Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Announced
Date of inspection:	06 December 2023
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0034279

About the designated centre

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

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. It was originally built in the 1800s as a workhouse and has been a community hospital since the 1990s. It is a two-storey premises but all resident accommodation is on the ground floor. The centre comprises two units 'Cuisle', and 'Dochas'. The formed 'Sonas' unit is now an administration block. The centre will accommodate 72 residents when the current renovations are completed. A number of bedrooms have full ensuites attached while the remainder share communal, bath, shower and toilet facilities. Bedrooms include, single, double, triple and four bedded units. The centre is registered to provide care to residents over the age of 18 years but the resident population is primarily over the age of 65 years. There is currently space to accommodate 44 residents with full time, 24 hour nursing care available. A range of meaningful activities are available and the centre is embedded in the local community who organise fund raising on an annual basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38

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
Wednesday 6 December 2023	10:00hrs to 18:00hrs	Mary O'Mahony	Lead
Thursday 7 December 2023	10:00hrs to 17:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

From observations made on the days of inspection and from the comments made by residents, it was apparent to the inspector that staff treated residents with great kindness, and they were committed to upholding their rights. On arrival at the centre the inspector observed that the external grounds were well maintained, Residents were seen to be preparing to go out with family members who had been given "swipe cards" to come and go from the centre whenever the front door was locked. In addition, a delivery of fresh vegetables and meat was noted to be underway. This was an announced inspection. Prior to the inspection, the Health Information and Quality Authority (HIQA) had sent out questionnaires to residents and relatives in the centre. The inspector review 30 completed questionnaires during the inspection, which was a very high rate of response. In addition, five others were posted the the Head Office of HIQA. They were seen to contain positive comments on all aspects of life in the centre.

In the centre, the inspector spoke with the majority of residents and spoke with eight residents in more detail. Residents told the inspector that they were satisfied with the care and the activities provided. The inspector spoke with seven visitors at various times throughout the two days and they were very complimentary of the care and the staff. They described staff as "very kind" and "going above and beyond". Residents passed comments to the inspector such as staff "listen to you" and the "care is second to none". The person in charge was seen to be well known to residents and relatives and was approached by residents and relatives frequently throughout the two days.

Following an opening meeting with the person in charge and the clinical nurse manager 2 (CNM2), the inspector was accompanied on a walkabout of the centre. As found on previous inspections the building was reflective of the era, having been converted from the local 'workhouse', to a community hospital in the mid 1900's. Residents' accommodation was located on the ground floor and staff facilities were located upstairs. Efforts had been made over the years to create a less institutional, more homely environment overall. This work was continuing at the time of inspection with the ongoing refurbishment of the two remaining units, Cuisle and Dochas, as well as the addition of eight new single en-suite rooms. A third unit, Sonas, has been converted into an administration and office area. The centre was originally registered for 72 residents. However, while the renovation work was being undertaken the registered numbers had been reduced to 44. There were 38 residents living in the centre on the day of inspection, with six vacant beds.

The main reception area consisted of a large, bright foyer where residents met visitors and used the tables on which to make large jigsaws and art work. In this open plan seating area residents were seen to congregate around tables for mass, morning tea, meals, activity and newspaper reading. Residents who spoke with the inspector were found to be informed about HIQA and the inspection process. The kitchen and Cuisle unit were located next to the foyer. While there were a number

of single and double rooms in Cuisle, there were also two four-bedded rooms. The inspector observed that all bedrooms were not all conducive to promoting privacy and dignity for residents. This will be discussed under Regulation 17, Premises, in this report. Communal rooms were seen to be used for different activities, such as the prayer room, the dining rooms, the sitting room and sun lounge. In the second unit named Dochas, there were three, four-bedded rooms, as well as five double rooms and eight single bedrooms. Residents' bedrooms were seen to be decorated in a personalised manner, where space allowed, with some photographs and flowers on display. There were comfortable communal rooms in this area also with patio doors opening out into a nicely planted internal courtyard. Residents were seen to walk or sit outside. Residents said that they had been involved in planting the raised flower beds with the activity personnel. The person in charge explained to the inspector that a new extension of eight single en suite bedrooms was almost completed and it was proposed to have these ready for inspection within weeks.

