



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Kanturk Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Kanturk, Cork
Type of inspection:	Unannounced
Date of inspection:	11 March 2021
Centre ID:	OSV-0000572
Fieldwork ID:	MON-0031327

## About the designated centre

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

Kanturk Community Hospital is a designated centre located on the outskirts of Kanturk town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 24 residents. It is a single-storey building set on a large mature site which also accommodates the Ambulance base and the Duhallow community services. The layout of the centre comprises a long corridor with multi-occupancy wards on either side of the corridor. Residents' bedroom accommodation is provided in six single rooms and five four-bedded wards. All bedrooms have wash-hand basins and there are shower, bath and toilet facilities available. Communal spaces comprise a large conservatory and dining room; both have comfortable seating and dining tables. There is a visitors room with coffee dock, and a chapel. There are two secure garden areas as well as walkways, seating area with shrubbery that can be viewed from the conservatory. Kanturk Community Hospital provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided, mainly to older adults.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	19
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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
Thursday 11 March 2021	09:30hrs to 17:30hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

The inspector arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

The main entrance to the hospital was wheelchair accessible. There was COVID-19 advisory signage and hand sanitiser in the front porch. Entrance to the main building was usually open, but this was now locked to facilitate COVID-19 precautionary measures on entering the building to ensure the safety of residents and staff.

Overall, the premises was bright, clean and communal areas were pleasantly decorated. Rooms such as the sluice rooms, clinical rooms and a pharmacy room were securely maintained to prevent unauthorised access to hazardous and clinical products.

The centre was set out on a long corridor with nursing and administration offices to the right and left of the main entrance. The palliative care room was located to the right and had an additional separate entrance from the garden; this enabled visitors to come into the centre without walking through the building which facilitated privacy as well as COVID-19 precautions.

The Edel Quinn suite had reduced from a four-bedded room and was now a two-bedded room with wash-hand basin and patio door access to the enclosed garden. Alongside this, there was a newly refurbished shower room with toilet and wash-hand basin; there was a dani-centre with personal protective equipment (PPE) storage discreetly located here. Further along the corridor there was access to the enclosed garden on the right; the gazebo was recently covered over to enable protected visits and an over-head heater was installed so the visits could be facilitated in comfort. The main kitchen was located on the left opposite Edel Quinn suite. The chapel was on the left beyond the kitchen, and residents were observed visiting here at their leisure.

There was new signage along the corridor indicating an incline/decline in the corridor to highlight the change in flooring camber. St Theresa's, St Mary's and St Patrick's multi-occupancy bedrooms were located on either side of the corridor; and St Oliver's was accessed through St Patrick's unit. Significant improvement was seen in these bedrooms as they were all now reduced from eight-bedded rooms to four-bedded rooms, giving residents much more space for their personal belongings. New small dining tables with chairs were provided in these bedrooms and residents were seen sitting and having their morning coffee and chocolate, reading the newspaper and chatting here. Residents had new double wardrobes, bedside lockers and chest of drawers and they said they were delighted with them. There were large flat screen TVs on either side of the room for residents' viewing. There were two single

rooms off St Theresa's; one of these rooms had a shower en suite added since the last inspection. Additional toilet facilities were installed in the bathroom between these single rooms; other shower and toilet facilities were available throughout the centre.

The dining room was a large room which led into the conservatory day room and they were located at the end of the corridor on the left. Both rooms were decorated with items of domestic-style furniture such as dressers with chinaware and comfortable seating which provided a homely environment for residents to enjoy. There was a large flat screen television so residents were able to access on-line programmes. The second enclosed garden area was located outside the conservatory. There was a new ramp installed to enable wheelchair accessibility to and from the conservatory. The gazebo was recently enclosed and a new heater installed so visits could be enjoyed in comfort.

The inspector stayed in the day room chatting with residents in the morning where there was a lovely relaxed social atmosphere. A staff member was observed up-styling a resident's hair and they were seen to have a lovely chat. Another resident saw the styling and asked for her hair to be trimmed. The healthcare assistant discussed the style and colour and up-styled her hair after lunch. Medications were seen to be administered before dinner so that mealtime was protected for residents'. One resident asked the nurse what the medication was for and the nurse took the time to explain the medications to her. A Daniel O Donnell concert was playing on the TV and residents said they enjoyed him. At lunch time residents were asked their menu choice and special requests were facilitated in a respectful manner. Appropriate assistance was provided to residents and the mealtime was unhurried.

