



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

## Issued by the Chief Inspector

Name of designated centre:	Macroom Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	17 October 2023
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0032765

## About the designated centre

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

Macroon Community Hospital dates from the 1930's. There is significant work being undertaken to modernise and renovate the building. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroon town with nearby amenities of shops, banks, churches and walkways. It is a single storey building. Bedroom accommodation comprises 26 beds with 24 single and one twin bedroom all with shower, toilet and wash-hand basin en suite facilities. Additional toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a quiet library room, a dining room with kitchenette facilities. Additional seating areas along corridors have views of the outdoor gardens. Residents have access to three secure outdoor courtyard garden spaces. Macroon Community Hospital provides 24-hour 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.

**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
Tuesday 17 October 2023	12:00hrs to 18:30hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, residents were provided with a good quality of life in Macroom Community Hospital. Residents spoken with on the day of inspection were content living in the centre and visitors that spoke with the inspector were happy with the care and support their loved ones received. Residents who spoke with the inspector gave positive feedback about the centre and the staff. There were 19 residents in Macroom Community Hospital on the day of inspection, the inspector spoke briefly with most of them and spoke with seven in more detail.

Macroom Community Hospital is a single-storey building situated on a large site which also accommodated community day services. Construction work was ongoing on the premises with the initial 26-bed unit completed, where the residents were living, with further works being undertaken. This will create more bedroom space for residents along with two more enclosed courtyards, in addition to two courtyards already open to residents. These two enclosed courtyards open to residents could be accessed from the day room, the dining room and the corridors. Occasional seating areas leading to the garden were bright and comfortable. The inspector observed that visitors to the centre used these areas to sit and converse with the residents on the afternoon of the inspection. Two empty bedrooms were closed off as there was building work being completed in them. The areas where building works were taking place were well sealed off from the residents' areas.

In bedrooms, the inspector saw profiling beds (motorised beds which facilitate comfort and safety of the residents), specialist mattresses and cushions; overhead hoists were available for ease of transfer in and out of bed. Bedrooms are all en-suite with shower, toilet and wash-hand basin, adjustable assistive equipment and storage for toiletries. Bedrooms have wall-mounted flat screen televisions, remote control blackout blinds and comfortable armchairs. The inspector observed and, with the permission of some residents, viewed a number of bedrooms. Residents' personal storage space in each room comprised of a bedside locker with a lockable drawer in the 24 single bedrooms and one twin bedroom. Wardrobes in the bedrooms were double sized. Drawers were labelled in these bedrooms to assist residents and staff to keep these areas tidy.

The premises was well maintained, clean and bright throughout. Art work had been completed with murals and poetry now forming part of the decoration on an exposed brick wall which remained from the old building in the centre. Paintings and photographs had been hung throughout the hallways of the centre, which made it more homely.

Sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment) and store rooms were accessible by fob. These rooms had the necessary equipment for staff. One store room with linen and other items for residents, had items stored on the floor which could not provide assurance that the

area was being fully cleaned.

The Chief Inspector's office had been informed that the kitchen in the centre was closed due to the building works and renovations taking place. Hot food and baked goods were being provided by an outside catering service and this arrived to the centre at approximately 12.45pm. Evening meals were prepared by the chef in the centre in the kitchenette. The inspector observed the serving of lunch and the evening meals in the dining room. Most residents used the dining room for these meals but some residents chose to have their meal in their room. Residents spoken with were very happy with the quality and choice of meals being provided. Kitchen staff spoke of how they had good communication with the restaurant providing the food and felt it was now going well after initially ironing out issues to do with modifying meals and the consistency of these meals.

Fire evacuation plans were on the walls and gave reference points to give a location for staff, residents and visitors in the centre. All equipment safety and servicing checks were complete and evidence of this was on display in the centre.

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

In general, Macroom Community Hospital was a well-managed centre where residents received good quality care and services. Areas found on this inspection that require some improvement related to the governance of notifications submitted to the chief inspector's office. This will be further discussed under the relevant regulations.

This was an unannounced inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Macroom Community Hospital is a residential care setting operated by the Health Services Executive (HSE). There is a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprises of the general manager for the CH04 area of the HSE. The person in charge reports to the general manager. The person in charge is full time in post and was supported on-site by the clinical nurse manager (CNM), nurses, care staff, administration, household, catering and maintenance staff.

Staffing levels were adequate to meet residents' assessed needs and in relation to the size and layout of the centre. The provider was keeping an overview in place

of staff members' completed training and remaining training requirements. This demonstrated that staff had received appropriate training to their various roles and that ongoing training was scheduled to ensure that staff training remained up to date.

Documentation and records were managed in a secure manner and were made available to the inspector immediately when requested. Action was required regarding notifications, some of which, were not submitted in a timely manner to the chief inspector's office. These were noticed by the inspector when reviewing the incident log of the centre. These notifications were submitted retrospectively on the day of inspection.