The inspector observed that residents were encouraged to go out of the centre with family and friends, in order to maintain social and community contact. A group of residents said they had been out at a restaurant and at a play recently. Others said they planned to go Christmas shopping in the near future. Minutes of residents' meetings were maintained by an external group of activity personnel. Members of this team were seen throughout the day engaging with residents at bingo, art work, newspaper reading, walks and music with exercises. Meals were seen to be served from the kitchenette on each unit, having been prepared in the main kitchen. Menus were displayed and the meals were stated to be "very tasty" with appropriate portions available. Residents said there was also a tea round before bedtime, which provided milk, yogurt, sandwiches, tea, or biscuits. Throughout the two days of inspection staff were observed encouraging residents to mobilise and to eat and drink independently, according to their abilities.

The inspector observed that two computer desks were set up in the hallways of the centre for residents' use, for communication, for internet access and also for activity. One visitor was seen to be using the computer with their resident, in order to communicate by video call with other relatives. Visitors and residents told the inspector that they were very happy with the arrangements in place for visits. Each unit had a private visitors' room and nice alcoves, suitable for private chats, around the corridors. Visitors were seen in these areas throughout the day and they said they had good access to their relatives.

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

Capacity and capability

On this inspection, the inspector found that the governance and management arrangements required by regulation, to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, required review and action. This was outlined in detail under Regulation 23: Governance and management, in this report. Further action was required also in, staff training and development, Regulation 16: as well as premises, Regulation 17: and personal possessions: Regulation 12: highlighted in more detail under the relevant regulations.

There was a senior HSE manager nominated to represent the provider, which was the Health Service Executive (HSE). This senior manager liaised with the management team and attended weekly meetings with the person in charge. The senior management support was welcomed by the local team and this senior manager attended the feedback meeting at the end of the second day. The person in charge had responsibility for the day-to-day operational management of the designated centre, as described under Regulation 23, which outlined issues which required action. Other managerial supports include three CNM2s, and two CNM1s (clinical nurse managers 1 and 2). The post of assistant director of nursing (ADON) remained vacant since the previous inspection. The management team were supported by an experienced medical team, nurses, health care assistants, catering, household, administration and maintenance staff.

The roster and the staffing levels on the day of inspection indicated that there were sufficient staff on duty to meet the needs of residents. Staff files were available for inspection and these were seen to be well maintained. Nevertheless, while up-to-date training had been provided to staff in a number of key areas, there were a number of gaps noted in other areas of training such as, safeguarding and responsive behaviour, as highlighted under Regulation 16. The person in charge stated that training and oversight of training requirements were impacted on by the challenges of managing two centres, as well as overseeing the ongoing building and renovation works.

Residents spoken with were overwhelmingly complimentary, about staff and the management team. This was also reflected in conversation with relatives, who praised the person in charge and the care team in general. They felt happy that their concerns and complaints would be addressed. For example, recent complaints about the loss of clothes, at an external laundry service had been addressed, and residents had been compensated for this.

There was evidence of quality improvement strategies and ongoing monitoring of the service. The annual report on the quality and safety of care had been compiled for 2023. Falls, complaints and incidents were trended for improvement. The centre was involved in a study on antimicrobial resistance (encouraging the judicial use of antibiotics), which was also monitored in the centre, to ensure that antibiotics were not overused, thereby increasing the likelihood of their effectiveness. Following completion of audits, there was evidence that the outcomes were discussed at management meeting and a person was identified in each case to action the

findings of audit. This meant that audit was used as a tool for continuous improvement.

Overall on this inspection there was a responsive attitude to regulation and management staff demonstrated a commitment to addressing the findings and improving the daily lives of residents.

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

As there were some changes to be made to the statement of purpose and the floor plans the provider had applied for a variation in condition 1 of the registration conditions.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of residents in the centre.