The conservatory and dining room were decorated with Valentine's Day hearts which staff made with residents. Staff were very aware of the impact of level 5 COVID-19 restrictions on residents and had organised many events since Christmas to brighten their day. For example, photographs of celebrations such as 6th January Nollaig na Mban, both vaccination days, 1st February making St Brigid's crosses, and blessing of throats on the feast day of St Blaise. Staff brought a two-plate cooker into the day room and made pancakes with residents on shrove Tuesday. Other photographs of baking showed residents helping with mixing ingredients for St Valentine's day cake. Residents took part in 'UCC Leisure and Social Occupational Choice within Nursing Homes Care Facilities in Ireland: A Residents' Perspective. There were photographs of tremendous celebrations following everyone getting their second dose of the vaccine.

The recently re-furbished coffee-dock was located at the end of the corridor. This comprised a lovely bright seating area with a kitchenette alcove, with hand-wash sink, tea and coffee making facilities for residents and visitors to enjoy.

Residents spoken with said they tuned into mass, especially to Boherbue, as mass from there was really lovely. Residents were observed with their own mobile phones and I pads. One resident spoken with said that staff had taught her how to access on-line programmes; they were teaching her how to do on-line banking as the bank in Kanturk was closing and this would enable her to do her banking independently.

Residents were encouraged and assisted to maintain their connection with the families and friends through visits, mobile phones and virtual platforms. Throughout the day, there was a lovely atmosphere, great craic, banter and social interaction observed. Cork county library donated several gifts to Kanturk Community hospital and photos showed residents and staff assembling bird-feeders; they also donated games such as animal bingo which the residents said they really enjoyed playing it. All residents were included and encouraged to participate in various activities throughout the day.

Minutes of three recent residents' meetings were seen from December 2020, October 2020 and July 2020. The latest meeting was conducted in three different groups to facilitate social distancing. The topics discussed in these meetings included COVID 19, new visiting guidelines, respiratory etiquette, choice of late evening activities, progress of the new building, information on closed circuit television (CCTV), advocacy support group and spirituality aspects. Residents had opportunities to openly discuss their concerns and to be actively involved in the day-to-day running of the centre through this forum. The person in charge and clinical nurse manager had oversight of these minutes so that any issues raised could be remedied in a timely manner. Residents had access to SAGE advocacy services and information was displayed providing information on accessing this service.

Good hand hygiene practices were observed throughout the inspection and wall-mounted hand sanitisers were available around the centre. Appropriate use of personal protective equipment (PPE) was observed.

The evacuation floor plans were displayed and these included a point of reference so that people would know the shortest and easiest escape route from their current location, should the need arise. a large floor plan was displayed of the proposed new building extension for residents to see and examine. The new building was discussed with one resident who was undecided whether she would like a single room; she said the person in charge kept everyone informed of building planning progress and would show them around when the time came to see the new facilities.

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**

Kanturk Community Hospital was a residential care setting operated by the Health Services Executive (HSE). The registered provider representative was the general manager for the CH04 area of the HSE. The person in charge was full time in post and was supported on-site by the deputy person in charge, senior nurses, care staff and administration.

The registered provider had applied to re-register Kanturk Community Hospital as per the requirements of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The application form was timely submitted and fees were paid. The statement of purpose and floor plans were also submitted, and were updated at the time of inspection to reflect the building as it is currently set out. The registered provider had applied to reduce bed occupancy to 24 beds, reducing multi-occupancy bedrooms from eight bedded to four bedded wards to enable privacy and dignity of residents as well as to ensure appropriate infection control measures in line with current Health Protection Surveillance Centre (HPSC) guidance for residential care settings. The findings from this inspection relating to the premises showed improvement from previous inspection findings as the numbers accommodated in the centre had reduced and could currently accommodate 24 residents.

Overall, this was a good service with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the statement of purpose. There was a commitment to provide quality care that was person centred.

There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life.

There were adequate staff to the size and layout of the centre and the assessed needs of residents. Activities were assigned to staff as well as the activities co-ordinator so activities were facilitated in residents' bedrooms as well as the day room. This ensured that all residents could participate in meaningful activities throughout the day. Training was up-to-date for mandatory training and other training was facilitated such as COVID-19 related education of breaking the chain of infection, hand hygiene and PPE usage. As many of the courses were on-line, the person in charge had scheduled meetings with staff to discuss the on-line content to ensure that staff knew and understood the course information. This ensured that training was implemented appropriately.