#### Regulation 14: Persons in charge

The person in charge was full-time in post and has the necessary experience and qualification as required in the regulations. It was evident on the day of inspection that she knew the residents of the centre well.

Judgment: Compliant

#### Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the ongoing needs of residents and the size and layout of the building.

Judgment: Compliant

#### Regulation 16: Training and staff development

Mandatory training was provided to staff and a plan was in place for refresher training to ensure that staff remained up to date to support them in their roles.

Judgment: Compliant

#### Regulation 21: Records

Records requested on the day of inspection were promptly provided and staff files

viewed contained all the information required in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the governance and management systems in place for the centre were appropriate. However, further oversight of the regulatory notifications process was required which is actioned under Regulation 31 Notifications.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the incident log, by the inspector, showed that two NF03s had not been submitted within the three days, of the incident, as required by the regulation. These were submitted retrospectively on the day of inspection.

Judgment: Substantially compliant

## Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. The premises was modern, clean and enhanced the resident's life in the centre. Visitors were seen coming into the centre throughout the day of inspection and some of them spoke with the inspector to say how happy they were with the service provided. However, action was required in the are of care planning and infection control to further improve the experience of the residents in the centre. This is discussed under the relevant regulations.

The inspection took place while the main kitchen in the centre was closed. The provider had sourced an outside caterer to provide hot meals at lunch time and baked goods. A kitchenette area was used to provide meals for the residents in the evening. Residents were happy with food being served and the food looked nutritious on the day of inspection. Residents were surveyed everyday to see if they were content with the meals provided. The results of these surveys were very positive.

Residents had access to heath care services such as regular general practitioner



visits, and access to psychiatry of old age, geriatrician, dietitian, tissue viability, physiotherapy, chiropody and palliative care services for example. Care plans were in the main comprehensive and well completed, but action was required in this area which is discussed under Regulation 5.

Fire safety was being well managed. The emergency lighting system was certified on a three-monthly basis. Fire extinguishers and fire blankets were serviced as required. The fire evacuation drills had taken place along with fire safety training. Fire drills and simulated evacuations were taking place regularly, using night time staff levels.

Overall the centre was clean and well maintained. Storage in one store rooms needed addressing.

Medications were stored in a secure manner and were administered and managed in line with professional guidelines.

### Regulation 11: Visits

Visitors were welcomed to the centre throughout the day and those that spoke with the inspector were very happy with the care and support of the residents.

Judgment: Compliant

### Regulation 17: Premises

The premises was well maintained and clean. There was ample outdoor space for the residents to utilise. Building working was taking place in the centre, this was appropriately cordoned and sealed off from the areas currently used by the residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

The food served by the outside caterer while the kitchen was closed appeared nutritious and the resident reported that they really enjoyed the quality of the food. There was food choices available to all residents throughout the day of inspection.

Judgment: Compliant

### Regulation 27: Infection control

While overall the premises was clean, boxes of incontinence wear were stored on floor of a store room which prevented effective cleaning in this area.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire fighting and safety equipment was serviced and maintained in line with regulatory requirement. Practice drills and evacuations were taking place regularly for staff. Fire doors checked on the day of inspection were operating correctly.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were managed in line with regulations. Controlled medications were managed appropriately. PRN (as required) medication had the maximum dose stated clearly.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Action was required to maintain and ensure care documentation was comprehensive:

- a malnutrition assessment was not completed to provide information on the nutritional care needs of a resident
- one of a resident's care plan had not been reviewed within four months as required by the regulation.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to medical care and GP services. Residents were reviewed by their GP as required. There was appropriate access to professionals such as physiotherapists, dietitian, speech and language therapists, and chiropodists.

Judgment: Compliant

## Regulation 9: Residents' rights

Improvements had been made since the previous inspection. The dining experience for the residents had improved. There was an activities schedule in place for the residents and this schedule was been completed on the day of inspection. Health care staff were identified to manage activities on a day to day basis and residents stated they were happy with the activities provided.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0032765

Date of inspection: 17/10/2023

## 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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Regulation 31: The person in charge will ensure all notification of incidents will be returned within the correct time frame as set out in the regulations            Notice in writing of any incident within 3 working days of its occurrence will be sent to the office of the Chief Inspector.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Regulation 27: To ensure effective infection prevention and control in the centre Nurse management have ordered heavy duty shelves for the storage of Incontinence wear awaiting installation of same. [Expected date of Completion: 31.12.2023]            This will ensure effective cleaning in this area &amp; procedures consistent with the standards for the prevention and control of healthcare associated infections are being followed.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Monthly audit of care plans is undertaken by the CNM2 via the automated clinical audit tool. Any non-compliances will be actioned by the nurse assigned to the relevant care plan

In addition a traffic light system is being introduced to ensure that all Nursing staff are given reminders to consult, revise review and update care plans with their Residents in accordance with legislation & regulatory requirement. Nursing management will monitor practice & feedback to the nursing team.

The identified malnutrition assessment is now completed to provide information on the nutritional requirements of our Residents.

## 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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	17/10/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	31/10/2023



	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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