The skill mix on duty was appropriate and registered nurses were on duty over the 24-hour period.

Judgment: Compliant

Regulation 16: Training and staff development

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

This included:

- training in safeguarding
- training in responsive behaviour (behaviour that occurs because of the effects of dementia or other medical condition effecting the brain)
- training in manual handling.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents' was accurately recorded, in line with the requirements of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The required records were accessible and well maintained.

The sample of staff files reviewed contained the documents required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date insurance certificate was in place.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts viewed by the inspector were compliant with the regulatory requirements.

The identification of room numbers for residents and any applicable fees were included in the document.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which set out the description and ethos of the centre which required review.

It required updating in relation to renaming of some store rooms and the change of use of a bedroom to an office, on a temporary basis, while the renovations were ongoing.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Specified incidents had been notified to the Chief Inspector within the regulatory time frame:

For example:

- any sudden death
- any incident resulting in serious injury requiring medical treatment.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place.

Residents' complaints and concerns were listened to and acted upon in a timely manner.

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

Judgment: Compliant

Regulation 23: Governance and management

There was a lack of a clearly defined management structure that identified the lines of authority and accountability and specified roles and responsibilities for all areas of care provision, as the person in charge had subsumed responsibility for another local HSE centre for short stay residents in the local vicinity.

The post of ADON had been vacant for an extended period of time and one of the CNM's was also involved in the management of the other centre. This meant that managerial oversight was limited on site particularly at a time when there were numerous changes happening in the centre in relation to building works and capital projects.

The inspector saw that there was a lack of managerial oversight of

- training and development for staff as outlined under Regulation 16.
- premises and personal possessions as outlined under Regulation 17 and Regulation 12.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which met their needs and was generally respectful of their wishes and choices. The inspector saw evidence that residents' had good access to healthcare services and a good level of social involvement. However, the inspector found that some improvements were required in fulfilling the regulatory requirements for premises, in this dimension of the report.

The inspector reviewed a sample of care plans and was assured that residents' health care needs were met to a good standard. Residents had regular access to general practitioner (GP) services. There were appropriate referral arrangements in place to services such as, the dietitian, speech and language therapy (SALT), dental and opticians. Validated assessment tools were used to identify clinical risks such as falls or poor skin integrity. These assessments informed the care plans, which provided guidance to staff to deliver personalised care. Residents' end of life care preferences were seen to be recorded. The centre had access to specialised palliative care, when required. The person in charge confirmed that the pharmacy provided a good service to residents and also provided an audit service to the centre. This meant that errors were prevented and medicine stocks were reviewed and kept up to date.

Residents' hydration and nutrition needs were assessed and regularly monitored. Where supplements were required these were prescribed by the GP. There were sufficient staff available at mealtimes to assist residents with their meals. Residents who required modified and fortified diets were provided with appropriately prepared meals. The inspector observed that these modified meals were nicely prepared and looked appetising. The person in charge explained that the main meals would have to be sourced externally, for a short period of time, as the main kitchen was the next area to be renovated. In addition, each unit had a staffed kitchenette, so that small meals could be prepared, such as the breakfast, on site.

The centre had a risk management policy in place that set out the management of a number of specific risks, as required by the regulations and the controls in place to mitigate such risks. Fire safety management included servicing of the alarm system and emergency lighting, maintenance of the fire extinguishers and ensuring all staff attended regular fire drills and annual fire safety training.

Overall, the premises was clean and well maintained. Staff were, in general, observed to be following appropriate infection prevention and control guidelines. Nonetheless, here were some aspects of the premises with required action, as set out under Regulation 17: Premises.

Residents were generally consulted about their daily routine and life in the centre. Residents said they felt safe and were able to name senior personnel who they could talk with, if they had concerns. Advocacy arrangements had been accessed and advocacy services were advertised throughout the centre. Resident' meetings were held regularly and there was a good level of attendance at these according to minutes seen. Records indicated that issues raised at these meetings were addressed for example, a discussion on choices of new bedrooms when the renovations were completed. In addition, survey results and questionnaire results were praiseworthy of all aspects of care. There was a great variety of social activity available on a daily basis. This included "yoga", art, music, drumming, "tai-chi", playing cards and philosophical discussions. Residents all spoke about this service and said that the activities were "meaningful and interesting." These were documented for each individual and the activity provider told the inspector that they ensured that those who did not attend the group activities, had one-to-one interaction, of a social nature, daily.