COVID-19 serial testing was completed on the day of inspection; and residents and staff had received both doses of their vaccination. The infection prevention and control (IP&C) self- assessment was completed and this showed a thorough review of the service and the controls in place to safeguard residents, staff and visitors to the centre. The COVID preparedness plan was updated in December 2020. This demonstrated a comprehensive review of the service and oversight of the needs within the service. The COVID action plan in place was easy to follow in the event of a confirmed case. The risk register identified risks associated with the impact of COVID-19 and additional control measures to mitigate identified risks.

The statement of purpose was displayed in the centre. It was updated at the time of inspection to include:

- deputising arrangements when the person in charge was unavailable



- access to the national screening programme
- the impact of COVID-19 pandemic on Schedule 5 policies
- floor plans with room numbers, sizes and function, enclosed garden areas, and laundry and staff facilities.

Vicliarity audit programme was discussed and the person in charge and CNM demonstrated thorough insight into the audit process, its value and the positive impact audit had on promoting a social model of care delivery. Evidence of this was observed in the positive social interaction and delivery of care observed, and feedback from residents. A variety of clinical audits were scheduled and completed on a monthly basis; in addition, each month a quis observational assessment and quality of life survey was completed to ensure that care was delivered in line with their statement of purpose.

The annual review for 2020 was set out in the format of the national standards. It described in narrative the actions taken to improve the living conditions and quality of life for residents and actions taken to ensure and enable a person-centred approach to achieving the standard statement from the perspective of the resident. It was easy to read and at the end of the report there was a thoughtful reflection 'A Summary of Life in Kanturk 2020 – A Very Different Year' which acknowledged the impact COVID -19 had on everyone.

Incidents and accident logs were examined and these were reviewed and followed up by the person in charge. Notifications to the office of the Chief Inspector correlated with these. Feedback from residents and their families was logged. The person in charge followed up on issues raised to ensure that people were satisfied with the interventions and actions taken.

Schedule 2, records of staff files were examined. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place for all staff. The person in charge confirmed that she verified all references of new staff. Staff training records demonstrated that mandatory training was up-to-date including fire safety, safeguarding and manual handling.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider representative had timely submitted the application to renew the registration of Kanturk Community Hospital, and the associated fees were paid.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated excellent knowledge regarding her role and responsibility and was articulate regarding governance and management of the service.

Judgment: Compliant

### Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix was examined and demonstrated that staff had up-to-date training in mandatory and other training such as infection prevention and control, hand hygiene and donning and doffing PPE. There was good supervision of staff to ensure oversight of care delivered.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was updated since the last inspection and records were maintained in line with regulatory requirements.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files was examined and information required in Schedule 2 was in place including vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for all staff; these were securely maintained.

Judgment: Compliant

### Regulation 23: Governance and management

This was a good service with systems in place to effectively monitor the service to ensure care was person-centred, safe and appropriate. A social model of care was promoted.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose detailed the requirements as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of the regulatory requirement to submit notifications and these were submitted in a timely manner and in accordance with the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints records were examined. Issues were addressed in a timely manner by the person in charge or followed up by the person in charge as part of quality of life oversight. A new complaints form was in place at the time of inspection. This enabled a more robust record-keeping of complaints and their resolution, in line with legislative requirements. An additional monthly log was introduced to inform their monthly Quality and Patient Safety meetings to enable better oversight of feedback received, and ensure it was followed up appropriately.

Judgment: Compliant

## Quality and safety

The inspector observed that the care and support given to residents was respectful, relaxed and unhurried; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner. Care practices were socially oriented and facilitated residents' choice.

The medical officer attended the centre twice a week and documentation showed that medications were regularly reviewed. Residents had timely access to psychiatry of old age, surgical reviews, dietician, geriatrician specialist and palliative care. Consent was signed by the resident for items such as photography, flu and COVID-19 vaccines.

A sample of care plan documentation was reviewed. Significant improvement was noted here. Residents care plans and assessments were comprehensively updated in accordance with the regulations; they were person-centred and contained lots of information to guide staff on individualised care, residents' wishes and care needs. Staff spoken with had good insight into residents specific care needs relating to behaviours and measures put in place to support staff and residents.

Care documentation included information following discussion with residents, and when relevant, their next-of-kin regarding end of life care and interventions such as transfer to the acute care should the resident become unwell. This consultation was done in conjunction with the GP. 'Order for Life Sustaining Treatment' document indicating residents' decisions were at the start of each person's notes so they could be easily accessed. COVID-19 care plans to support safe care during the COVID pandemic demonstrated a social model approach to ensure residents did not become lonely or isolated. Comprehensive wound management care was recorded in the sample documentation reviewed.

