Transition of Daycare centre to the Covid 19 Cohorting unit.
- Staff and maintenance twice daily temperature checks
- Monitoring of staff sick leave and Covid symptoms.
- Covid 19 vaccination programme complete – 2 doses of the Pfizer Biontec vaccine administered for residents and staff.
- 2 weekly Covid 19 serial Swabbing of staff continues. Very competent team of Covid 19 Swabbers.
- Infection Control Committee in place.
- Resident temperature twice daily and all residents presenting outside usual parameters for medical review +/- Covid swab as decided by medical officer
- Installation of overhead hoists to reduce transfer of equipment from room to room

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| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire training ongoing monthly in line with Covid 19 safety precautions .This training has been booked 2 monthly for 2021 to provide training to all staff as required
- Fire plan currently being reviewed and updated by our new fire officer in view of current changes to designated center and due to Covid 19 Issues.
- Consultation with new fire officer ongoing.
- Regular unannounced fire evacuations practiced throughout Centre.

- Review of gaps in fire doors underway as overseen by the maintenance team.
- Fire retardant cupboards updated for the safe storage of hand sanitizers.
- Fire retardant Duvet covers purchased.
- No Smoking policy.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Holding regular residents meeting/forum with the CNMs at ward level and with the DON.
- Review and respond to any/all complaints from residents as they occur
- Review of any reported incidents relating to residents and resolve as soon as possible, including safeguarding incidents.
- Residents have the right to reside in a clean and safe environment and all cleaning standards have been reviewed in line with IPC guidelines.
- Residents were given informed choice in relation to the receiving of the Covid 19 vaccine.
- Resident safety is a priority and the fire safety policy is currently under review.
- Staff caring for the residents must be well trained to oversee the safe care of the residents. We are ensuring that staff registration and training is up to date. Some senior management roles are being regularized.
- Additional single room available in Crionna for isolation or palliative care.
- Additional living room space has been provided in Dochas and in An Ghraig .
- Additional space has been provided in the residents rooms due to the reduction in bed numbers to 4 maximum. Residents involved in choosing their new wardrobe and a dressing table if required.
- Additional TVs and improved location of TVs in Crionna in association with the unit upgrade. Additional TV installed in the new sitting room in An Ghraig.
- Chrome cast has been added to the TVs to broaden the choice of viewing material for residents.
- Residents in Dochas and An Ghraig looking forward to the opening of the new extension from these units to provide more communal and dining space.
- Resident's choice is respected in relation to activities –Elderwell staff returned in line with safe practice.
- Residents religious choice is respected, the priest and minister have been vaccinated and a planning a safe return to practice.
- The Resident Care Records introduction to Clonakilty Community Hospital is near completion. This Care Plan promotes Resident Autonomy and enhances consultation and communication between the Health Care Provider and the Resident.
- Engagement with the clinical pharmacist and medical officer continues to be facilitated in relation to their medications.

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 |
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| Regulation 12(a) | 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 a resident uses and retains control over his or her clothes. | Substantially Compliant | Yellow | 31/01/2021 |
| 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 | Substantially Compliant | Yellow | 31/01/2021 |

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| | store and maintain his or her clothes and other personal possessions. | | | |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 31/03/2021 |
| 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. | Not Compliant | Orange | 31/12/2021 |
| 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 | 31/01/2021 |
| Regulation 26(2) | The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. | Substantially Compliant | Yellow | 31/01/2021 |
| Regulation 27 | The registered provider shall ensure that procedures, | Substantially Compliant | Yellow | 31/01/2021 |

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| | consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | | | |
| 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 resident catch fire. | Substantially Compliant | Yellow | 31/01/2021 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 31/03/2021 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably | Not Compliant | Orange | 30/03/2021 |

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| | practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | | | |
| 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. | Not Compliant | Orange | 30/03/2021 |