Regulation 10: Communication difficulties

Care plans were in place for residents who had communication difficulties. These included strategies for staff to ensure effective communication with residents.

Sensory activity sessions were used to enhance communication for certain residents.

The inspector observed that residents were spoken with a kind and respectful way by staff, who were familiar with their assessed needs.

Judgment: Compliant

Regulation 12: Personal possessions

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

Some single, twin and four bedded rooms were small, with little space for personal items such as photographs, small items of personal furniture or a suitable chair.

Judgment: Substantially compliant

Regulation 13: End of life

Residents at end of life were afforded safe, professional and kind care.

Relatives had free access to visiting, and tea and snacks were provided for them.

Choices were respected, for example, if a person wished to stay in the centre for treatment this was facilitated. Comments were seen in 'thank you' cards from relatives, such as, the resident "was nice and happy here with ye"".

Judgment: Compliant

Regulation 17: Premises

A number of aspects of the premises did not conform with the requirements of Schedule 6 of the regulations:

The layout and available individual space in some single, twin and four bedded rooms was not suitable for meeting residents' privacy, personal and care needs;

- For example: In three of the twin bedrooms in the newly renovated section of Cuisle there was only 30ins of space between the ends of the two beds in those rooms. This meant that space was limited for moving comfort chairs or for residents mobilising with walking frames, as well as not providing sufficient space for privacy and dignity needs. Staff demonstrated to the inspector the challenges that would present should the rooms be occupied by a resident with specific needs, with additional equipment or with high needs who were accommodated in these rooms, as their long term home. The inspector found that these rooms were not suitable for long term care residents, or residents with high care needs.
- In addition, the glass panels on the doors and windows of the bedrooms further limited the privacy in the rooms as there was blinds or window coverings. Not all residents' lockers and wardrobes were easily accessible, without realigning the beds in the bedrooms.
- In the four bedded rooms in Cuisle, staff said that it was difficult to attend to all resident's needs when the four beds were in place. Space was limited for privacy and dignity needs. In one of these four bedded rooms one bed had been removed during the current renovations and staff described that the residents' needs could be attended to more easily, using movement hoists or

commodes, because of the additional space afforded by the removal of one bed.
- The inspector was made aware that residents in the smaller single rooms had complained that their room was too small.
- In the Cuisle unit there was an issue with a leaking roof tile, which required action,

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was up to date.

There was a risk register in place, which included new risks associated with the renovations and the controls in place to manage those risks were kept under review.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practice in relation to infection control.

Issues identified on the previous inspection had been addressed.

- There were a number of new 'hand wash sinks' installed, and sufficient hand sanitising gels were available.
- Housekeeping staff had appropriate training, and staff were seen to have signed to confirm that cleaning tasks had been completed.
- Training in infection control was undertaken by staff.
- Management staff maintained a register of the use of antibiotics. This meant that there was oversight of the type of antibiotics in use, to ensure judicial use of appropriate antibiotics.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to ensure that fire safety was well managed in the centre, and issues previously identified had been addressed.

In this centre fire safety works were under constant review, as renovations were ongoing at the time of inspection.

Piped gas and oxygen were being turned off at source, for the next stage of the renovations.

Additionally:

- A number of the fire-safe doors had been certified as, fit for purpose. (The provider had engaged a competent contractor to undertake replacement and remedial works on the remaining fire doors. This was an ongoing process in conjunction with the refurbishment.)
- Additional sets of fire-safe doors had been put in place in various locations and older doors had been replaced.
- The main leaf of bedroom doors had been fitted with automatic closures, which meant that doors would close automatically in the event of a fire.
- External evacuation pathways had been widened and surfaced.
- Fire drills, including evacuation drills externally, were undertaken at regular intervals, and this documentation was reviewed.
- Staff spoken with, were knowledgeable of what to do in the event of a fire.
- Daily, weekly and three monthly checks of fire safety equipment were recorded.
- Ski sheets for evacuation purposes were available if required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were maintained for each resident.