Food and fluid balance charts were maintained when clinically indicated. Reports from speech and language and dietetic services were seen for residents requiring ongoing reviews by specialist services. Current blood results informed changes to dietary requirements and these were liaised with the kitchen staff to ensure residents had appropriate specialist diets. Residents had specialist food plans to support them when clinically indicated.

Observations on inspection showed that staff had good insight into responding to and managing communication needs and provided support in a respectful professional manner. Nonetheless, more robust documentation would ensure that all staff knew how to respond to behaviours ensuring appropriate supports for residents and staff.

There was a 3-page document to be completed upon a resident transfer to another centre. Information here included the resident's care needs relating to communication, mobility, nutrition, breathing, personal care, continence and skin

integrity along with personal and clinical background information. This ensured that there was comprehensive information available about the resident being transferred so they could be appropriately cared for by the receiving facility.

Controlled drug records were securely maintained. The controlled drug book was updated at the time of inspection to provide a more robust record of controlled drug recording to mitigate the risk of near miss or medication errors. An antibiotic log formed part of the medication administration record; this enable easy trending of treatments and responses to treatments.

Good infection prevention and control measures and practices were observed. For example, good hand hygiene practices and use of PPE. Laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags; clinical waste procedures were seen to be robust. The inspector observed that when residents were in bed, urinary catheters were maintained in line with best practice.

Fire safety records reviewed showed that appropriate fire certification was in place for alarm tests, emergency lighting and equipment. Monthly fire safety drills were completed. While some records had information regarding the duration of the drill and staff responses, other records showed that more detail was necessary here to provide assurances that all staff could respond appropriately and in a timely manner if the need arose. Daily fire safety check were completed routinely on week days, however, checks were not completed on some weekends to be assured of the adequacy of fire safety measures.

## Regulation 11: Visits

The gazebos in the enclosed gardens were partially enclosed and new overhead heaters installed to provide comfort in inclement weather. Visiting was facilitated in line with Level 5 HPSC guidance. The service was committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had access to double wardrobes, bedside lockers space and some had chest of drawers in which they could store their clothing and personal belongings, including lockable storage for valuables.

Judgment: Compliant

### Regulation 13: End of life

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. Residents' care plans were up-to-date regarding wishes if they became unwell due to COVID-19. Advanced care plans were in place for all residents and the inspector noted that discussions regarding potential care options were facilitated with residents or their representative.

There was a palliative care room in the centre to enable care to be delivered in a quiet and peaceful environment.

Judgment: Compliant

### Regulation 17: Premises

Multi-occupancy bedrooms had reduced from eight to four-bedded rooms. This meant that residents had much greater space for themselves and their personal belongings. Residents had access to a large day room with conservatory, chapel, a quiet visitors room with coffee dock; and two enclosed garden areas.

Judgment: Compliant

### Regulation 18: Food and nutrition

Meals were pleasantly presented and tables were nicely set for residents prior to their meals with delph, napkins and condiments. Inspectors observed that residents were assisted in an appropriate manner to enjoy their meal and were offered choice. Appropriate nutritional care plans were in place for residents and they had timely access to dietician services, when required.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

There was a 3-page document to be completed upon a resident transfer to another

centre. Information here included the resident's care needs relating to communication, mobility, nutrition, breathing, personal care, continence and skin integrity along with personal and clinical background information. This ensured that there was comprehensive information available about the resident being transferred so they could be appropriately care for by the receiving facility. Upon transfer back to the service, appropriate information was returned with the resident in the sample of records seen.

Judgment: Compliant

### Regulation 26: Risk management

The COVID-19 preparedness plan and documents showed that risks associated with the impact of COVID -19 were identified and additional control put in place to mitigate the risks.

Rooms such as sluice, clinical and pharmacy were securely maintained to prevent un-authorized access.

Advisory signage was displayed on corridors highlighting the change in slope for people using the corridor, to mitigate the risk of falls.

Judgment: Compliant

### Regulation 27: Infection control

Good infection prevention and control practices were observed on the day of inspection. Household staff were on duty over seven days and some duties at night time included cleaning equipment. The centre was visibly clean. A cleaning regime was in place including bedroom curtains and this was completed on a rotation basis.

Staff spoken with were knowledgeable regarding HPSC guidance and appropriate use of PPE was observed. COVID-19 precautionary signage was displayed at entrances and throughout the centre. Staff were observed reminding and encourage residents regarding hand hygiene.

Laundry was segregated at source and alginate bags were used when indicated.

Judgment: Compliant

### Regulation 28: Fire precautions

In general, fire safety checks were undertaken in accordance with legislation, however, some daily checks were not completed at weekends.

Fire drills and evacuations were completed on a monthly basis, however, times, actions and improvements were occasionally not recorded to provide assurances that staff could respond appropriately if the need arose.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medications and associated documentation were maintained in line with legislation and professional guidelines. New controlled drug ledgers were introduced at the time of inspection, which were more robust and mitigated the risk of recording errors.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had evidence-based risk assessments to guide care and documentation showed that residents were consulted with regarding their care. The sample of care plans and assessments reviewed demonstrated a holistic approach to resident care. Formal evaluations and effectiveness of residents' care plans were undertaken every four months or when the person's condition required. Residents had personal evacuation plans to support them as part of their care documentation.

Judgment: Compliant

### Regulation 6: Health care

Residents had regular access to on-site GP consultation. Residents medications were reviewed as part of their consultation with their GP and ongoing monitoring and responses to medication were seen.

Residents had received both doses of their COVID-19 vaccination and records of these were detailed in their medical notes.

In the sample of residents' care documentation examined, appropriate records were



seen regarding wound care, specialist food supplements and catheter care.
Judgment: Compliant
<b>Regulation 7: Managing behaviour that is challenging</b>
While behavioural charts were in place to support residents and staff with residents' behavioural needs, more robust records would ensure that all staff knew how to respond to behaviours, ensuring appropriate support for residents and staff.
Judgment: Substantially compliant
<b>Regulation 8: Protection</b>
Safeguarding training was provided to staff and observations demonstrated that residents were treated with respect and a social model of care was promoted. Staff were appropriately supervised to ensure and enable a quality of life for residents.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Observation on inspection and consultation with residents showed that this was a social model of care delivery, where residents choice and independence was encouraged and promoted. The activity programme was varied and took into consideration the lives of residents and their past experiences. Staff were assigned to activities on a daily basis so that residents has access to meaningful activities. They were consulted with regularly and were in the process of getting feedback regarding evening time activities.
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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kanturk Community Hospital OSV-0000572

Inspection ID: MON-0031327

Date of inspection: 11/03/2021

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            There are effective arrangements in place to enable Kanturk Community Hospital to meet with Regulation 28. Precautions include Fire Equipment Service and Maintenance and the purchase of Suitable Bedding and Furniture.            Means of escape can be readily found displayed throughout the centre. Following HIQA's Inspection, the completion of fire safety checks has now been identified as the responsibility of the nurse in charge at the weekend. All Staff have been advised of same via the daily Safety Pause. Compliance with same will be audited on a weekly basis by Senior Nurse Management.            All Staff in Kanturk Community Hospital have completed Fire Training (which includes Fire Evacuation, Building Layout, Location of Fire Alarm, Location of Fire Equipment, how to detect contain and extinguish fire and how to call for assistance should it occur in the program) as per the legislation and regulations and are aware and are conversant on the Fire Policy. Each Resident also has a Personal Evacuation Emergency Plan that is reviewed 6 monthly and contained in their plan of care.            Following the Inspection, a review of all documentation with regard to fire was undertaken, in particular the documentation of Fire Drills.            Fire drill reports going forward will now contain the time taken to complete a drill and a section to record actions required based on feedback from participants and observers</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:            Staff in Kanturk Hospital have the required knowledge and competencies to manage and</p>	

deliver person centered care that is effective and safe in compliance with Regulation 7. This includes training around the management of responsive behaviours as per the legislation and regulations. Staff are also aware and are conversant on the BPSD and Safeguarding Policies. The PIC leads out on this training regionally.

There are also 2 Dementia Champions in-house.

All behaviors that are deemed to pose a risk are recorded clearly on individual care plans in order to protect the resident and others. Once a trigger has been identified using and analyzing the ABC chart, it will then be entered into the Residents Mood and Behavior Care Plan, along with strategies and approaches as to how to manage and deescalate such situations on an individual basis. This, along with the Multi-disciplinary Team and the Resident Care Record, are monitored and reviewed on an on-going basis.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	08/04/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	08/04/2021
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,	Substantially Compliant	Yellow	08/04/2021

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant		08/04/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	08/04/2021
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	08/04/2021