- In the sample reviewed, a completed comprehensive assessment and relevant care plans, based on residents' assessed needs, were seen to be in place.
- Care plans were maintained in a paper format and were found to be written with a person-centred approach to meeting the needs of each individual.
- They were reviewed every four months or more frequently, as required.
- Key information on residents' life history underpinned a number of the care plans reviewed.
- Clinical assessments tools such as the MUST (malnutrition universal screening tool) were used to evaluate residents' needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health care was provided, and this was underpinned by a high standard of evidence based nursing care.

The centre had the services of a medical director.

A review of residents' medical records found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. This included advice from the dietitian and the physiotherapist.

Pressure ulcers and other wound care was seen to be carried out in line with professional guidelines from the tissue viability nurse (TVN) and external medical consultants.

Judgment: Compliant

Regulation 8: Protection

Staff interactions with residents were seen to be respectful and supportive.

A number of staff had received training in the prevention, detection and response to abuse, according to the records seen. Where any allegations had been made, appropriate steps were taken to address this and to prevent any harm to residents. Issues requiring ,relating to training, were addressed under Regulation 16.

Finances were well managed, in line with the HSE patient property policy

The centre acted as a pension agent for nine residents, and these accounts were properly maintained for each individual.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector that they were happy in the centre and felt their rights were respected and promoted.

Residents reported that they felt safe and "at home" in the centre and they attributed this to the staff, many of whom had been working in the centre for a number of years. A number of staff members were local people and had an in-depth understanding of residents' previous lives and interests. Visitors and residents both confirmed that they were treated with kindness, by the management team and care staff.

Residents had access to social outings, an activity group from an external company, gardening, music, religious services, external and internal musicians and celebrations with family.

Residents felt that they could raise concerns about the centre, and they told the inspector that they felt that "their opinions mattered" to staff.

A review of minutes of residents' meetings, and of thirty five HIQA questionnaire survey forms received by the inspector, evidenced overwhelming positive comments from residents and family members.

It was apparent that where residents made suggestions for improvement, these were acted upon by staff in the centre.

Activities, in general, were meaningful to residents and they praised the accommodation, the staff and the support available in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0034279

Date of inspection: 07/12/2023

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: A comprehensive training schedule has been completed and implementation has commenced.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of purpose has been updated and submitted with updated floor plans to registration 26/01/2024.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There is a CNM2 assigned to the Fermoy Welfare Home. Once appointed the ADON will take the lead on governance and management of the Welfare Home. The ADON will have oversight of staff training and development. Each CNM2 have oversight of their own staff	

training and development.

Person in charge confirmed that the ADON recruitment process is complete and will officially commence in post of ADON on 26.2.24.

The ADON will take responsibility for the governance and management of the Welfare Home.

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Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Every effort is currently being made to ensure that residents have a homely environment. Currently every resident has access to a wardrobe, a locker, personal space for photographs and a secure area for personal items. On completion of the capital project, a review of the space will occur to identify the most suitable space to accommodate short stay residents. There will be live and ongoing risk assessments taking into consideration the clinical dependency of the residents in these areas.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The following issues have been addressed:
1. Every effort is currently being made to ensure that residents have a homely environment. Despite the room size, delivery of care is not compromised. On completion of the capital project, dedicated areas will be identified to accommodate short stay residents. There is live and ongoing risk assessment of the spaces in the shared rooms, taking into consideration the clinical dependency of each resident in these areas.
2. Blinds and frosting has been ordered for the windows.
3. Remedial work to repair the tile is in process and will be completed prior to occupation.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/10/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Not Compliant	Orange	31/10/2024

	which conform to the matters set out in Schedule 6.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	26/02/2024
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	26/02/2024
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	26/01/2024